

PATIENT

Zach Pecoskie

SPECIES

Canine

BREED

Beagle Cross

SEX

Neutered male

AGE

7 years

WEIGHT

27.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Region
 Veterinary Emergency

REFERRING VET

Dr. Ho

INVOICE

77911

DATE

5/25/26

PRESENTING CLINICAL SIGNS

History: history of acute vomiting, anorexia, abdominal pain. Known history of ingesting foreign items such as clothing, toys, cat litter, human foods. Lyme antigen positive appreciated in January 2026. Physical exam revealed QAR mentation (reportedly atypical for patient) and significant abdominal pain. AFAST free fluid score 0/4, there was a section of small intestine that appeared corrugated, unsure if this was plication
Current Medications maropitant 1mg/kg SC, methadone 0.2mg/kg IM given prior to discharge
Abnormal PE/Chem/CBC/UA Results: CBC: stress leukogram. Chemistry: mild hypokalemia (3.2), mild hypochloremia (107), elevated amylase & lipase on fasted sample. Pancreatic lipase elevated. Lactate normal (1.6). USG 1056. AFAST: free fluid score 0/4, abnormal acoustic shadowing appreciated in RIGHT mid-abdomen, small intestinal plication or corrugation suspected with brief glimpse of orad fluid-distension of SI

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.

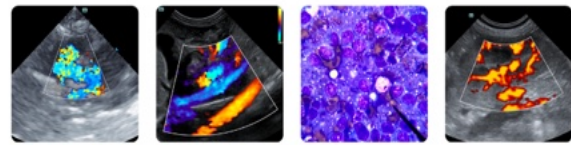
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.95 cm. The left kidney measured 6.58 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. The left adrenal gland measured 2.44 x 0.65 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 3.05 x 1.06 cm at the cranial pole and 0.6 cm at the caudal pole.

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.



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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.

Gastrointestinal

The **stomach** in this patient revealed a 4.2 cm, progressively shadowing fabric type foreign body embedded in the duodenum with connected foreign matter in the jejunum with accordion pleating. The duodenum was mildly dilated and spastic. Regional inflammation was noted. Variable areas of small intestinal thickening was noted, suggestive for chronic disease. Reactive mesentery was noted around the GI tract.

Pancreas

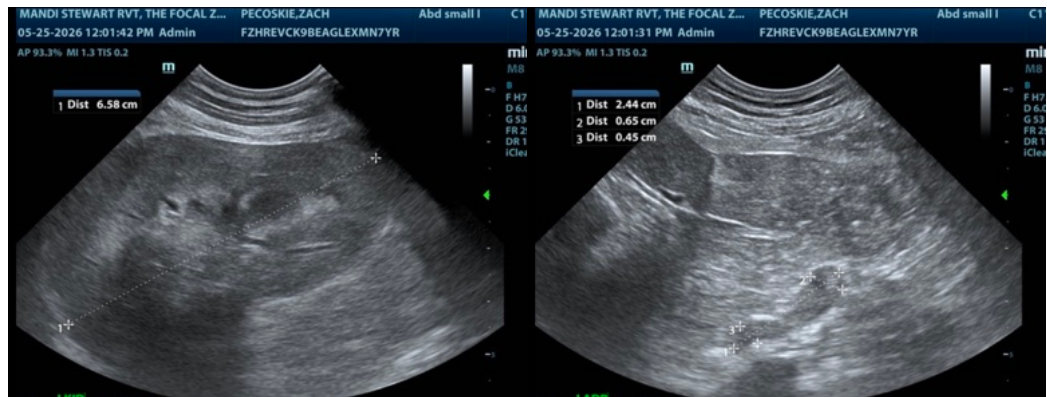
Heterogenous, mixed echogenic **pancreatic** changes were noted. This is consistent with pancreatitis.

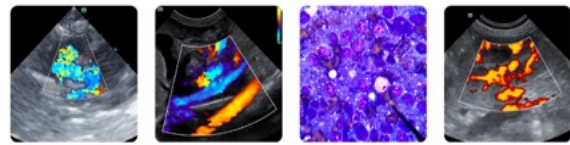
ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal foreign matter.
- Pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy, enterotomy and GI biopsies are warranted. Management for pancreatitis is indicated.





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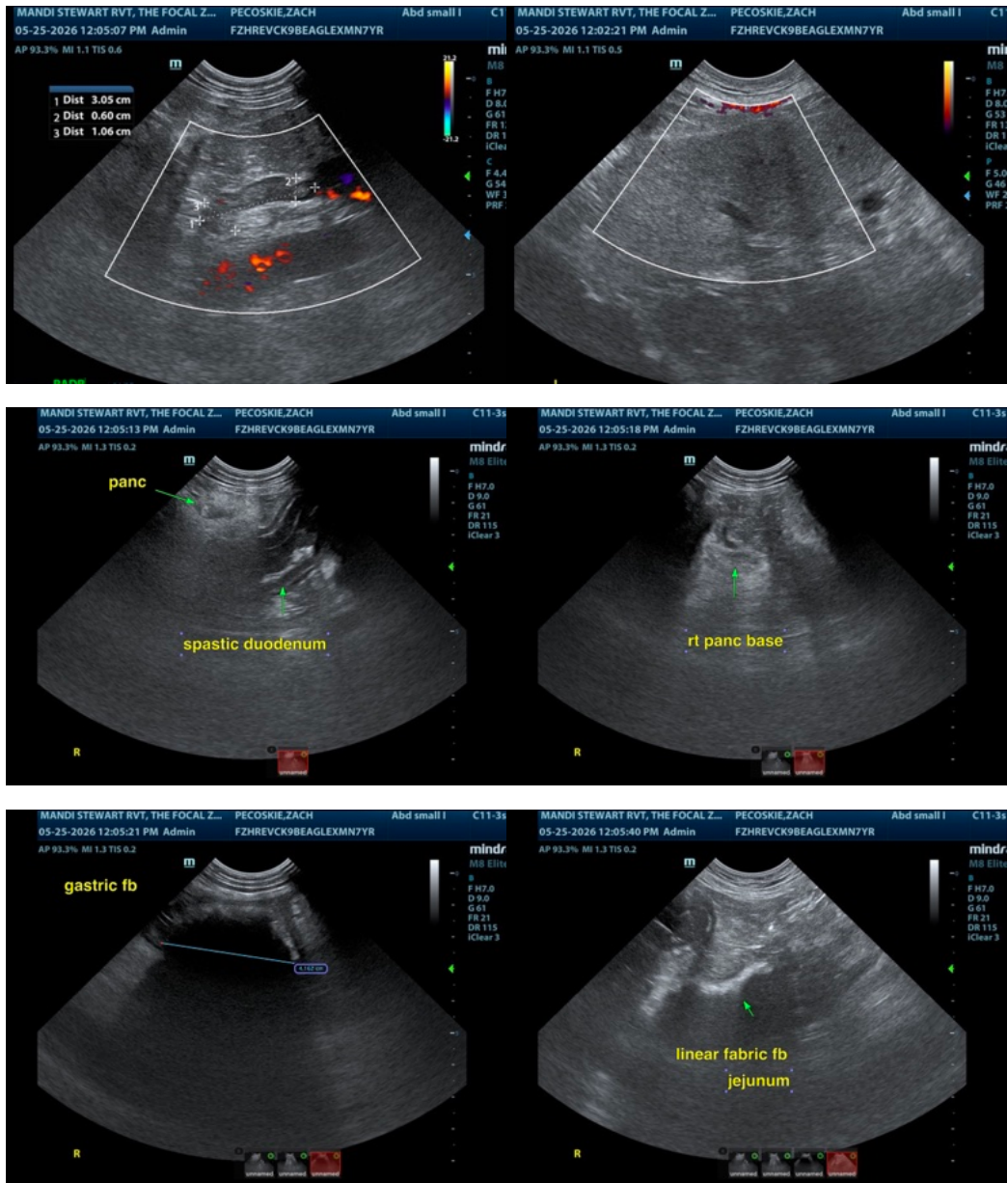
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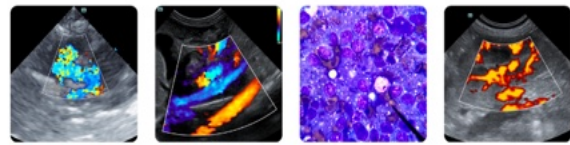
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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