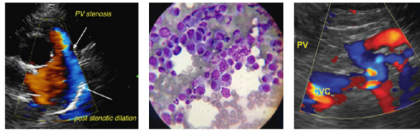


**IMAGING PERFORMED BY**

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



**Clinical Sonography & Telecytology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Timmy Walejko

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr.

**INVOICE**

37246

**DATE**

4/28/22

**PRESENTING CLINICAL SIGNS**

outdoor/indoor cat found on garage floor crying and was very lethargic. signs of septic shock, hypoglycemia and neutropenia on presentation. had hypertension despite fluid boluses, started on norepinephrine CRI, blood glucose improved on dextrose supplementation

Abnormal PE/Chem/CBC/UA Results: neutropenic and low eosinophils glucose 216, sdma 23, mildly azotemic, phosphorus elevated at 7.7, neg fiv/fel leukemia, heartworm negative

**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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 3.0 cm each.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**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 an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Curvilinear patterns were retained throughout the gastrointestinal tract. A minor portion of small intestine was dilated, followed by empty small intestine. The dilated portion of small intestine revealed reactive mesentery, which may be causing a partial obstructive pattern. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid filled.

**Pancreas**

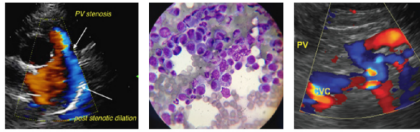
Minor heterogeneous **pancreatic** changes noted, yet without significant disease.

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis/enterotoxin type presentation with reactive mesentery
- Unremarkable abdomen otherwise

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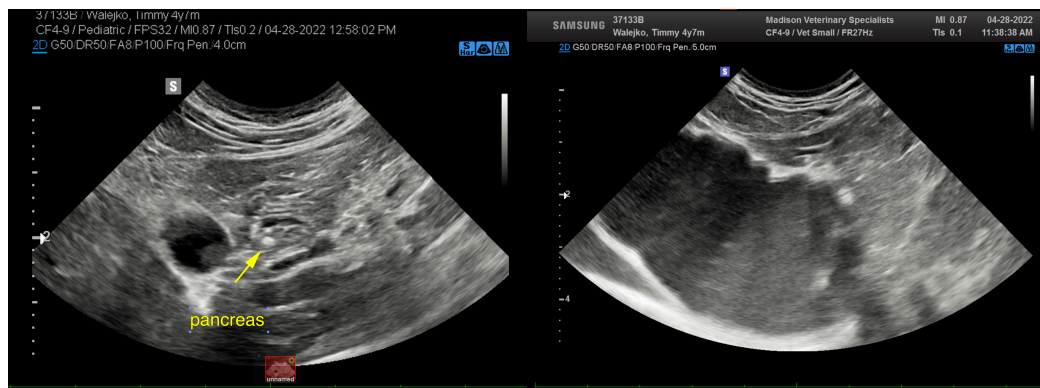
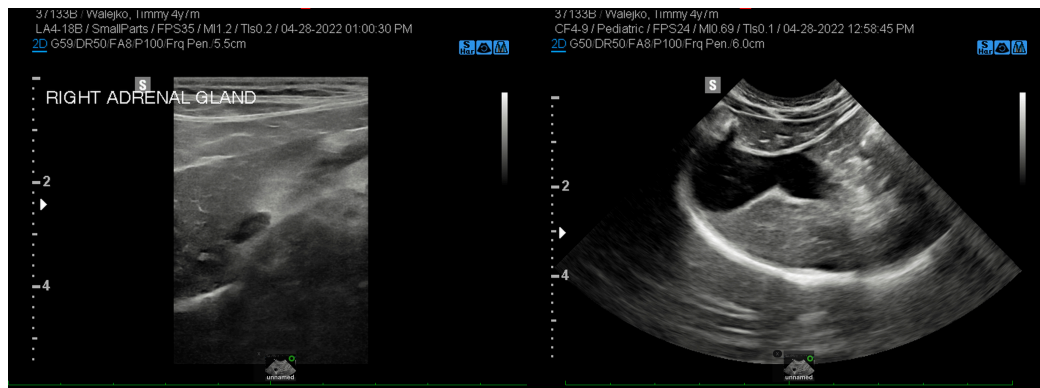
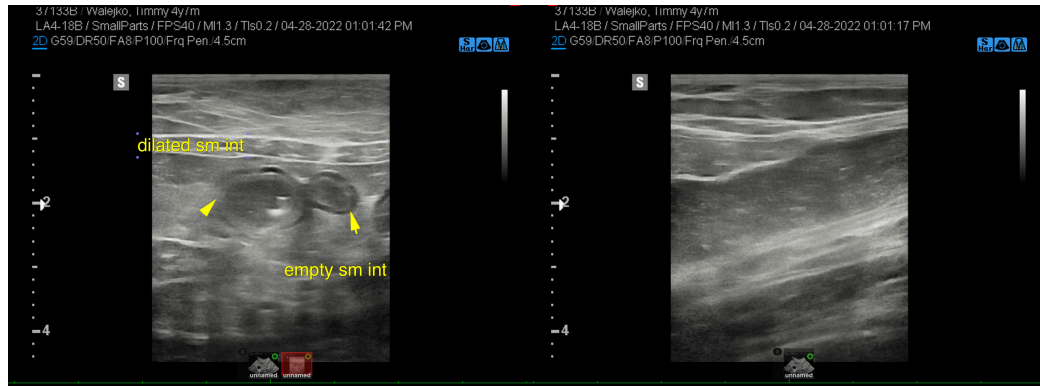
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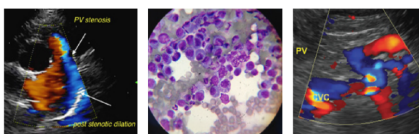
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Plasma expanders, broad-spectrum antibiotics, pain management all indicated. Sepsis likely with translocation of bacteria and toxins. Recheck sonogram in 24 hours to ensure GI presents adequate resolution.



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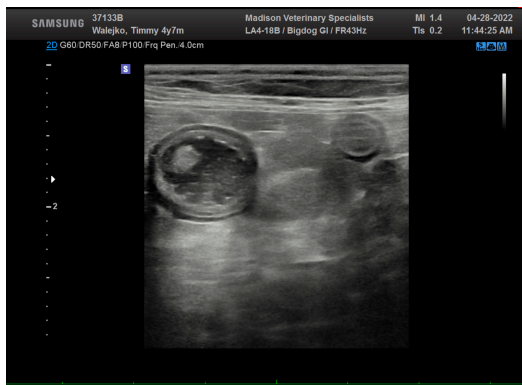
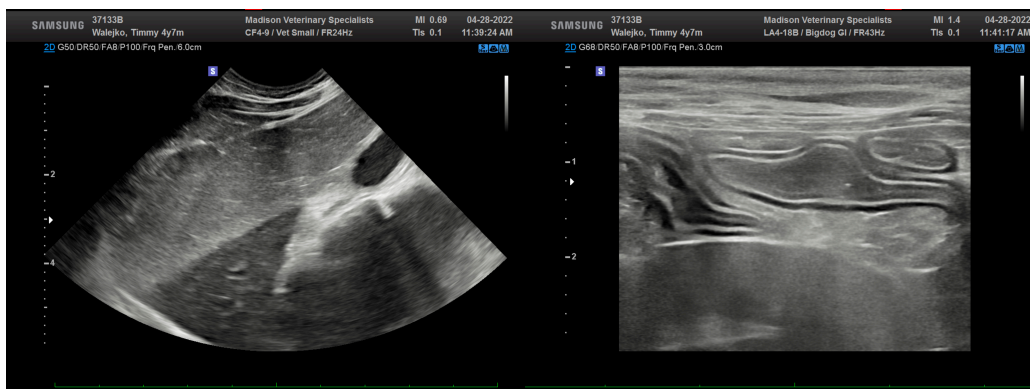
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)