



PATIENT

Khiya Mitchell

SPECIES

Canine

BREED

American Bull Terrier

SEX

Spayed female

AGE

3 years

WEIGHT

75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Sanchez

INVOICE

73720

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- Started vomiting 3 days ago. Owner stated she ate part of a toy a few days ago and now not eating
- No d/c/s, still BAR
- PE: NSF Radiographs: Loss of serosal detail in cranial abdomen with possible FB in stomach lumen; radiolucent FB near ileoceocolic junction; no signs of intestinal obstruction, gas filled colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. A minimal amount of urine was present at the time of the sonogram. The ureters were not visible which is normal. No uroliths or sediment were visualized. 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 7.5 cm and the right kidney measured 7.0 cm.

Adrenal Glands

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

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.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** was over distended with fluid. The distal small intestine revealed a shadowing foreign body with thickened bowel. Dilated upper GI was followed by empty small intestine. This created an obstructive pattern. The colon was unremarkable with normal curvilinear mural patterns and content. Reactive mesentery was noted.

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Pancreas

The **pancreas** was largely unremarkable, yet there was some secondary inflammation owing to GI presentation.

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ULTRASONOGRAPHIC FINDINGS

Obstructive GI pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated with GI biopsy.

IMAGING PERFORMED BY

Mayra Sanchez

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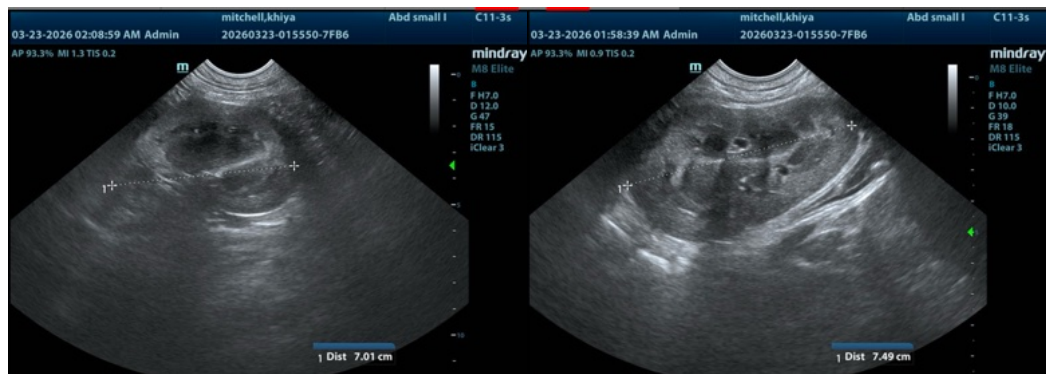
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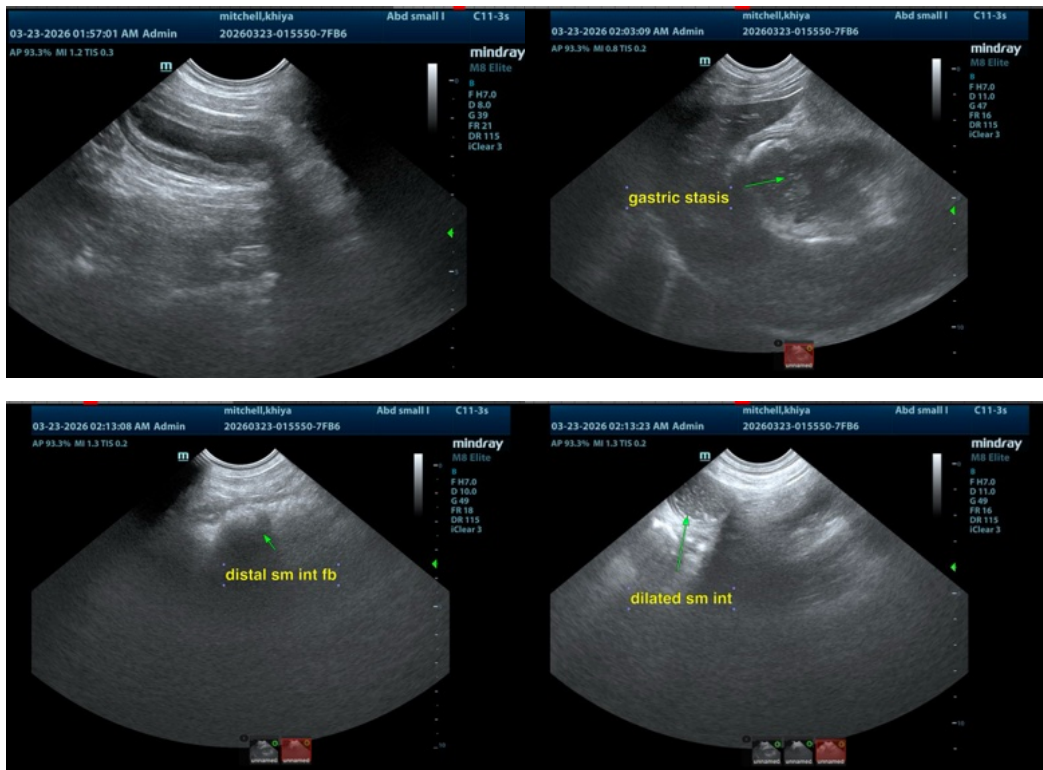
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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