



**PATIENT**

Bella Lomoro

**SPECIES**

Canine

**BREED**

Morkie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

7.2 pounds

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kely Reschny

**HOSPITAL NAME**

Creditview- Eglington  
 AH

**REFERRING VET**

Dr. Henin

**INVOICE**

14736

**DATE**

03/30/26

**PRESENTING CLINICAL SIGNS**

- P has been smacking lips, not eating/drinking this morning
- coughing since today/difficulty in breathing at times
- diarrhea a couple of days ago, on i/d diet, no food change, had history of mild pancreatitis in 2024
- has no teeth, not dehydrated, smacking her lip, restless

Abnormal PE/Chem/CBC/UA Results: labs attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 3.18 cm in length. The right kidney measured 3.31 cm in length.

**Adrenal Glands**

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. The left adrenal gland measured 1.51 cm in length and 0.47 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.36 cm in length and 0.60 cm at the caudal pole and 0.98 cm at the cranial pole.

**Spleen**

The spleen is generally normal in size, shape, position, and echogenicity. In one image, there is a somewhat irregularly margined hypoechoic nodule visualized within the spleen measuring approximately 1.1 by 0.68 cm.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**Gastrointestinal**

The stomach is severely distended with fluid to the pylorus. There is no shadowing material visualized within the lumen, though there is some gas shadowing which may partially obstruct visualization.



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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- severe gastric distention with fluid.
- Hypoechoic splenic nodule.
- Degenerative renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The stomach is significantly distended with fluid, though a cause of gastric distention is not identified on ultrasound. Small intestinal loops appear generally empty. While not visible, a high GI foreign body cannot be completely ruled out. Upper GI endoscopy or abdominal explore could be considered if foreign body obstruction is suspected clinically. Alternatively, treatment for gastroenteritis, ideally including passage of a nasogastric tube to decompress the stomach and monitor for recurrence of gastric fluid accumulation. GI support including anti-nausea, fluid therapy, antacids, and analgesia as clinically indicated.

Splenic nodule is small and does not have any overt ultrasonographic features concerning for a mass, though this cannot be definitively ruled out with ultrasonographic appearance. It may represent a benign hematoma, hemangioma, regenerative or reactive nodule. FNA is recommended to further define. Repeat ultrasound evaluation (every 2-3 months) for progression or resolution is recommended pending aspirate results.



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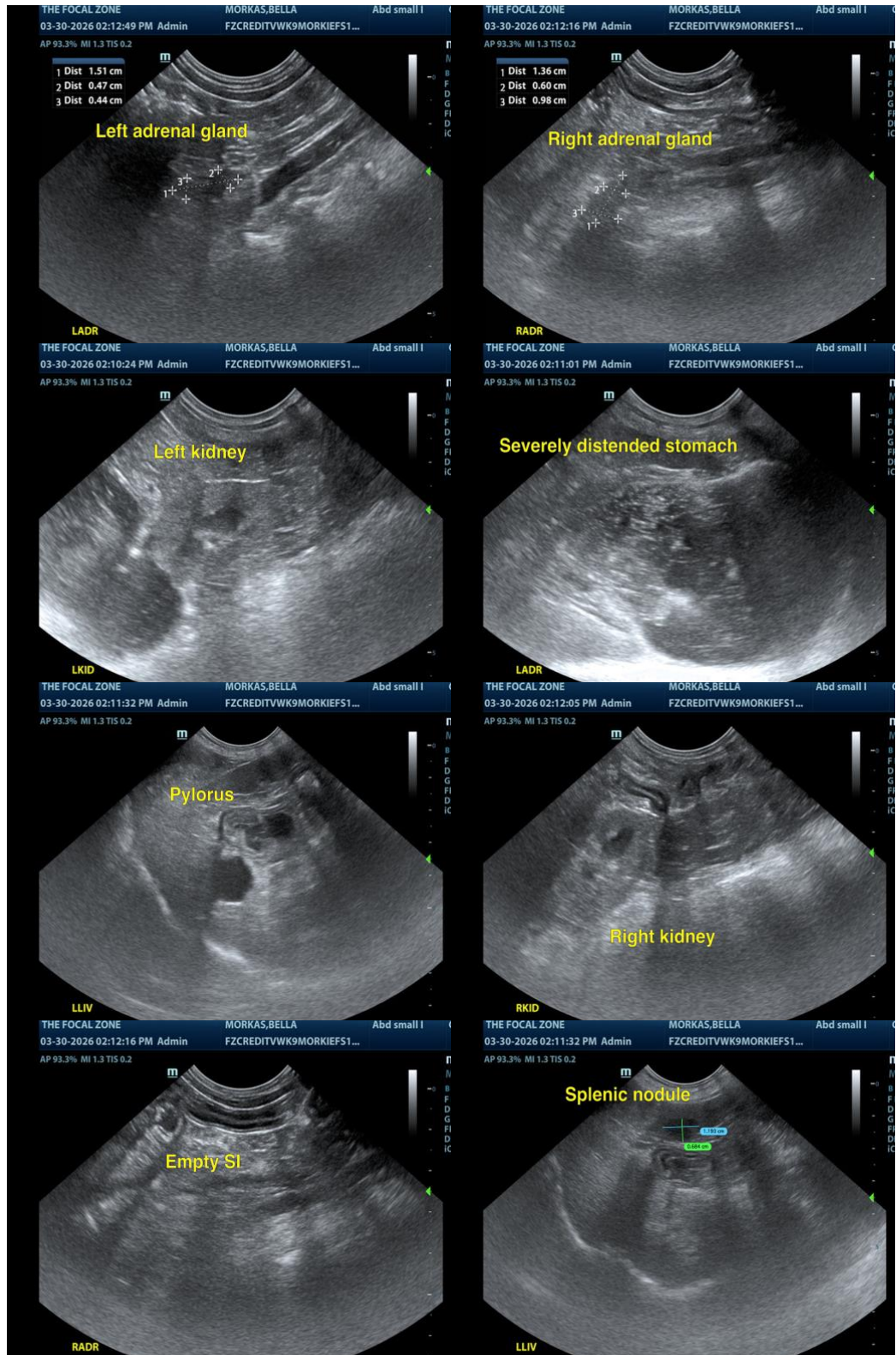
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Dr Brittany Sinclair, BVSc(hons), DACVECC

[info@SonoPath.com](mailto:info@SonoPath.com)