



## PATIENT

Mushu Frias

## SPECIES

Canine

## BREED

Cane Corso

## SEX

Intact male

## AGE

9 months

## WEIGHT

48.8 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Frownfelter

## INVOICE

69604

## DATE

12/25/25

## PRESENTING CLINICAL SIGNS

History: Mushu was presented for an evaluation due to suffering from vomiting, and diarrhea on/off for about 3 weeks. Vitals were within normal limits. PE was unremarkable  
Abnormal PE/Chem/CBC/UA Results: Blue pearl diagnostics: Radiograph report: CONCLUSIONS: Moderate gastric ileus, segmental mild and mild-to-moderate ileus of small intestine; DDX: mechanical ileus secondary to soft tissue opaque material within small intestinal, functional ileus secondary to acute gastroenteritis. Inhomogeneous soft tissue opaque content distending few small intestinal segments superimposed with cranioventral abdomen has differentials of soft tissue opaque foreign material or ingesta/digesta. CBC/Chem: WBC slightly elevated 17.4K, remainder 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 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 left kidney measured 7.6 cm. The right kidney measured 8.4 cm.

The iliac trifurcation was unremarkable.

### Adrenal Glands

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

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. The pylorus was patent with a minor amount of chyme. Transit of chyme into the small intestine was normal. Portions of the small intestine revealed some progressively shadowing material. Dilated small intestine was followed by empty small intestine.

## Pancreas

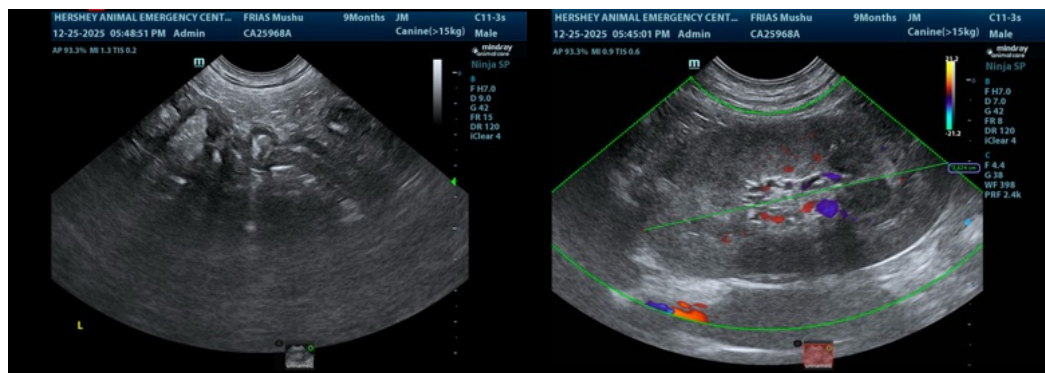
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Partial obstructive GI pattern, suspect transiting small foreign body.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for transiting foreign body in this patient. One view revealed a 2.0 cm hard shadowing structure without dilation prior. I suspect small transiting foreign matter. I recommend medical management at this time with a recheck sonogram after 24 hour n.p.o. and IV fluid support. Recheck sonogram is recommended following the gastrointestinal dilation to its finality with multiple views of that junction. Imaging both dilated small intestine followed by empty small intestine to address any potential cause of partial obstruction.





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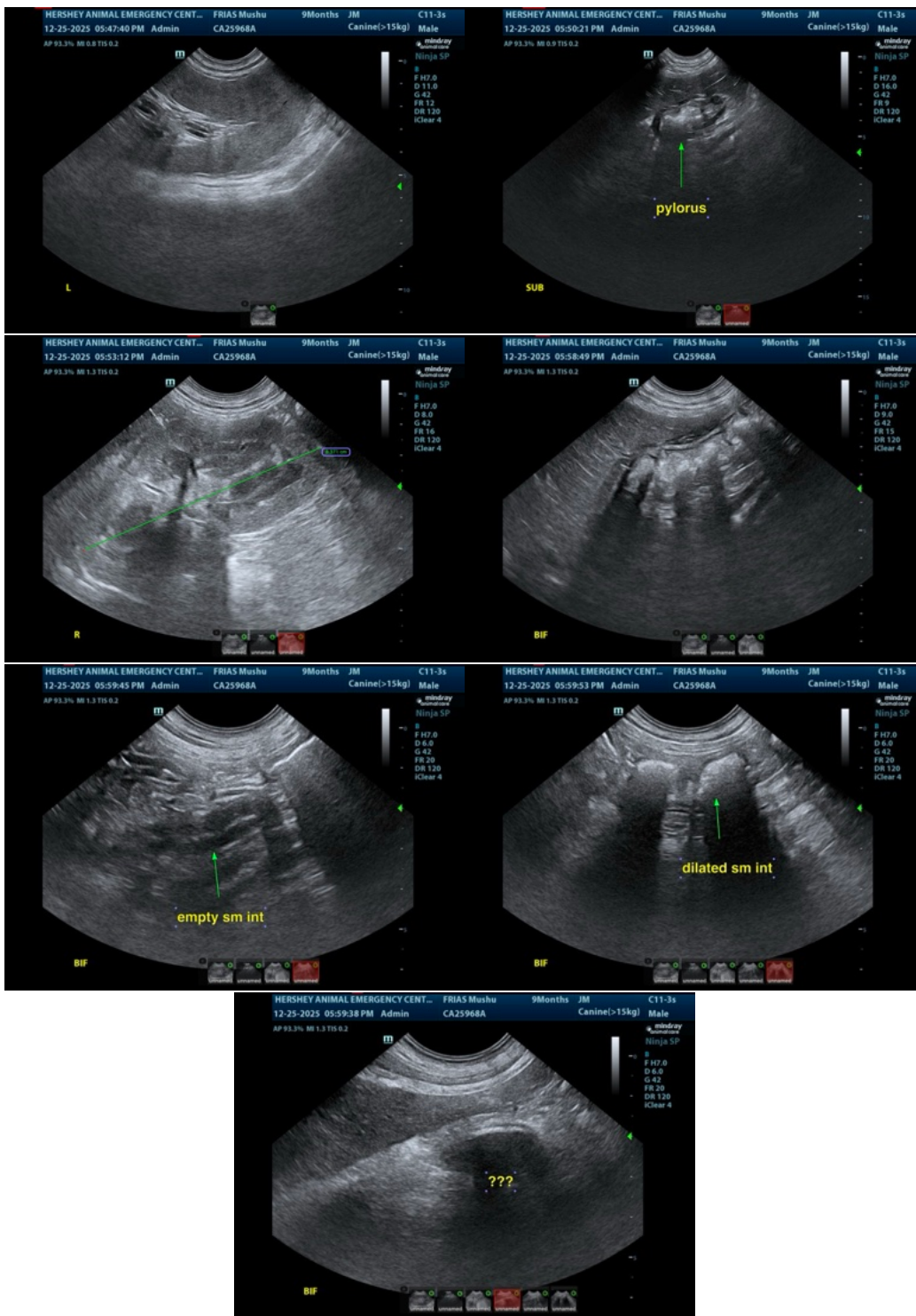
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

[info@SonoPath.com](mailto:info@SonoPath.com)