



PATIENT

Emery Spradlin

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

9 years

WEIGHT

31.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandon Adkins

HOSPITAL NAME

Royer VS

REFERRING VET

Dr. Adkins

INVOICE

75326

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Emery presents for vomiting and not wanting to eat
 Patient History: Diabetic on insulin therapy, history of pancreatitis, history of hepatic disease, blind, vomited undigested food yesterday morning from the night before, ate normally last night, no vomiting since
 Would not eat this morning after insulin administration
 Given full insulin dose at 5 AM today
 Client gave small amount of bacon and maple syrup due to hypoglycemic signs (tremors)
 Drinking well last night
 Normal urination and defecation per client
 Weight loss from 33.1 lbs to 31.9 lbs since last visit
 Physical exam: very painful on abdominal palpation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** in this patient revealed an emphysematous cystitis pattern. The urethra was unremarkable. Dependent echogenic changes consistent with calculi as well as suspended echoes consistent with air were both noted. The bladder wall was mildly thickened.

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. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted in the left kidney consistent with pyelonephritis. The right kidney also revealed pyelectasia and irregular cranial contour. The left kidney revealed a mixed hypoechoic, irregular abscess that measured 2.3 x 1.5 cm with regional hyperechoic inflammation. Second subcapsular abscess was noted. I cannot rule out a neoplastic process. Sublumbar fluid accumulation was noted as well secondary to inflammation or potential leakage. The left kidney length measured 6.6 cm. The right kidney measured 6.5 cm with a cortical infarct in the dorsal cortex.

The **prostate** was unremarkable.

Adrenal Glands

The right **adrenal gland** was slightly enlarged and uniform measuring 1.0 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland was obscured by the regional inflammation and visualized obliquely measuring 0.72 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 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

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

Emphysematous cystitis with bladder calculi.

Pyelonephritis with renal abscessation of the left kidney.

Pyelonephritis and infarct with chronic changes on the right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided 25-gauge FNA and/or drainage of the subcapsular nodule/abscess is indicated. I recommend urine culture and sensitivity and ultrasound-guided drainage of the accessible abscess of the caudal pole of the left kidney. Aggressive IV antibiotics, plasma expanders, blood pressure measurements, anaerobic and anerobic cultures of all samples taken are strongly recommended. A recheck sonogram is recommended after 4-5 days of intensive care to assess for resolution, eventual cystotomy, stone analysis and culture would be necessary. An alternative would be to stabilize the patient and perform surgical intervention and drainage of the renal abscessation as well as potential abdominal lavage as there is evidence of peritonitis around the left kidney along with cystotomy, stone analysis and culture.



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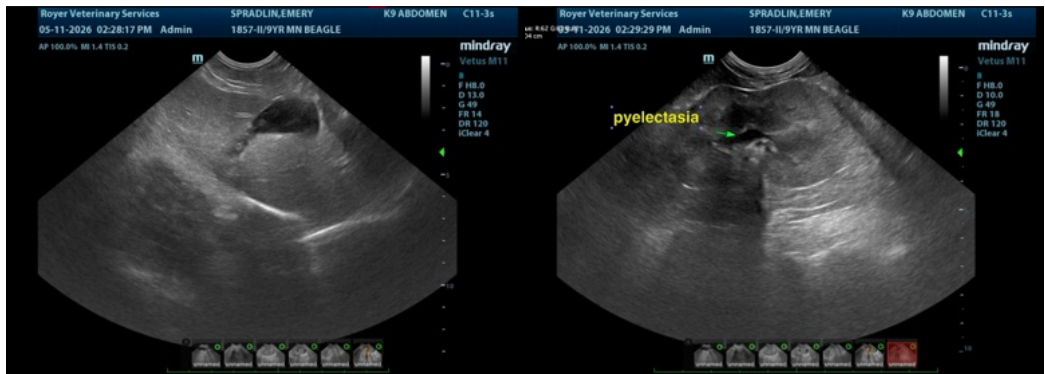
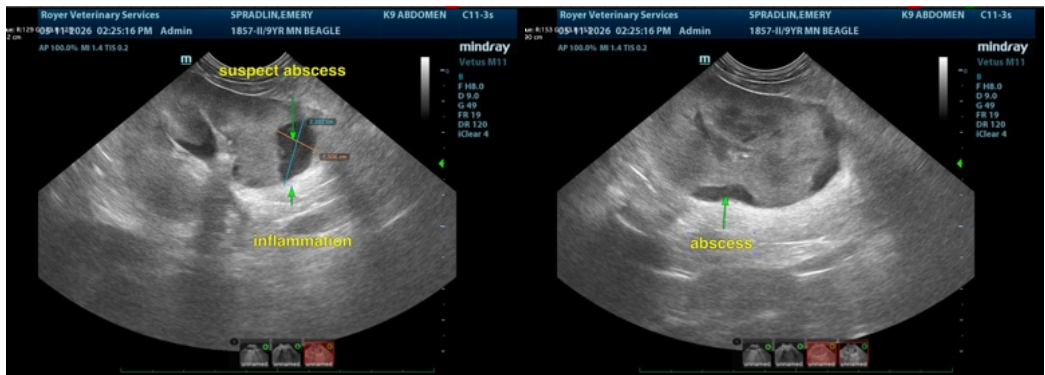
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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