



PATIENT

Basil Harnish

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

2 Years

WEIGHT

19.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Logan Law

INVOICE

13179

DATE

01/15/26

PRESENTING CLINICAL SIGNS

History from 1/7: Owner noted 3 days ago pt V+ up a piece of a tennis ball, 2 days ago V+ multiple times during the day, yesterday noted V+ once overnight (bile). Today when the owner got home there was a pile of bile and Dh+ w/some blood noted. *P was hosp here, 1/7-1/8 for possible fb (tennis ball fragment(s)), gastroenteritis. P did well for about 4 days following discharge. Then became anorexic again. O have been offering variety of foods, treats, etc to entice him to eat. Last night 1/14 he ate vanilla ice cream and whipped cream with his meds. Vomited a small amount of water and possibly a treat about 2 days ago. No bm for at least 2-3 days per O, last bm was diarrhea. O has not noted any straining. Seen at rDVM today 1/15 - was febrile at that time, repeated rads, IVF, penicillin inj, dx with poss fb again, transferred here for further care. concern for weigh loss 9/25 was 47.4 pounds, last week 44.9 pounds, today 42.6 pounds (per rDVM records). medications: proviable (last dose last night), Cerenia (last dose a few days ago), sucralfate (last dose last night), metronidazole (last dose a few days ago). *concern for chronic gastrointestinal signs with declining appetite and intermittent vomiting - r/o foreign body obstruction, primary GI disease; Gas distention of intestines on radiographs - r/o partial obstruction, ileus, gastrointestinal inflammation

PE rDVM: temp 103.4, then 104.4 102.6 (after iv fluids) PE Shores: comfortable; Soft on abd palpation, Non-reactive to abd palpation; Cannot appreciate distinct FB; Thickened loops of SI rDVM rads: No obvious foreign material noted, gas filled loops of small intestine, stomach appears empty rDVM labs: chloride 105, hct 50% epoc: blood gas unremarkable, electrolytes WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **prostate** measured 1.0 cm.

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 left kidney measured 6.25 cm in length. The right kidney measured 6.44 cm in length.

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 0.52 cm width. The right adrenal gland measured 0.70 cm width.

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



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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.

Gastrointestinal

The **stomach** was severely over distended. The small intestine was dilated and hyperperistaltic leading to a 3.5 cm intestinal foreign body with strong acoustic shadowing. Regional reactive mesentery was noted.

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

- Small intestinal foreign body obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated with GI biopsies to rule out underlying disease.

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.



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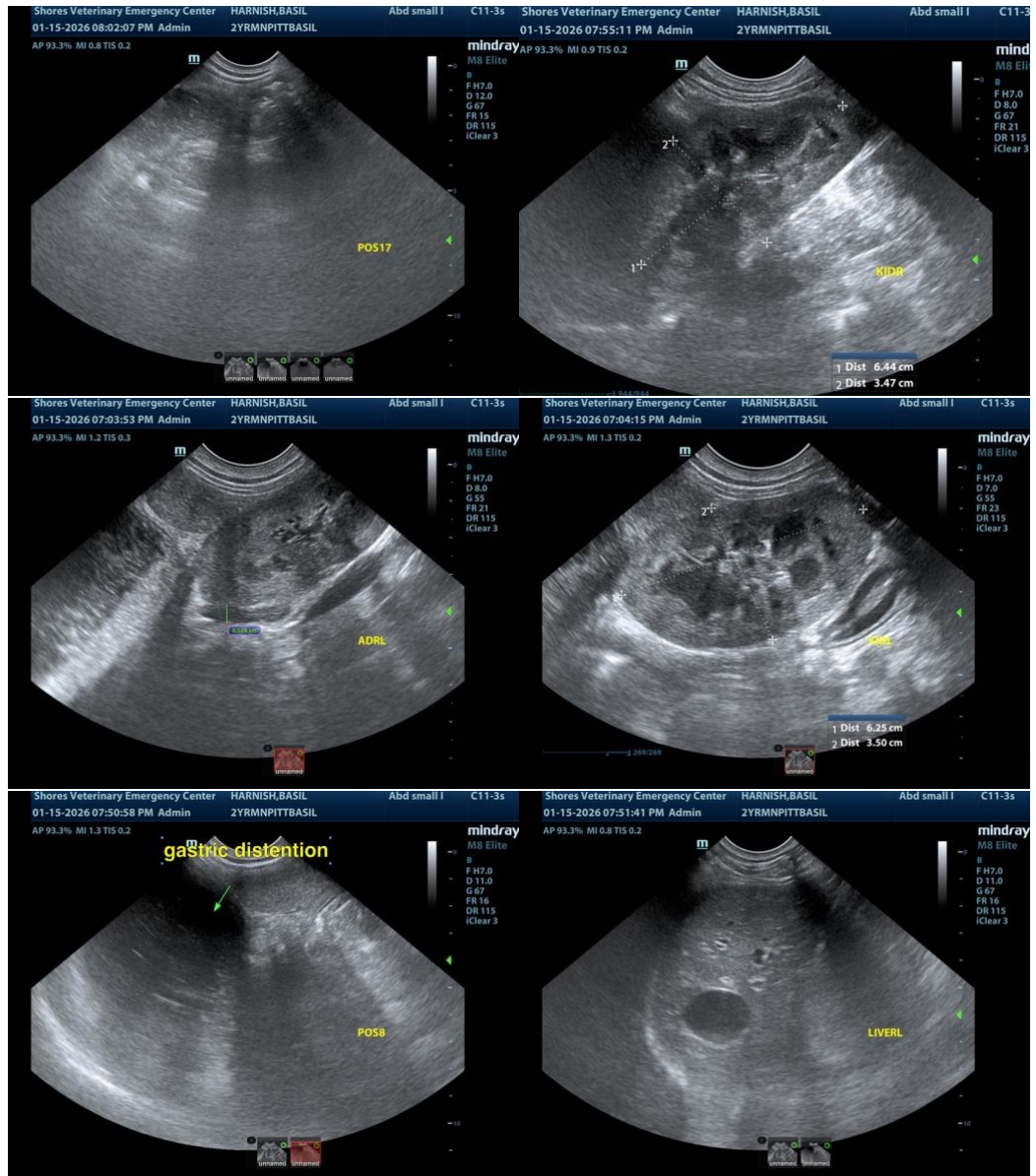
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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