



PATIENT

Bo Hull

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

7 Years

WEIGHT

22.5 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Mohamed Zaid

INVOICE

72750

DATE

12/24/25

PRESENTING CLINICAL SIGNS

Presented for acute vomiting, melena and coughing. Improved with initial hospitalization, did not eat once when discharged.

Abnormal PE/Chem/CBC/UA Results: High pancreatic lipase 543U/L (high range 200) Low T4 - susp. Euthyroid sick Normal random cortisol levels CBC: mild neutrophilia. Chem WNL

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 5.0 cm. Right kidney measured 5.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.52 cm. Right measured 0.90 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with swollen contour, measuring 3.0 cm in width.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The gallbladder was largely unremarkable with a minor amount of dependent debris. This is expected for this type of presentation. There was no overt pathology.

Gastrointestinal

The **stomach** revealed concentric wall thickening with some loss of mural detail. Inflammation noted around the pyloric outflow with hyperechoic fat. Minor intestinal thickening noted with muscularis hypertrophy.

Pancreas

The **pancreas** revealed hypoechoic, irregular parenchymal changes in the right limb.



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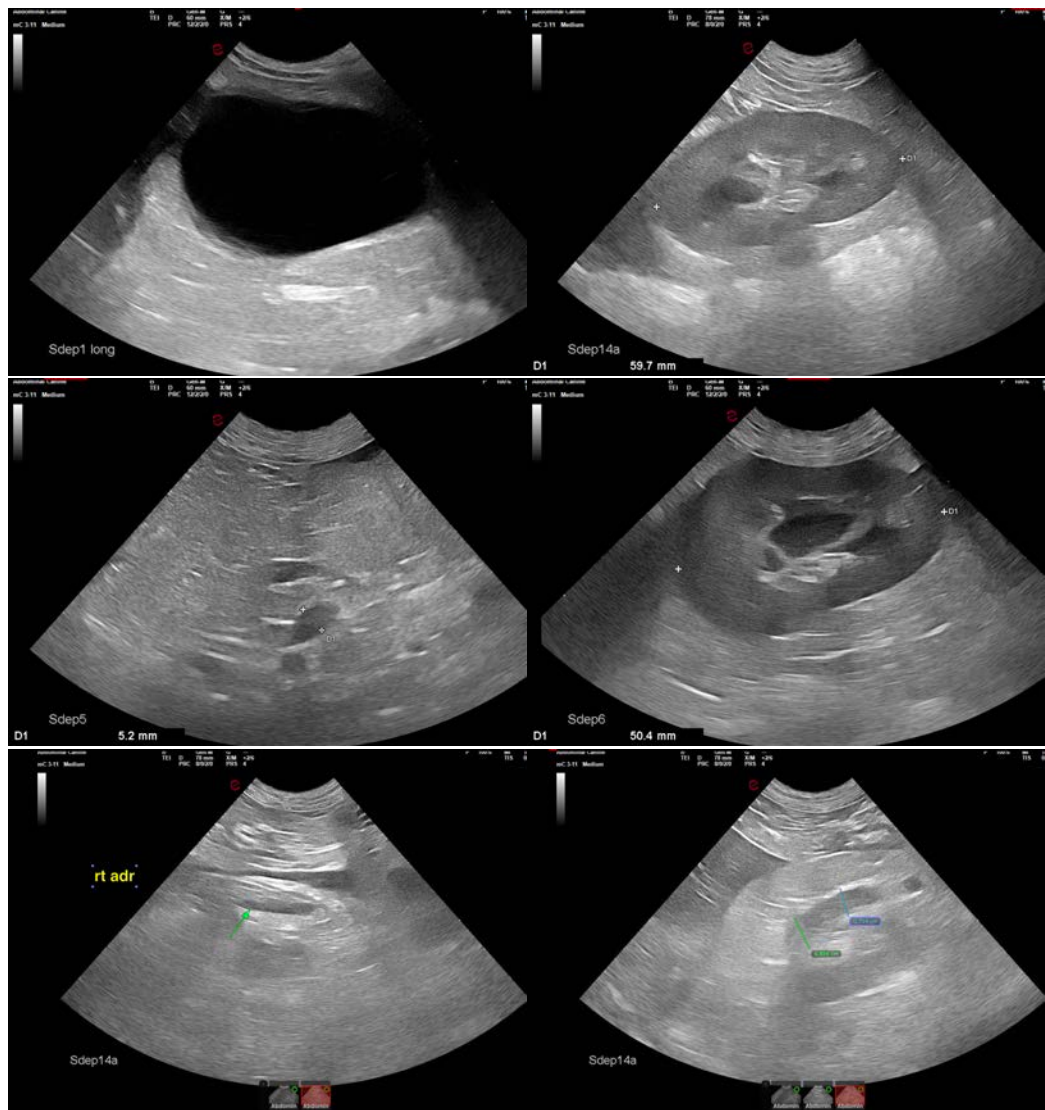
12/24/25

ULTRASONOGRAPHIC FINDINGS

- Acute on chronic inflammatory bowel with concurrent gastritis.
- Pancreatitis pattern.
- Mildly enlarged, swollen spleen.
- Vacuolar hepatopathy pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of foreign matter. GI protectant protocol, IV fluid support warranted. Underlying microulcerative disease is a potential given the patient history. Endoscopy would be ideal. Some artifact was present in the stomach yet non-obstructive, likely blood clots or possible minor foreign body.





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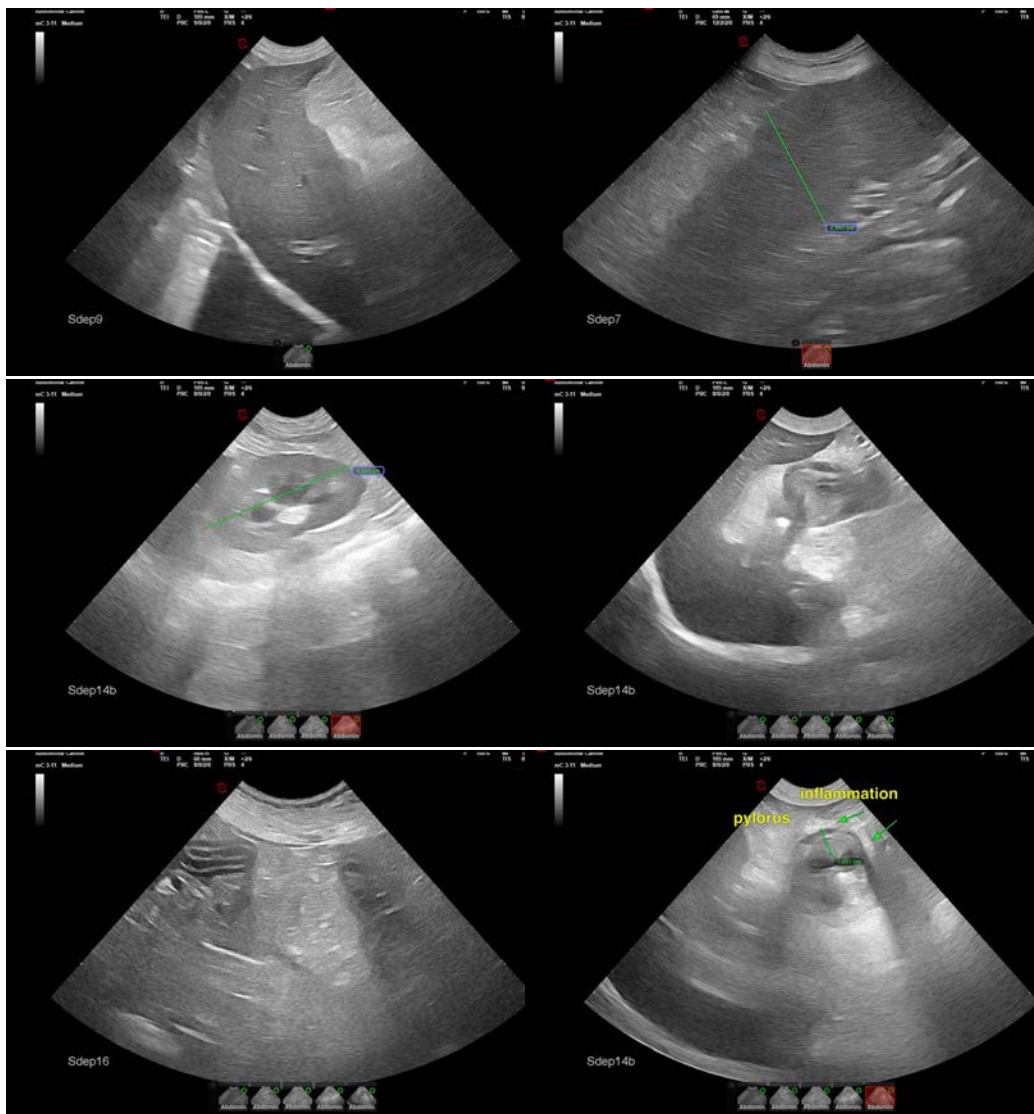
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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