

**DATE**

3/8/22

**PATIENT**

Lucca Dimaggio

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

3/8/21

**WEIGHT**

11.1 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. King

**INVOICE**

35989

**PRESENTING CLINICAL SIGNS**

Seen at RDVM for vomiting, rads no obvious fb, but thick. Got Subq fluids and Ondansetron, continue to vomit at home. No known fb ingestions, no fb under tongue. Owner has been changing diet, but did slowly.

Current Medications: Gabapentin, Ondansetron, Buprenorphine.

Lab Results: Chemistry and Iytes WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV propofol.

Stat Report: Not requested.

**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 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.77 cm with minor pyelectasia noted. The left kidney measured 3.8 cm with pyelectasia of 0.32 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were 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 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 pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No evidence of obstruction was present. Soft stool noted in the colon/cecum. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Mesenteric lymph nodes were rounded and hypoechoic, the largest grouping of nodes measured approximately 2.0 cm x 2.0 cm.

### **Pancreas**

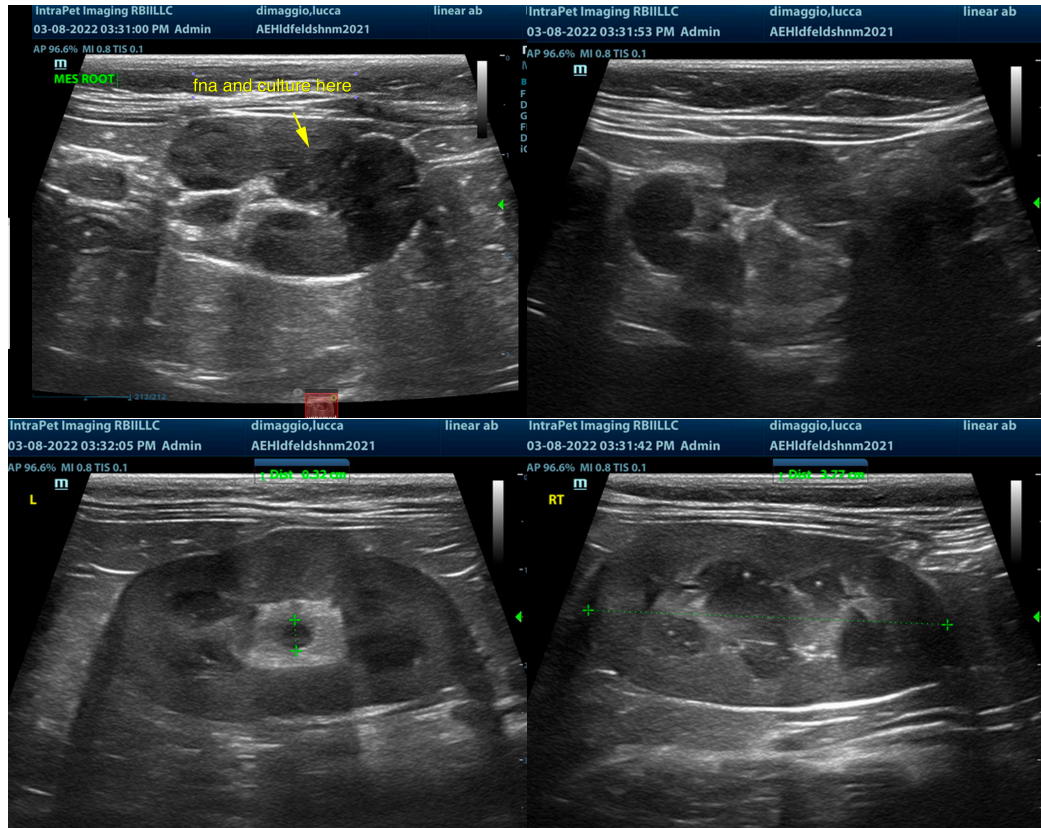
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

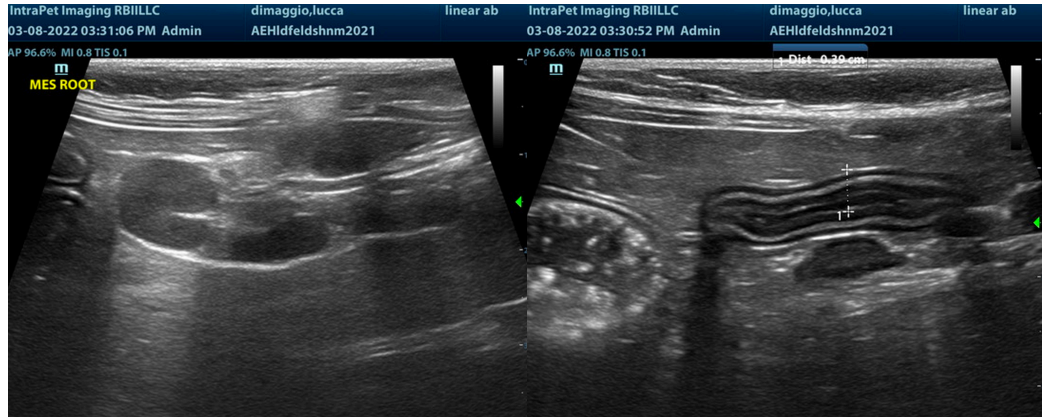
### **ULTRASONOGRAPHIC FINDINGS**

- Mesenteric lymphadenopathy
- Minor intestinal thickening

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the mesenteric lymph nodes with culture and cytology indicated. Underlying parasitic or infectious agents should be considered. Inflammatory bowel or lymphadenitis suspected. No evidence of foreign body/obstruction.





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, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)