



**PATIENT**

Houdini Smittle

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

33.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Silver Creek Animal  
Clinic

**REFERRING VET**

Dr. Ceremuga

**INVOICE**

12879

**DATE**

12/30/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: -Pt has history of GI FB with R&A in January of 2025, recovered uneventfully Presented on 12/15/2025 for frequent vomiting, rads did not seem consistent with obstruction, so treated supportively. -Pt has continued to be intermittently vomiting and inappetent since then. Has days where he feels great and acts normally, and days where he does not. ABNORMAL Labwork Values Mild neutrophilia, otherwise unremarkable. Will email lab results. Current Medications omeprazole 20mg q24 Radiographic Findings sending radiographs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented with minor polypoid changes. A minimal amount of urine was present at the time of the sonogram. The pelvic urethra was unremarkable.

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 7.05 cm in length. The left kidney measured 6.6 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 2.95 cm x 0.48 cm width at the cranial pole and 0.62 cm width at the caudal pole. The right adrenal gland measured 1.1 cm width at the cranial pole and 0.50 cm width 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 were noted. The spleen was folded upon itself cranially.

**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**



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A minor amount of gastric fluid was noted in the fundus with no evidence of foreign matter. Some hyperperistalsis was noted in the **small intestine**. The distal small intestine revealed a hard shadowing foreign structure that was nonobstructive with reactive surrounding mesentery.

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Canine

**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.

**BREED**

Pitbull

**Free Abdomen**

The caudal abdomen revealed a shadowing hard structure such as plastic or a wood chip measuring approximately 1.0 inch with reactive mesentery. This structure is nonobstructive. The patient is likely passing this foreign matter into the GI or into the colon.

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- Minor gastric stasis with hyperperistalsis in the small intestine.
- Folded spleen.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

33.5 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reactive mesentery around the structure, I recommend an enterotomy with removal of the structure and removal of the foreign matter while obtaining GI biopsies. Conservative therapies to be utilized, recommend daily sonograms to ensure that the material moves into the colon. It appears to be in the mid to distal jejunum and the mid caudal abdomen at the time of the sonogram. Again, this is nonobstructive yet appears irritative. The elevated white blood cell count is likely a reflection of the mesenteric inflammation.

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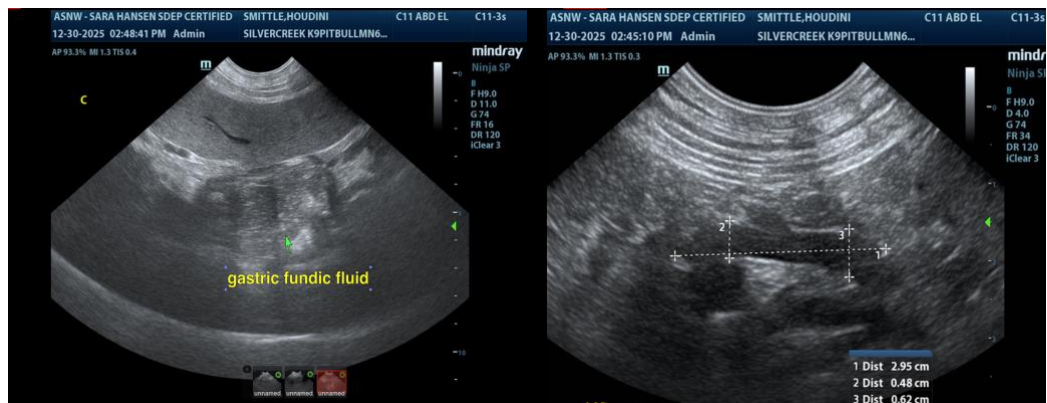
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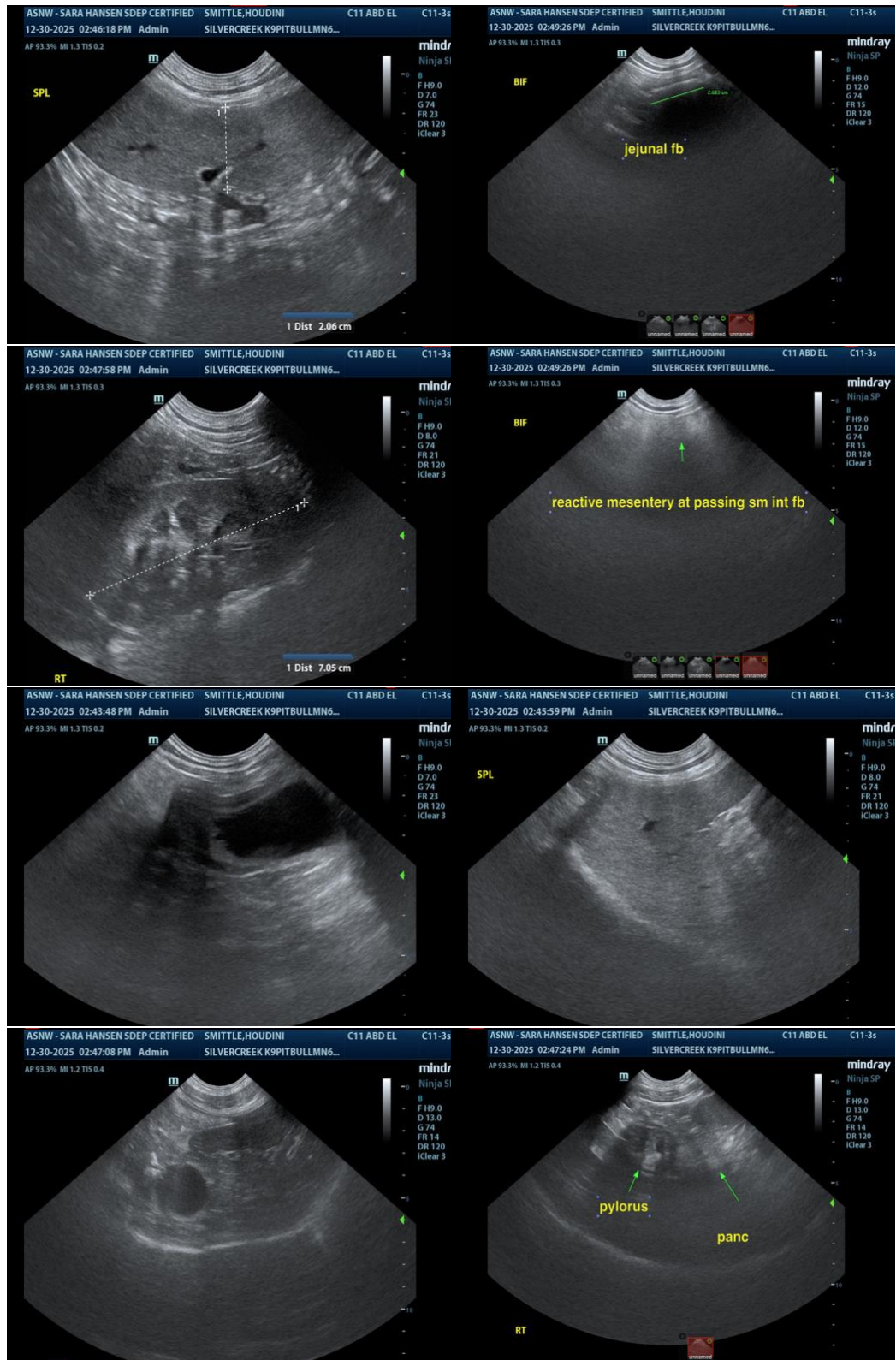
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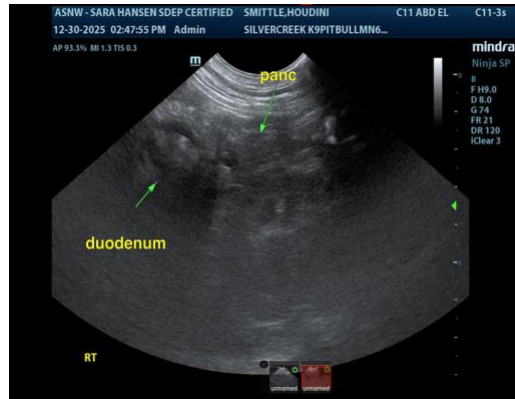
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,**

CEO, Owner, Founder -- SonoPath.com

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