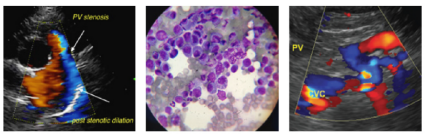
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Pierogi Tritt

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered Male

AGE
2 Years 9 Months

WEIGHT
5.18 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Madison Vet Specialists – Dr. Maller

INVOICE
35518

DATE
2/8/22

PRESENTING CLINICAL SIGNS

Presenting for vomiting, inappetence, lethargy and decreased water consumption for the last 4 days. His last instance of vomiting was last night. He was seen by MVS on 2/6/2022 regarding the same issue. At that time, they gave him an injection of maropitant and 300ml of fluids subcutaneously. He showed minimal improvent for 24 hours.
Abnormal PE/Chem/CBC/UA Results: Hemoconcentration ALT 133

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended. It has a normal uniform wall thickness of <0.2 cm. Contents include primarily anechoic fluid combined with both gravity dependent and suspended, echogenic, non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The kidneys are bilaterally normal to slightly large in size (upper end of normal limits) with bilaterally increased cortical echogenicity. Contour is slightly irregular, distorted by the presence of capsular indentations, both hyperechoic, wedge-shaped cortical lesions consistent with chronic infarcts, as well as hypoechoic wedge-shaped lesions consistent with acute infarcts. There is a normal 1:3 cortex/medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or mineral observed. The left kidney measured 4.15 cm. The right kidney measures 4.43 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.41 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogenously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

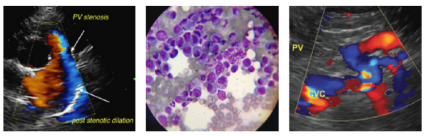
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness. Normal layering is maintained except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The jejunum is diffusely fluid dilated with hyperreactive mesentery

IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Pierogi Tritt

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered Male

AGE
2 Years 9 Months

WEIGHT
5.18 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Madison Vet Specialists – Dr. Maller

INVOICE
35518

DATE
2/8/22

and scant free fluid as well as reactive msenteric lymphadenopathy around the area. However, the dilated bowel loop is traced to the Ileocecocolic junction without evidence of an obstruction.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion.

Mesenteric lymph nodes are noted to be hypoechoic and surrounded by hyperreactive mesentery and scant free fluid.

ULTRASONOGRAPHIC FINDINGS

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Thick muscularis – This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.
- Mildly fluid distended jejunum with evidence of hyperreactive mesentery and free fluid – consistent with focal gastroenteritis/peritonitis around the area. An obstruction cannot be definitively ruled out given this pattern, but is not present in these images, and the jejunum is followed to the level of the Ileocecocolic evidence without evidence of an obstruction.
- Urinary bladder sediment – Most consistent with cellular debris or crystalluria. Blood clots and/or mucus and/or fat cannot be ruled out.
- Bilaterally hyperechoic, mildly irregular kidneys – These renal changes can be seen with glomerular or interstitial nephrisi, acute tubular necrosis, acute toxic or infectious disease, with cortical indentations likely caused by infarcts. However, scarring from chronic pyelonephritis cannot be ruled out. Echogenicity due to fat deposition is also possible in cats, and these findings should be interpreted in combination with laboratory changes consistent with kidney disease or lack thereof.

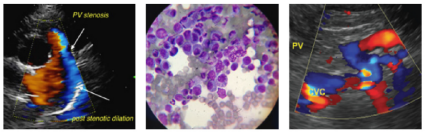
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory to further assess gastrointestinal function as well as the pancreas. Given this patient's young age and focal changes, a gastrointestinal PCR panel is also recommended to rule out infectious disease. Empirical deworming with a 5-day course of Panacur is recommended. A fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

Finally, urinalysis and urine culture are recommended due to the urinary bladder sediment noted here. In the meantime, other medical management recommended includes rehydration, antiemetic, gastroprotectants, and a diet change to either a bland, easy to digest diet, or if that doesn't result in

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



PATIENT

Pierogi Tritt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

2 Years 9 Months

WEIGHT

5.18 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Vet Specialists – Dr. Maller

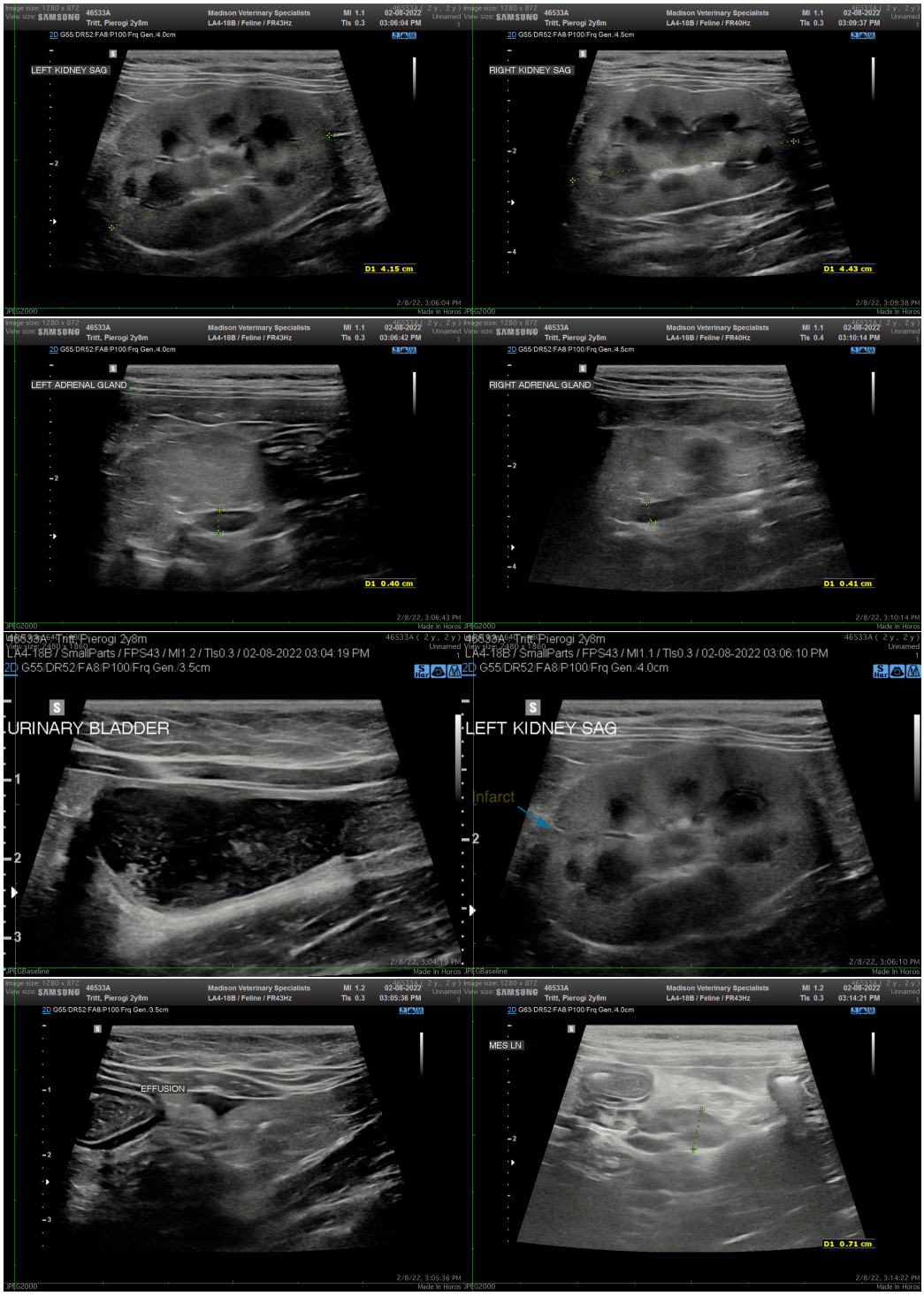
INVOICE

35518

DATE

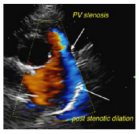
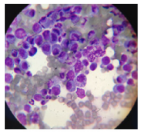
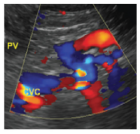
2/8/22

improvement, a novel or hydrolyzed protein diet could be tried. If clinical signs persist, fasting followed by recheck imaging should be considered to definitively rule out an unlikely but possible foreign body.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Pierogi Tritt

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

2 Years 9 Months

WEIGHT

5.18 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

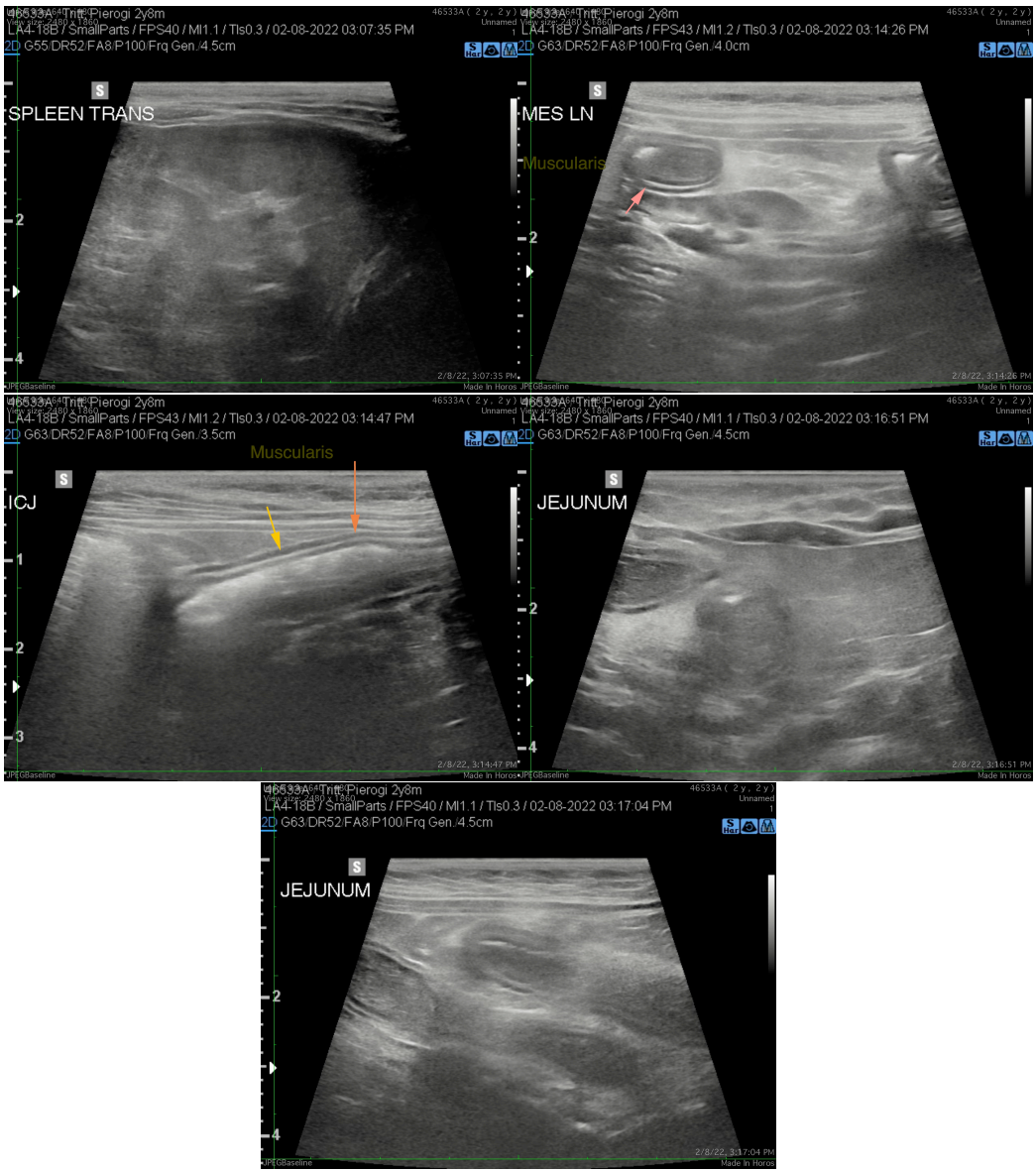
Madison Vet Specialists – Dr. Maller

INVOICE

35518

DATE

2/8/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com