



## PATIENT

Phoebe Smithson-Sebring

## SPECIES

Canine

## BREED

Akita

## SEX

Spayed female

## AGE

9 years

## WEIGHT

75.7 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Tracy Eure

## HOSPITAL NAME

Moyock AH

## REFERRING VET

Dr. Eure

## INVOICE

68368

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

**History:** Phoebe has had 2 ER visits over the past 2 weeks for generalized lethargy, decreased appetite, and occasional vomiting. She has been partially responsive to symptomatic treatment including Cerenia. She presented to us today for a follow up and further diagnostics.

**Abnormal PE/Chem/CBC/UA Results:** Vitals - NSF, Phoebe has lost 9 lbs since a yearly exam on 3/24/25. Radiographs revealed a soft tissue opacity in the ventral mid abdomen. It appears to be involved with the small intestine. See attached bloodwork.

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.58 cm. The right kidney measured 6.6 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.0 cm at the cranial pole and 0.7 cm at the caudal pole. The left adrenal gland measured 2.17 x 0.4 cm.

### 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. An intestinal mass was noted adjacent to the lymph node. The mass measured 8.0 x 4.7 cm and was partially obstructive. Stasis was noted after the mass in the proximal intestine followed by empty small intestine. The mesenteric lymph nodes were enlarged and irregular measuring up to 3.0 x 1.5 cm.

## 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

- Partially obstructive intestinal mass with regional lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the mass with immediate and lymph node followed by immediate chemotherapeutic tumor reduction is recommended. Alternatively, surgical exploratory can be considered in this patient. However, with the lymph node involvement spread into the regional lymph nodes is suspected. Clean resection is unlikely in this patient. Differentials include round cell neoplasia such as lymphoma, leiomyosarcoma and less likely carcinoma. It is unlikely to be granulomatous. If resection and anastomosis would be undertaken then removal of the regional lymph nodes would also be indicated. Chest radiographs are warranted to assess for metastatic disease. There was no other overt major organ involvement was noted. It appears to be localized to the jejunum and regional lymph node. Prognosis is very guarded.



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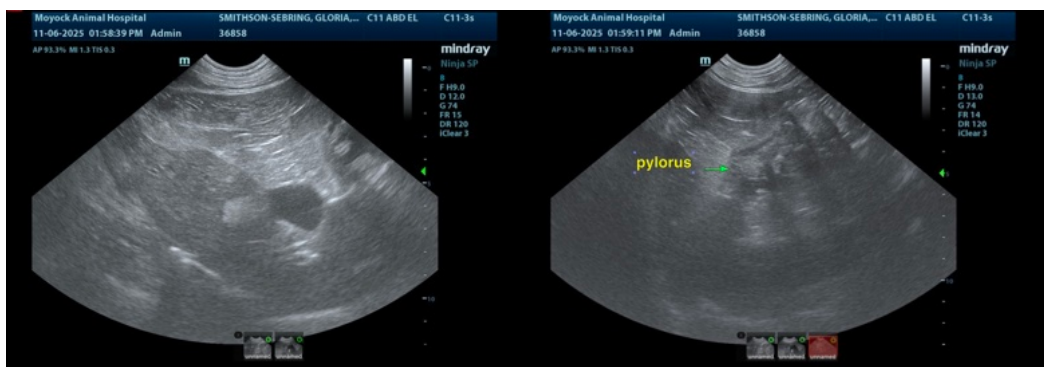
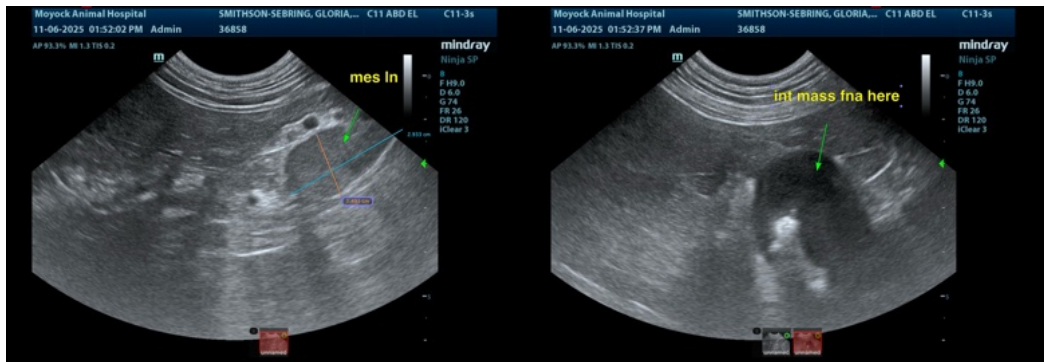
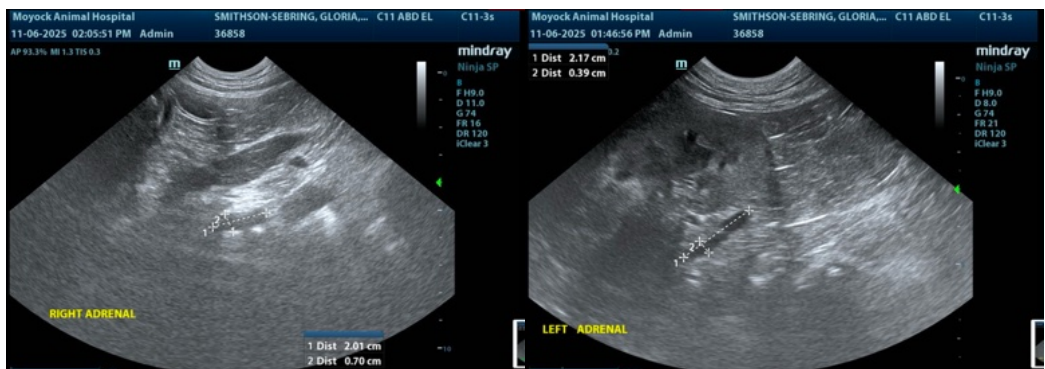
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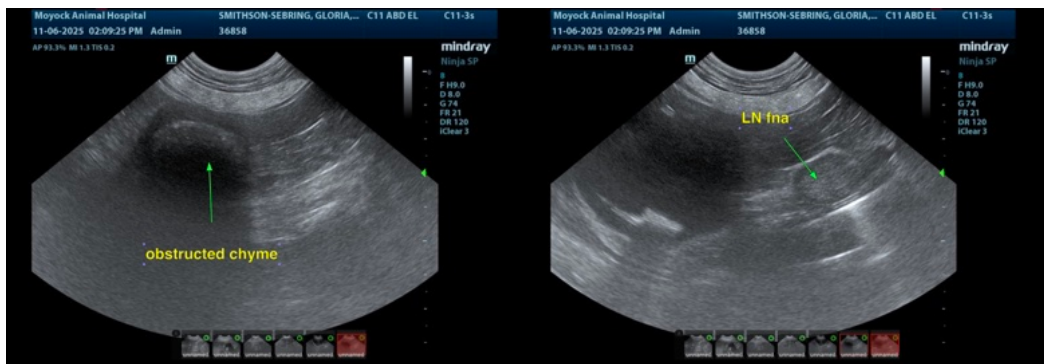
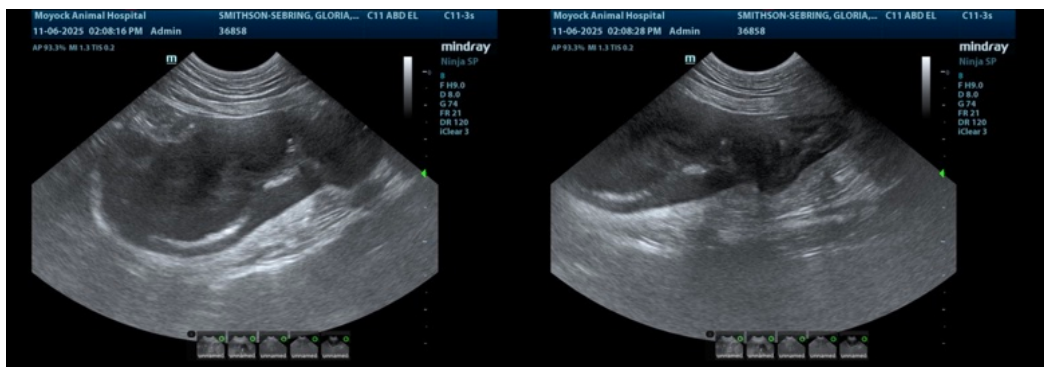
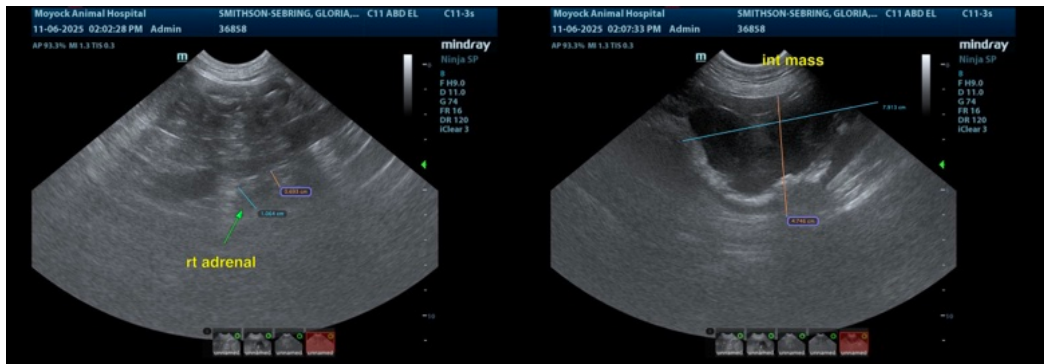
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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