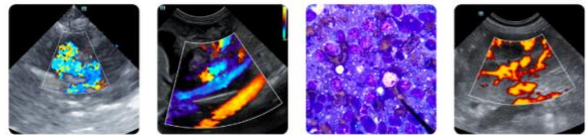


PATIENT

Emmitt Riley

SPECIES

Canine

BREED

Australian Cattle Dog Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

13733

DATE

02/13/26

PRESENTING CLINICAL SIGNS

- ADR, O got home and P was chugging water, did not want to go outside, urinated in bed, diarrhea then straining afterwards, legs shaking while squatting, hacking/ coughing- trouble breathing, did not want to come for food, yesterday was acting off as well.
- Emmitt has a history of seizures managed with phenobarbital and Keppra. Last seizure occurred yesterday (Wednesday) at 1:30 AM, lasting approximately 1 minute with 4-minute postictal period, which is typical for him. Seizures appear to be triggered by coprophagia, typically occurring within 8 hours of ingestion. Client reports chronic polydipsia and polyuria, with primary care veterinarian suspecting diabetes insipidus. Recent blood work in November showed phenobarbital levels within therapeutic range, with normal renal function, negative Cushing's test, and normal blood work screening.
- Current Medications Dasuquin, Phenobarbital 64.8mg BID- (last doses given at 5 PM yesterday); Keppra 500mg BID- (last doses given at 5 PM yesterday)

Abnormal PE/Chem/CBC/UA Results: 2/12/26 Eos 0.03; BUN 8.2, Creat 0.3, Phos 5.2, Chol 332, ALT 879, ALP 3004, GGT 15; EPOC: BUN 6, Creat 0.35 2/13/26 ALB 4.1 ALT > 1000; ALP 993; GGT 51; Tbili 2.2 Rads cranioventral alveolar pulmonary pattern: primary differential pneumonia; poss of early/emerging fungal pneumopathy or neoplasia not entirely excluded, considered unlikely 2. Nonobstructive gastric foreign material: The curved, partially mineral opaque material in the stomach is consistent with fragmented foreign material and does not currently cause obstruction. The possibility of intermittent obstruction cannot be entirely excluded 3. Hepatomegaly: nonspecific finding and may be due to vacuolar hepatopathy (steroid, endocrine, drug-induced or toxic) and/or regenerative processes or, less likely, hepatitis or neoplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

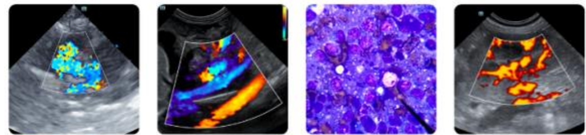
The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **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 6.82 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 2.31 cm x 0.73 cm width at the caudal pole and 0.47 cm width at the cranial pole.

The **right adrenal gland** revealed a hyperechoic nodule at the cranial pole measuring 1.36 cm x 0.89 cm. The right adrenal gland measured 2.55 cm length x 0.83 cm width at the cranial pole and 0.58 cm width at the caudal pole.



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Spleen

The **spleen** was largely smooth with mild heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen was folded upon itself cranially.

Liver

The **liver** revealed a medial mass measuring 6.0 cm x 5.0 cm with cavitation. The mass appeared to be adjacent to the gallbladder. The right cranial and lateral liver appeared unremarkable. Regional inflammation and localized free fluid was noted. The remainder of the liver was mildly swollen. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

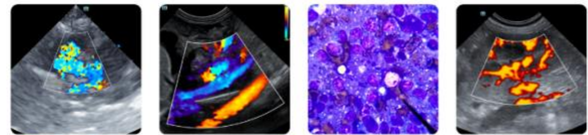
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right adrenal nodule.
- Medial liver mass- carcinoma, hemangiosarcoma, abscessation are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the parenchymal portion and drainage of the cavitated portion would be warranted. CT evaluation to assess for potential surgical options. Prognosis is guarded.



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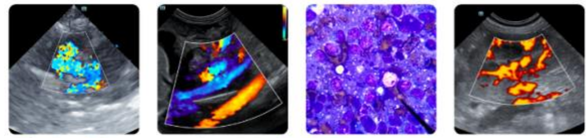

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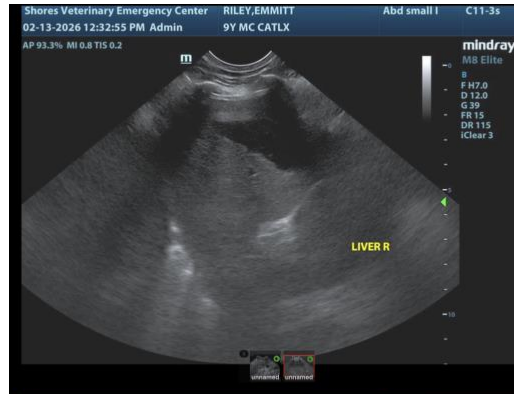

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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