



PATIENT

Boone Huey

SPECIES

Canine

BREED

Bernadoodle

SEX

Male

AGE

2

WEIGHT

87.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Susan Lincoski

HOSPITAL NAME

University Drive
Veterinary Hospital

REFERRING VET

Dr. Susan Lincoski

INVOICE

75166

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Longstanding history of GI issues, mostly diarrhea/gas but sometimes vomit and sometime blood in stool. Did have C. perfringens 2024, treated with tylan and fiber. Owner also thinks chicken causes flare ups, but continues to have waxing and waning issues.

Abnormal PE/Chem/CBC/UA Results: Resting cortisol=0.92 (stim being done now) CBC/CS/GI panel pending Fecal OPG negative (but have not yet repeated full molecular panel)

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 prostate presents mild swelling and measures 3.8 cm. Slight edema lines noted. Low-grade prostatitis possible.

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. Right kidney measures 6.2 cm. Left kidney measures 4.9 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 measures 3.02 cm x 0.69 cm.

Spleen

The **spleen** is folded upon itself cranially. It 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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **stomach** revealed a focal hypoechoic mural nodule measuring 2.4 cm in the caudal aspect of the pyloric antrum. Minor variable upper gastrointestinal thickening noted. The duodenum was slightly irregular with curvilinear patterns maintained. Soft stool noted in the colon.

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.

Free Abdomen

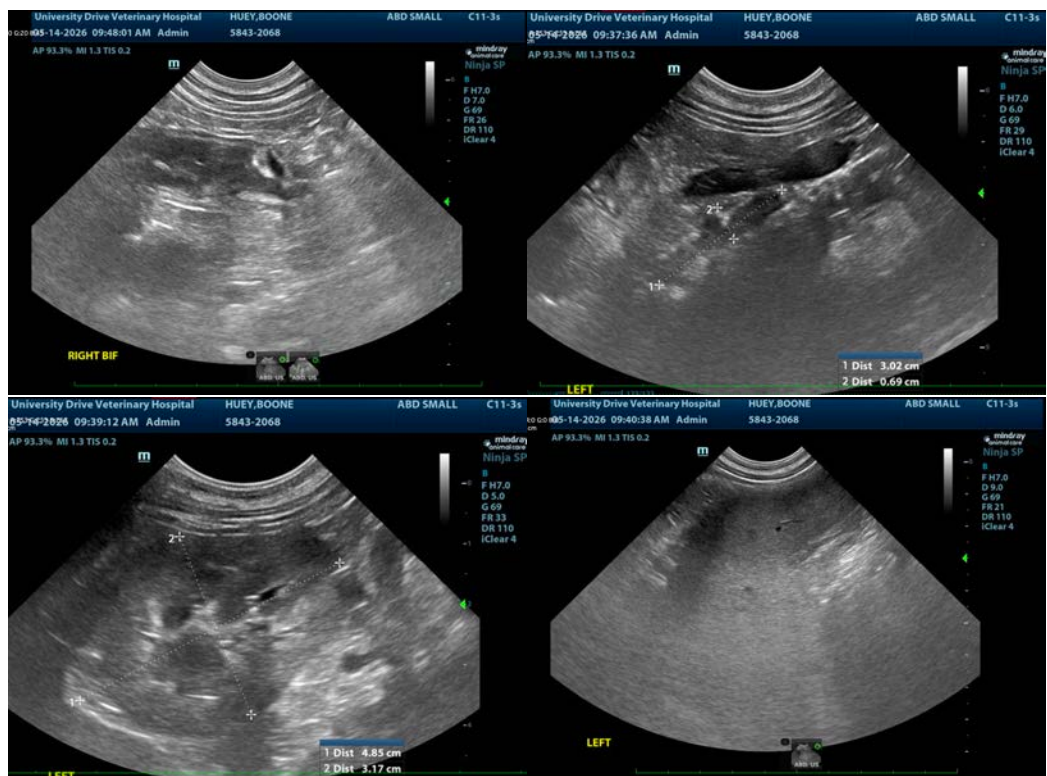
Mesenteric lymph nodes were slightly enlarged, measuring 1.7 cm.

ULTRASONOGRAPHIC FINDINGS

- Slight mural lesion in the gastric pyloric outflow.
- Slightly enlarged mesenteric lymph nodes.
- Possible low-grade prostatitis.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rectal palpation recommended to assess for any discomfort of the prostate. GI protectant protocol warranted. Recheck sonogram in 1-2 weeks to assess for any progression, or endoscopy indicated.





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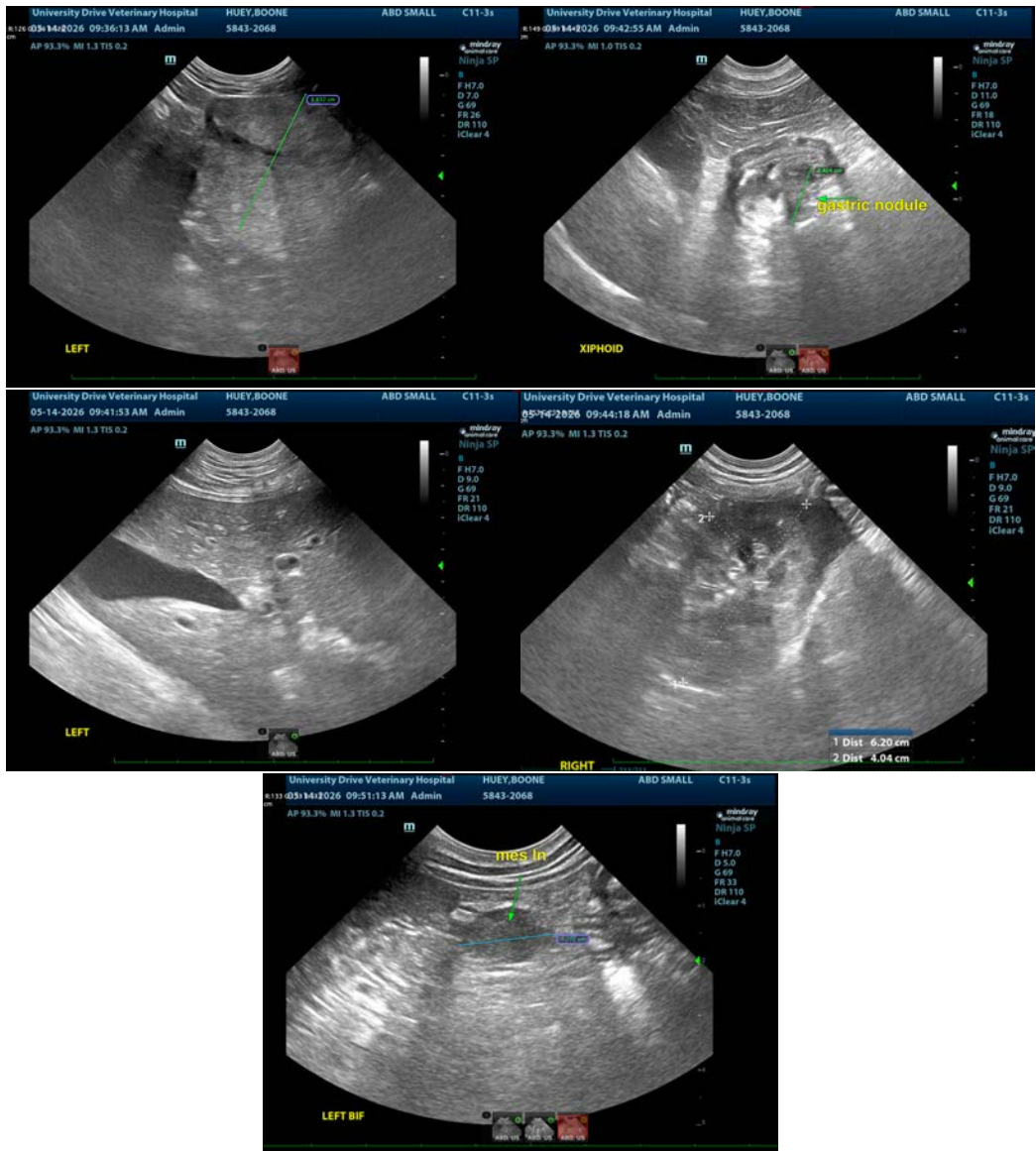
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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