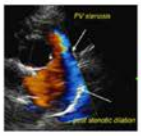
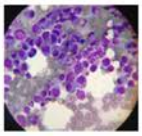
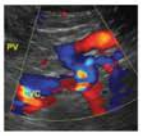
IMAGING PERFORMED BY
SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com

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

PATIENT
Mika Weyna

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
10 Years

WEIGHT
8.6 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
WVRC – Dr. Bianco

INVOICE
36920

DATE
4/15/22

PRESENTING CLINICAL SIGNS

Presented to ER for anorexia and vomiting and lethargic. 4/8/22: Mika vomited once and owner noticed she was lethargic and not wanting to eat. Owner brought her to Milwaukee walk In Vet Clinic, and they performed bloodwork and abdominal x-rays. Per owner, bloodwork showed evidence of infection and so she was prescribed Clavamox. She was also prescribed mirtazapine as an appetite stimulant and given subcutaneous fluids. --> AXR available for review: Stomach is mildly gas-filled, small intestines appear fluid-filled with some mild gas distention, areas of possible plication. - 4/12/22: Mika was taken back to Milwaukee walk in Vet Clinic because clinical signs hadn't resolved. She was given subcutaneous fluids, and they recommended an abdominal ultrasound for further evaluation. - Per owner, Mika has not eaten anything since 4/8. She isn't seeking water and so owner has been attempting to syringe feed her water. She has vomited a total of 3 times - the first on 4/8, once several days later, and once on 4/12 (owner had picture - moderate amount of brown-tinged fluid). She hasn't had any diarrhea. She has been very lethargic and hiding more than usual at home. No known toxin exposure/dietary indiscretion. Owner does have a rhodedendron, florida palm, spider plant, ivy plant, and bamboo plant in the house but they have been there for years and the cats have never chewed on them to owner's knowledge.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately/well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The **left** kidney is markedly decreased in size, measuring 2.55 cm. (3.80-4.40 cm). The kidney is deformed. A small to moderate depression is present on the antimesenteric border of the capsule. Its overall shape is rounded, and the capsule moderately to severely bossilated. Focal hyperechoic areas are noted throughout the cortex. A severe loss of the normal definition of the corticomedullary junction is observed. A thick hyperechoic ill-defined band is observed along the medulla, traversing parallel to the corticomedullary junction. Mineralizations of the diverticulae and pelvis are present, without signs of nephroliths or pyelectasia. The mesentery surrounding the kidney is mildly to moderately hyperechoic

The **right** kidney measures 3.33 cm. The capsule is mildly bossilated. The cortex is severely hyperechoic and a moderate loss of the normal definition of the corticomedullary junction is observed. Pinpoint and punctate mineralizations of the diverticulae and pelvis are present, without signs of nephroliths or pyelectasia. The mesentery surrounding the kidney is mildly hyperechoic.

Aortic bifurcation/trifurcation: No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.22 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.31 cm in diameter. Findings are similar to the left adrenal.

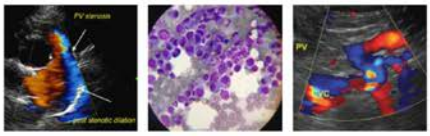
Spleen

The spleen is within normal limits in architecture, echotexture, and echogenicity, and the capsule is smooth. However, it appears smaller than normal, measuring 5.2 mm, i.e., hypovolemia is suspected.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No focal nodules or cystic lesions are observed and the hepatic vessels visualized do not show any abnormalities or congestion.

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



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

PATIENT
Mika Weyna

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
10 Years

WEIGHT
8.6 Pounds

INTERPRETED BY
Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY
Kim Liedberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
WVRC – Dr. Bianco

INVOICE
36920

DATE
4/15/22

The gallbladder wall is within normal limits in size, thickness and echogenicity. A trivial amount of free floating echogenic material (sludge) is present within the lumen. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the wall layers. Gas is present within the stomach.

The duodenum is mildly thickened, measuring 0.29 cm, however, There is no loss of definition of the normal architecture of the wall layers. Dilated loops of bowel (small intestine) with fluid and gas, are present, particularly in the region of the left kidney. The ileo-cecal-colic junction and the surrounding mesentery are unremarkable.

The colonic wall is not thickened and mural detail is considered normal, however, a large amount of gas is present in the transverse colon.

A mild ileus of the GI tract is noted.

Pancreas

The pancreas varies between homogeneous to a mildly coarse echotexture. These changes are most likely due to nodular hyperplasia and areas of fibrosis, which are considered age-related changes. Signs of active pancreatitis or neoplasia are not appreciated.

Other

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

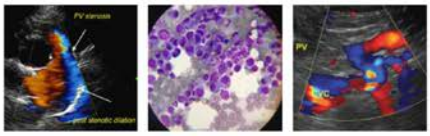
ULTRASONOGRAPHIC FINDINGS

- Chronic renal disease with signs of fibrosis. Pyelonephritis cannot be excluded despite the absence of overt sonographic signs.
- Hypovolemia appears to be present based on the size of the spleen.
- A mild ileus of the GI tract is noted, likely due to Mika's uremia.
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Intravenous fluids are recommended, if possible
- If IV fluids not possible, treatment at home with subcutaneous (SQ) fluids multiple times a week
- Anti-emetics (maropitant)
- famotidine SQ to treat uremic gastritis, if possible
- vitamin B12 injection (one to start and reassess depending on clinical status) at 250 ug/injection

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



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

PATIENT

Mika Weyna

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

WVRC – Dr. Bianco

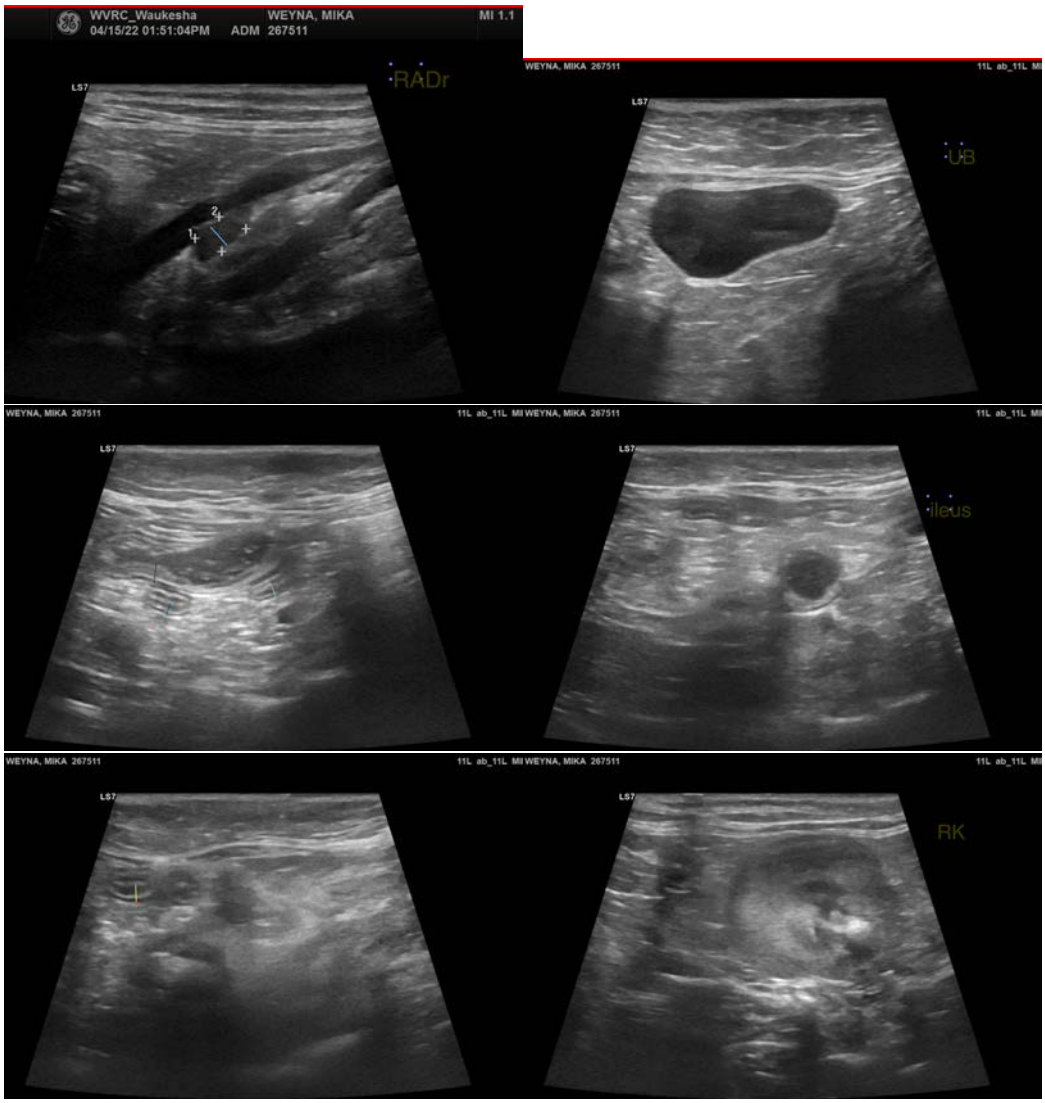
INVOICE

36920

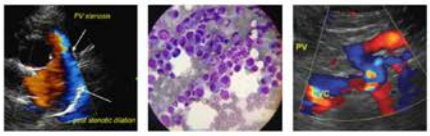
DATE

4/15/22

- A urine culture and sensitivity will probably yield a false negative result, however, pyelonephritis cannot be excluded. Treatment with enrofloxacin may be considered, however, this may not be ideal if she is anorexic. Another option is to avoid oral antibiotics for the moment and if there is no improvement with supportive care, an injection of cefovecin (Convenia) may be tried (not ideal, but it avoids the GI tract). Discussion with the client that this is not necessarily an ideal drug is suggested, however.
- A fundic exam is also recommended
- Evaluation of the blood pressure, ideally in the presence of the client to minimize the effects of stress.
- An evaluation for proteinuria is recommended, if not already performed; ONCE an infection has been excluded and eliminated.



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



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

PATIENT

Mika Weyna

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

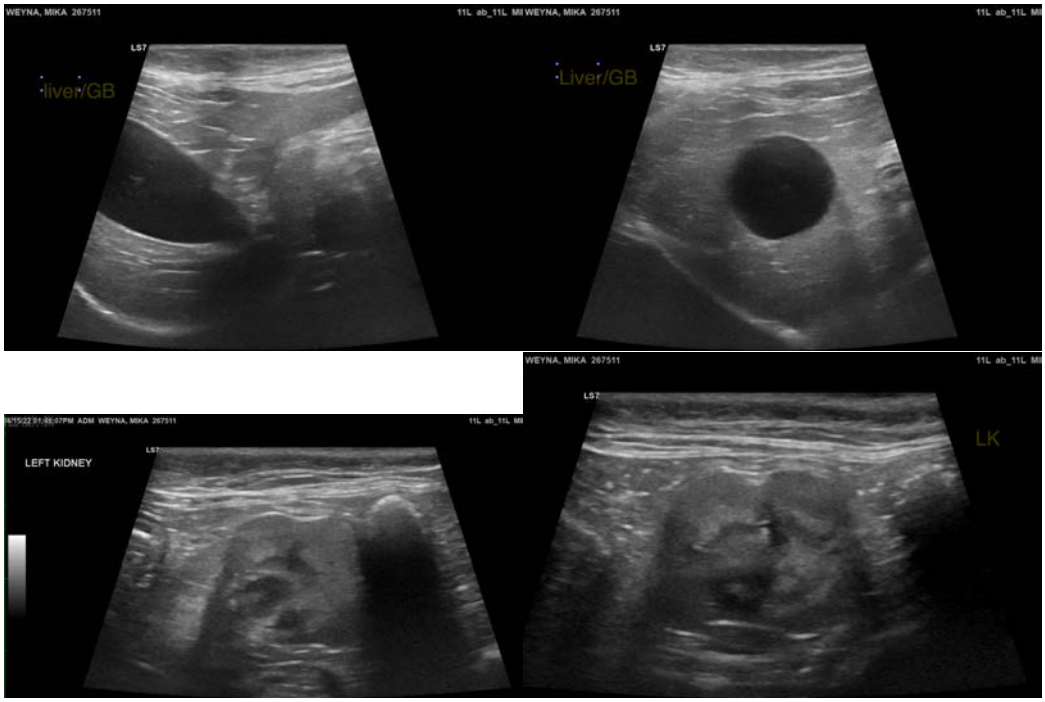
WVRC – Dr. Bianco

INVOICE

36920

DATE

4/15/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM
Lisa.Carioto@sonopath.com