



PATIENT

Charlie Levetto

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

CVN/LB

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Van Nieuwal

INVOICE

14516

DATE

4/2/22

PRESENTING CLINICAL SIGNS

History of 2 weeks ago hospitalized here at our ER for urinary obstruction, P has doing fine since. Does NOT like rx diet sent home after UO and has been a picky eater since. On 3/30 O witnessed P chew up power cord and plastic. Since then has not been E/D well and vomiting. Xrays done at reg vet yesterday - P was very uncooperative/fractious so not the best radiographs were able to be taken, no good view of cranial abdomen. Rads did show no obvious FB or UO and reg vet sent here for AUS. Reg vet gave single dose of cerenia yesterday and P has not vomited since and has eaten a little bit at home. FNA of mesenteric lymph node to be sent to pathologist along with this AUS sendout.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.3 cm. The left kidney measured 2.8 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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. Caudal folding of the spleen was noted, positional variant.

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 **pylorus** was mildly thickened with hypertrophied muscularis- this is a region to watch. Minor variable small intestinal thickening with enhanced surrounding mesentery, primarily around the jejunum. Curvilinear patterns were maintained.



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Pancreas

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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.

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Free Abdomen

Slight mesenteric **lymph node** enlargement noted, reactive, up to 8.4 mm.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Enteritis pattern with mild mesenteric lymphadenopathy

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

No evidence of foreign body or obvious neoplastic criteria. Treatment for enteritis/lymphadenitis warranted. No evidence of urinary disease at this time.

AGE

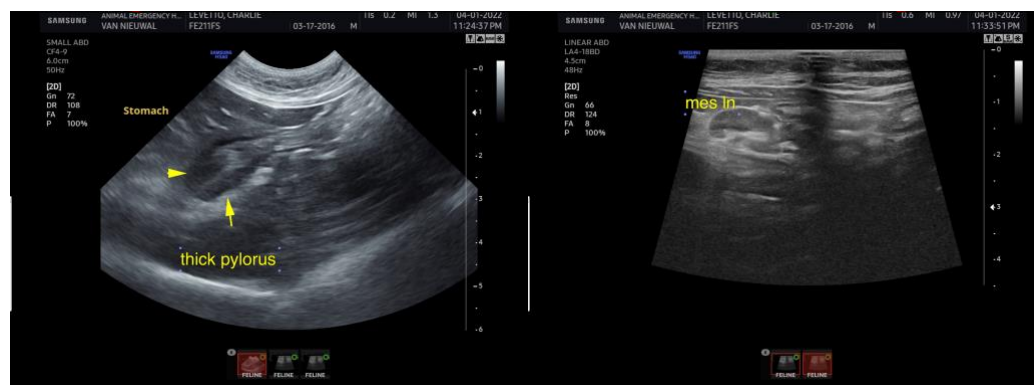
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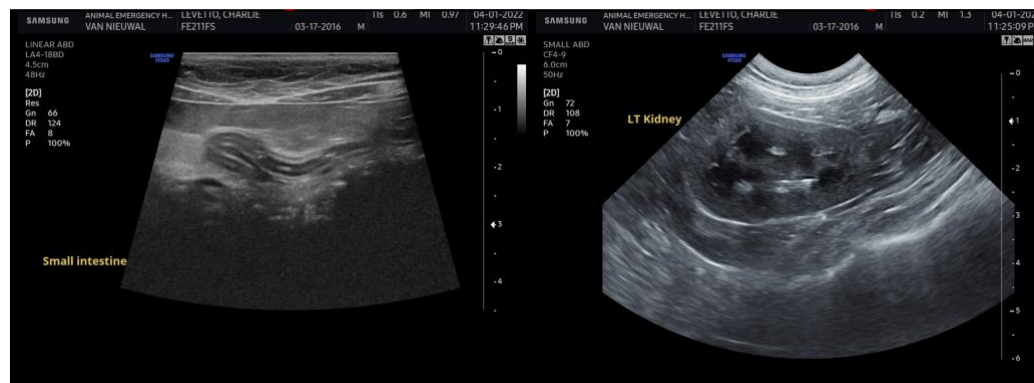
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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