



PATIENT

Toki Smithmyer

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Sarah Moser

INVOICE

16534

DATE

05/27/26

PRESENTING CLINICAL SIGNS

Possibly ate something in the yard on Monday, no hx of getting into things or eating things he shouldn't, no weight loss noted, appetite off/on recently but o attributed to new puppy in house, vomiting 4-5 times overnight, vomited once Tuesday am, not keeping anything down, abdominal pain/discomfort, no vomiting since Cerenia this AM but worsening discomfort, now tachycardic

Abnormal PE/Chem/CBC/UA Results: Abdominal discomfort, tachycardia, sl inc RE, pulses sl bounding, lethargic/weak Blood work - Glu 187, HCT 36.1, WBC 17.6, Neut 15.44, Lymph 0.13, Eos 0.02, left shift Pancreatic lipase - wnl Radiographs - decreased detail mid abd, stomach empty, sl irregular gas pattern mid abd w/ suspect intestinal dilation, granular opacities (mineralization?) in same area

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 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 residual prostate measured 0.5 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 5.9 cm in length. The right kidney measured 5.7 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 2.0 cm x 0.6 cm width. The right adrenal gland measured 1.6 cm width at the cranial pole and 0.77 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.

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



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

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach regarding structure. There were minor areas of luminal fluid noted. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Mucosal remodeling was noted in this patient consistent with likely mucosal ulcerative changes. A portion of small intestine revealed a mass in the jejunum extending 5.0 cm x 2.5 cm with reactive mesentery and loss of mural detail. Dilated bowel was noted prior to the mass followed by empty small intestine. There is some echogenic material in the lumen that may represent a foreign matter in addition to the focal lesion. Regional inflammation was noted around the jejunal mass.

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 jejunal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the minor anemia, ulcerative gastritis is a strong potential in this patient. Recommend exploratory surgery with resection and anastomosis and a gastric inspection as well as small intestinal biopsies. Round cell neoplasia, carcinoma, leiomyosarcoma are primary concerns. Prognosis is guarded. Chest radiographs are warranted for further definition. No overt evidence of metastatic 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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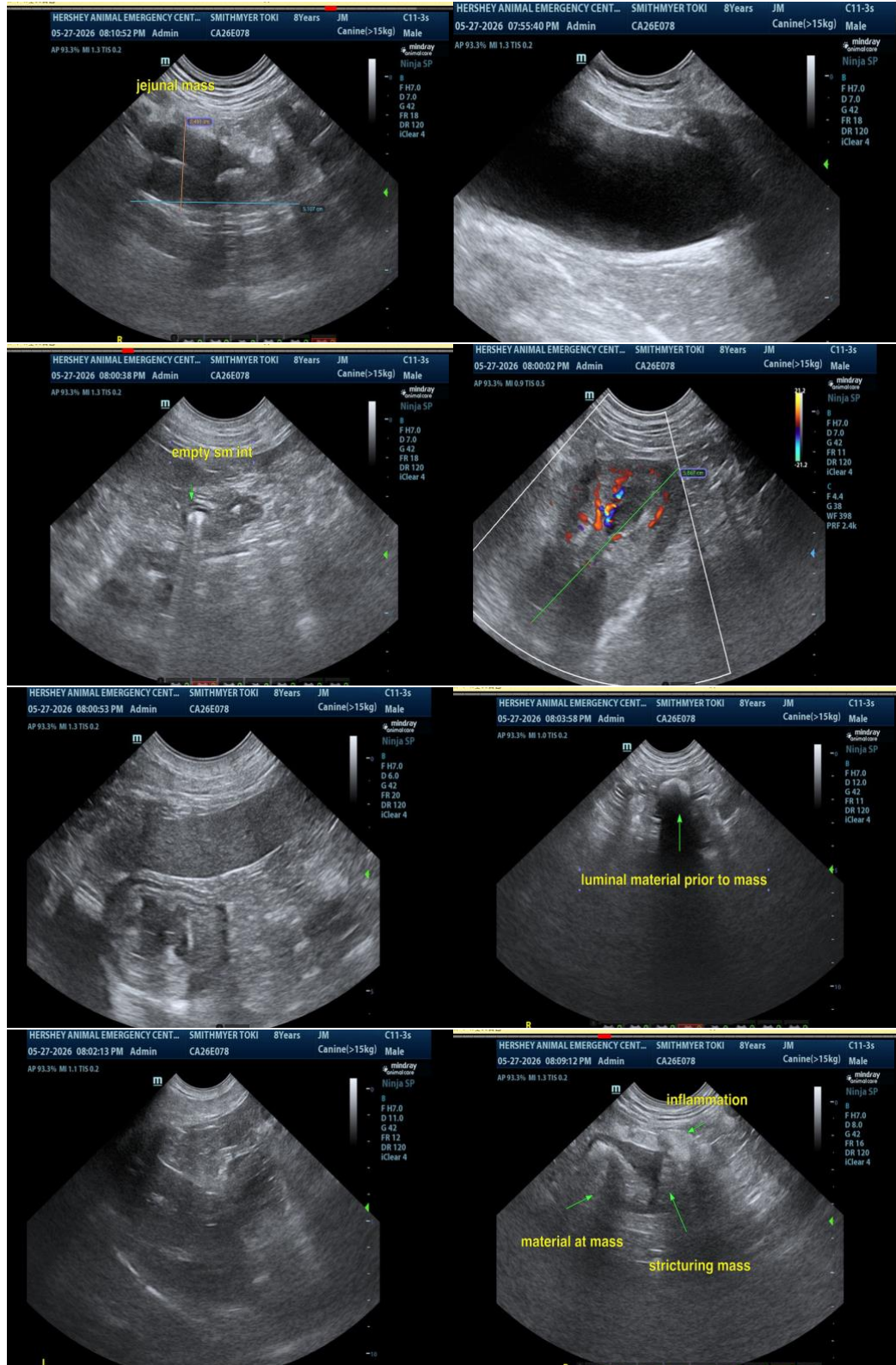
Dr. Sarah Moser

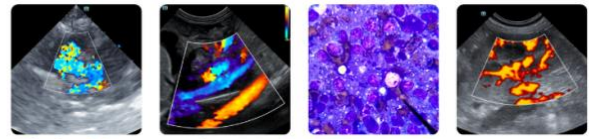
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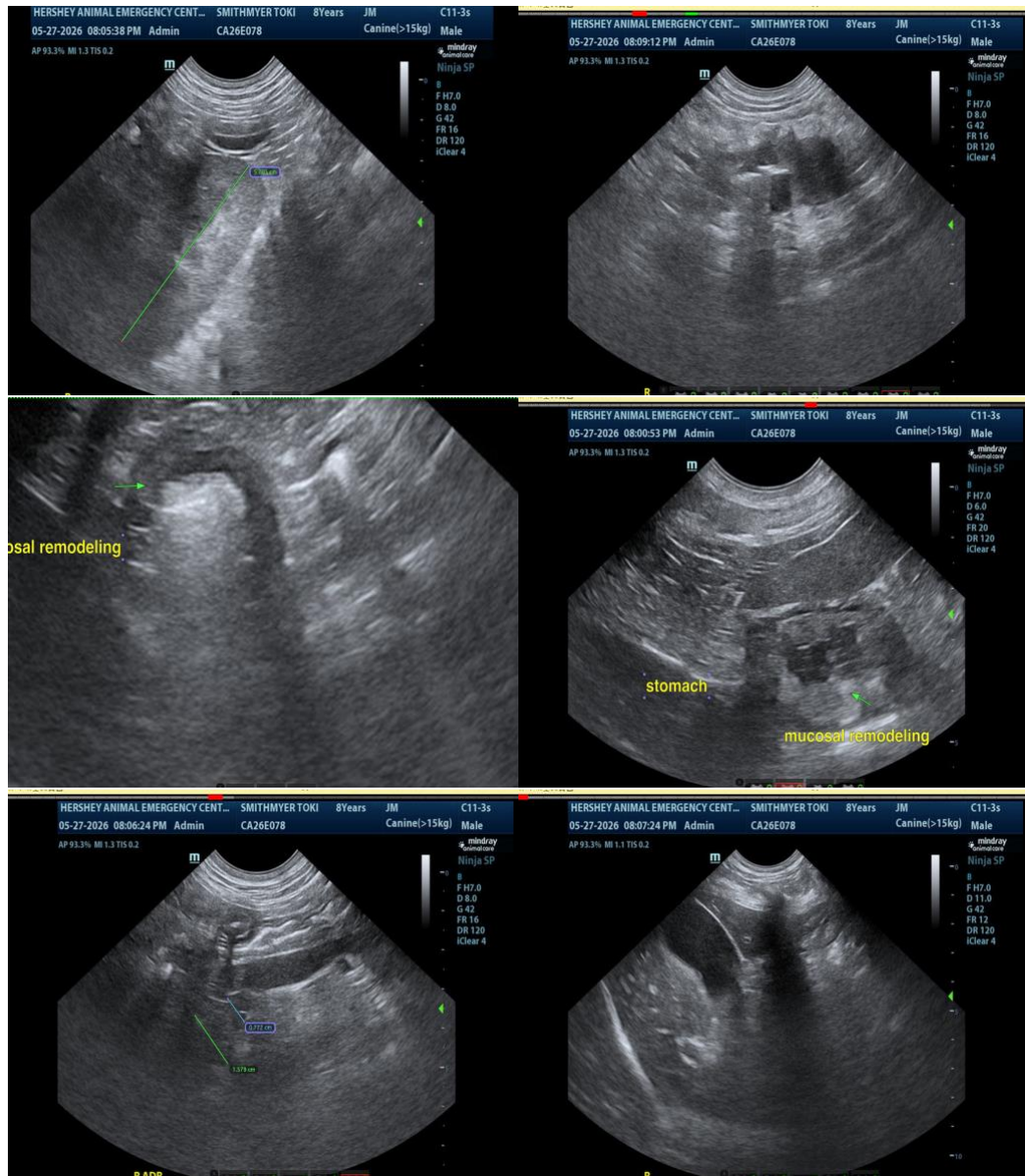
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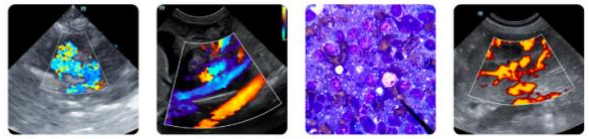
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com



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