



## PATIENT

Nala Balfanz

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

34 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jill Rumachik

## HOSPITAL NAME

Clarity Imaging LLC

## REFERRING VET

Dr. Howlett

## INVOICE

74481

## DATE

4/15/26

## PRESENTING CLINICAL SIGNS

History: Previous ultrasound evaluated by Dr. Lindquist in October 2025. Persistent vomiting and hyporexia for past year. GI panel last October revealed slightly low serum folate concentration. BW performed last fall revealed slightly elevated BUN/Creat (26; 1.6). Treated for possible helicobacter pylori infection with no improvement. Improved somewhat on high dose steroids, but vomiting recurs once weaned to lower dose. Minimal improvement in appetite on mirtazapine and omeprazole. Currently adding in famotidine and diphenhydramine.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.4 cm and the right kidney measured 5.6 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## Gastrointestinal

The **gastric** wall was persistently thickened with loss of mural detail measuring up to 1.6 cm. The lumen was empty other than minor gas and fluid. The small intestine and colon were unremarkable.

## Pancreas

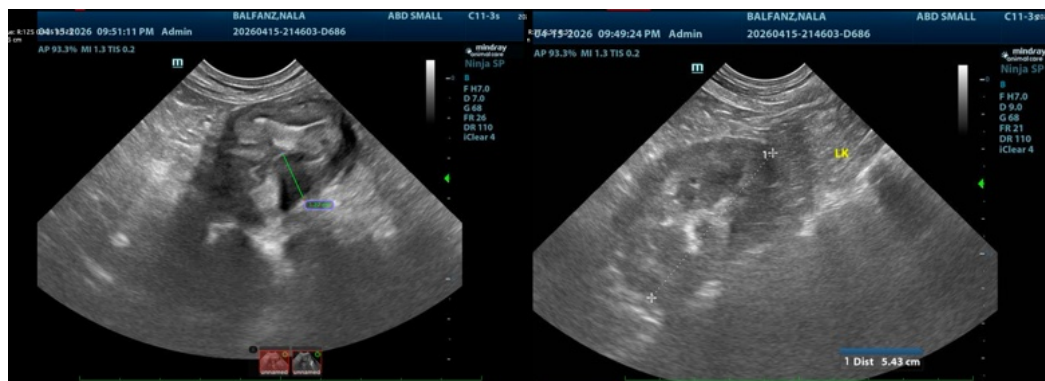
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Persistent gastric thickening. Chronic gastritis with hypertrophy versus emerging carcinoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling is essential in this patient as emerging carcinoma or round cell neoplasia is possible. Endoscopy or full thickness gastric biopsies are strongly encouraged. Given the response to steroids an underlying partially suppressed neoplastic event is possible.





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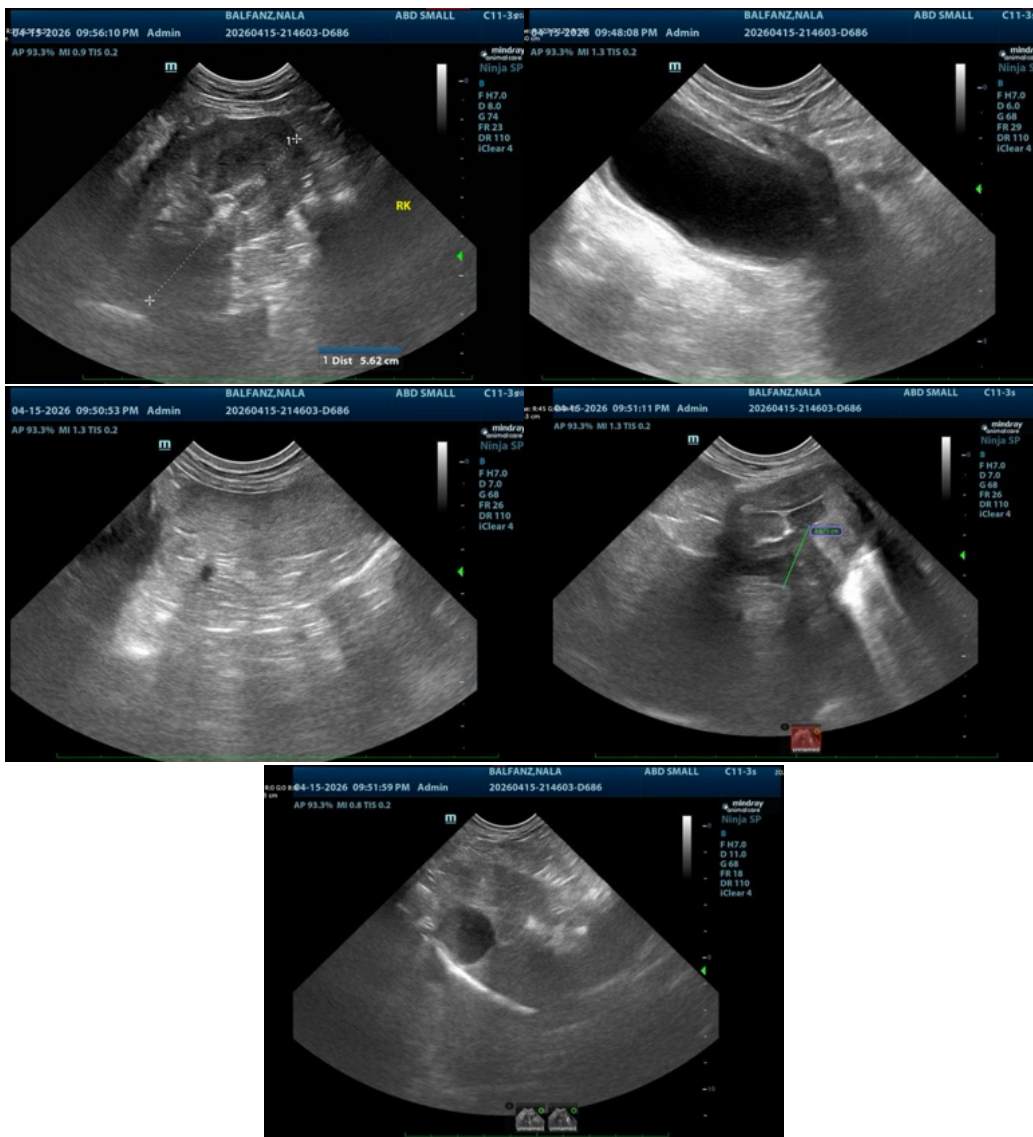
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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