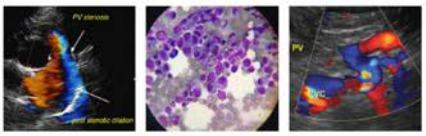
IMAGING PERFORMED BY
SVS Mobile Imaging CT 262-366-5970
fredgromalak@gmail.com



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

PATIENT

Marmalade Tarachow
212950

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

3.1 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr. Wirth

INVOICE

38859

DATE

6/17/22

PRESENTING CLINICAL SIGNS

Multiple mammary tumors removed from the R mammary chain. Completed 5 doses of doxorubicin treatment in Dec. 2020. Currently doing well.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra. A small amount amount of free floating sediment is present, however, there is no evidence of cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 3.57 cm (3.80-4.40 cm). The capsule is very mildly irregular. A mild to moderate loss of the normal definition of the cortico-medullary junction is present There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 3.11 cm (3.80-4.40 cm). The capsule is very mildly irregular. A mild loss of the normal definition of the cortico-medullary junction is present There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.33 cm. 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 0.33 cm. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

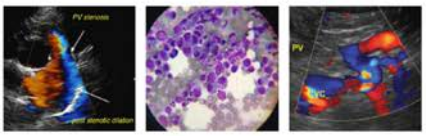
The spleen is within normal limits in size and echogenicity. The capsule is smooth. A small hyperechoic nodule, 0.13 cm, is noted mid-body, most likely due to mineralization or fibrosis. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. A very subtle miliary echotexture is observed, however, this may be due to the sensitivity of the ultrasound machine.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. It is homogeneous, but mildly hyperechoic, i.e., it is mildly hyperechoic to the falciform fat. A hypoechoic nodule, 0.31 cm, is noted ventrally in the left liver and an anechoic nodule, 0.25 cm, is present caudoventrally on the right. The latter is subcapsular, but does not disrupt the integrity of the capsule. No obvious abnormalities are noted with the hepatic vessels.

The gallbladder (GB) wall is within normal limits in thickness and echogenicity. A small amount of echogenic material is present within the GB. 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.

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

Marmalade Tarachow
212950

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

3.1 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr. Wirth

INVOICE

38859

DATE

6/17/22

Gastrointestinal

The gastric wall is within normal limits in thickness and the wall layers are well defined, however, the mucosa appears more prominent in certain views, while the muscularis seems more prominent in others. A very small amount of liquid and gas are present in the lumen of the stomach. No obvious abnormalities are observed with its peristalsis.

Duodenum: Mildly thickened at 0.27-0.30 cm. Both the mucosa and muscularis are more prominent than usual.

Jejunum: Mildly thickened at 0.28-0.29 cm. The mucosa and muscularis are prominent and a few segments are corrugated. Stippling of the mucosa is present.

Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal. Formed stools are present within the colon.

Pancreas

No obvious abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

Other

Lymph nodes

No abnormalities are observed with regard to size, echotexture or echogenicity.

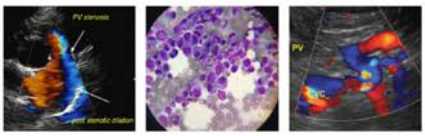
Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Liver**: The two nodules are likely due to nodular hyperplasia and a benign cyst. The mild, diffuse hyperechogenicity may be due to cholestasis, cholangitis/cholangiohepatitis, and/or cholecystitis.
- **Gallbladder**: Although the amount of gallbladder sludge is mild and is often clinically insignificant, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid or proton pump inhibitor may be required. Overt sonographic signs of cholecystitis are not appreciated, however, a secondary bacterial infection cannot be excluded.
- **Gastrointestinal tract**: Although subtle, multiple changes are present that are suggestive of inflammation. Evaluation of Marmalade's weight, body and muscle condition score and obtaining a history regarding GERD, pica, vomiting (including hairballs) and defecation habits, is recommended to exclude inflammatory bowel disease or emerging neoplasia, such as lymphoma.
- **Kidneys**: Age-related degenerative changes are suspected.
- **Urinary bladder**: The free floating sediment within the lumen of the urinary bladder is most likely composed of mucus, crystalline material and exfoliated cells. The debris is likely clinically insignificant given the lack of inflammatory changes to the bladder wall, however, findings should be correlated with clinical signs and a urinalysis.

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

SVS IMAGING



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

PATIENT

Marmalade Tarachow
212950

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

3.1 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC – Dr. Wirth

INVOICE

38859

DATE

6/17/22

- **Spleen**: The small hyperechoic nodule is most likely due to mineralization or fibrosis. It is not considered clinically significant. The *very subtle* miliary echotexture is somewhat subjective and may be due to overinterpretation as a result of the sensitivity of ultrasound machine. The interpretation of the echotexture of the spleen should take into account the experience with one's machine. If there is any doubt that Marmalade's spleen is "more lacy" compared to other "normal spleens", a FNA of the spleen is warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

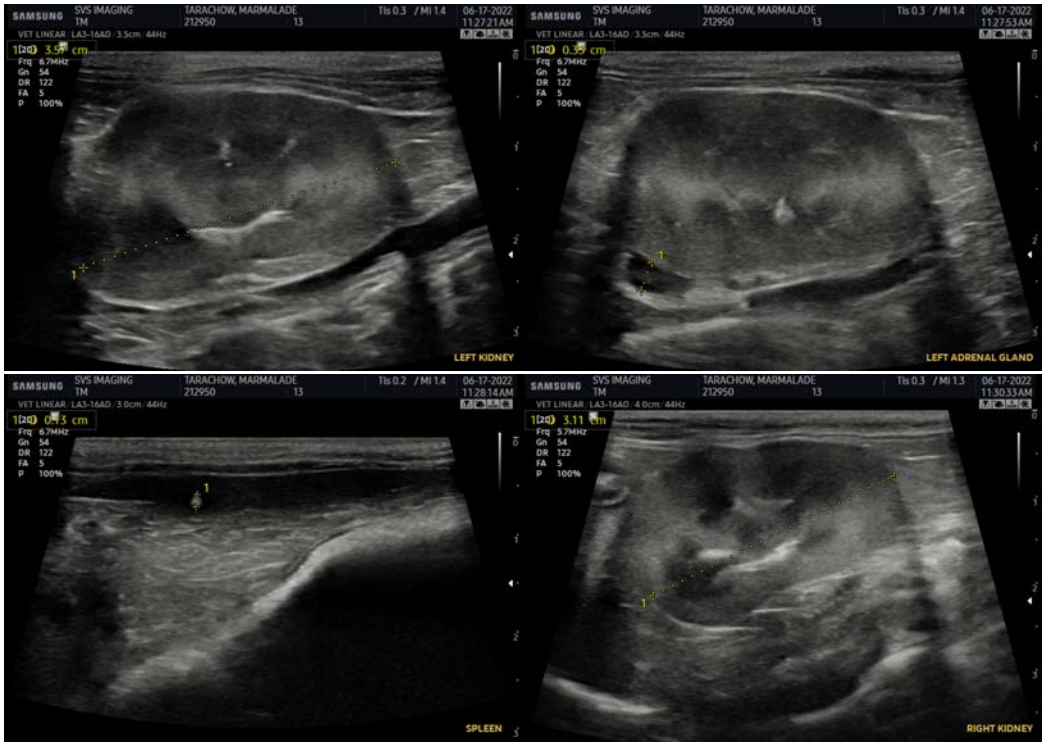
Evaluation of Marmalade's weight, body and muscle condition score

Obtaining a history regarding GERD, pica, vomiting (including hairballs) and defecation habits

CBC, serum biochemical profile, urinalysis, and T4, if not already performed

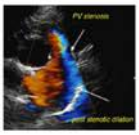
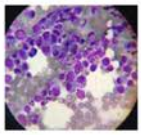
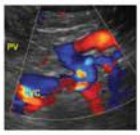
Deworm depending on risk of exposure, including other pets in house that go outdoors

Further diagnostics may not be necessary and will depend on responses to the above questions, however, if there is any doubt, a sonographic re-evaluation of the gastrointestinal tract is strongly recommended in 3 months, in addition to regular monitoring of Marmalade's weight (even if her appetite remains good).



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

SVS IMAGING

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

PATIENT

Marmalade Tarachow
212950

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

3.1 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

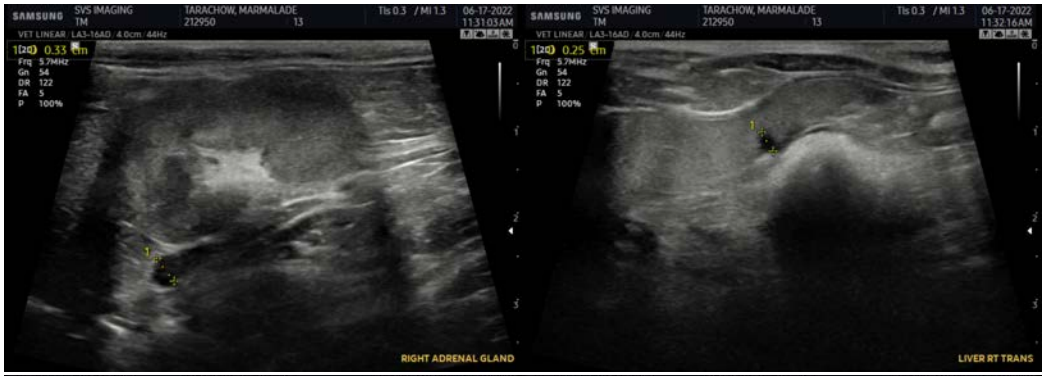
WVRC – Dr. Wirth

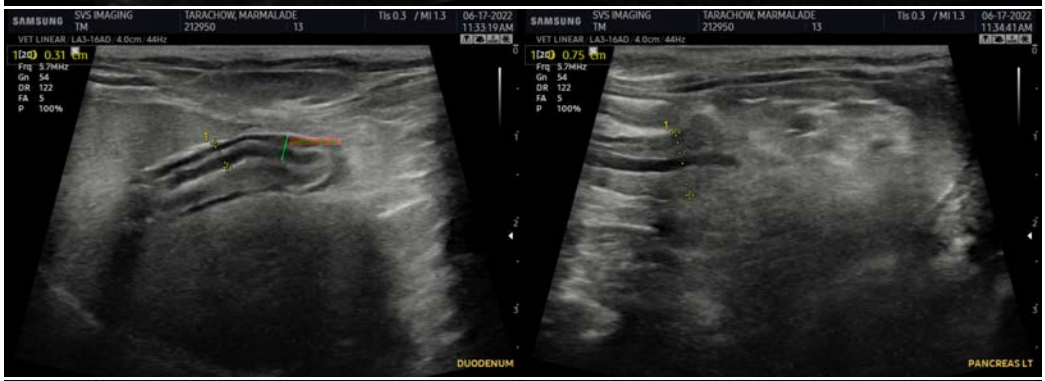
INVOICE

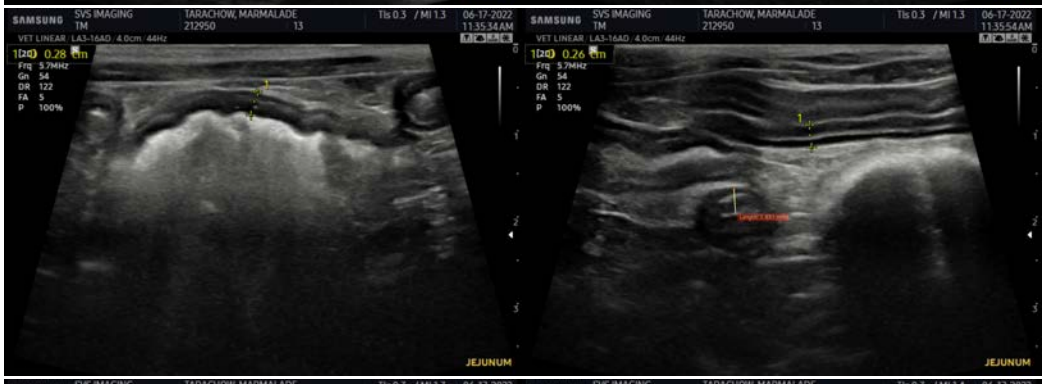
38859

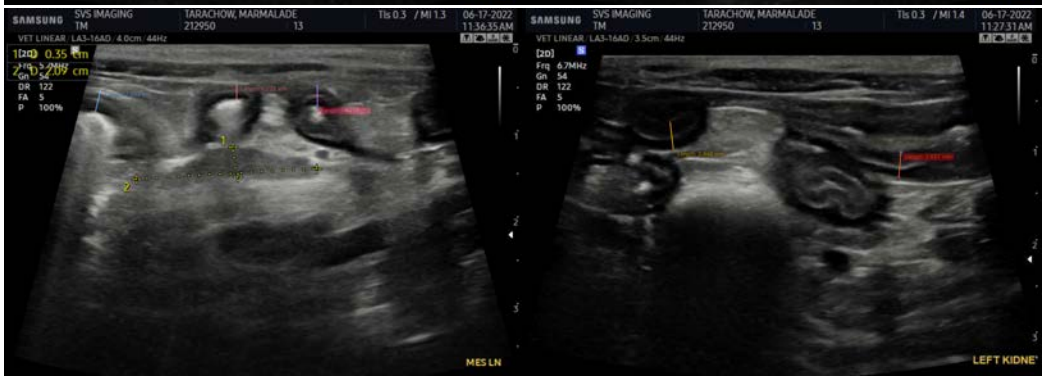
DATE

6/17/22



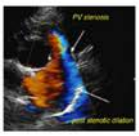
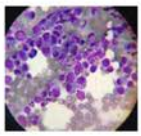
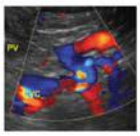






IMAGING PERFORMED BY
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com

SVS IMAGING

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

PATIENT

Marmalade Tarachow
212950

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

3.1 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

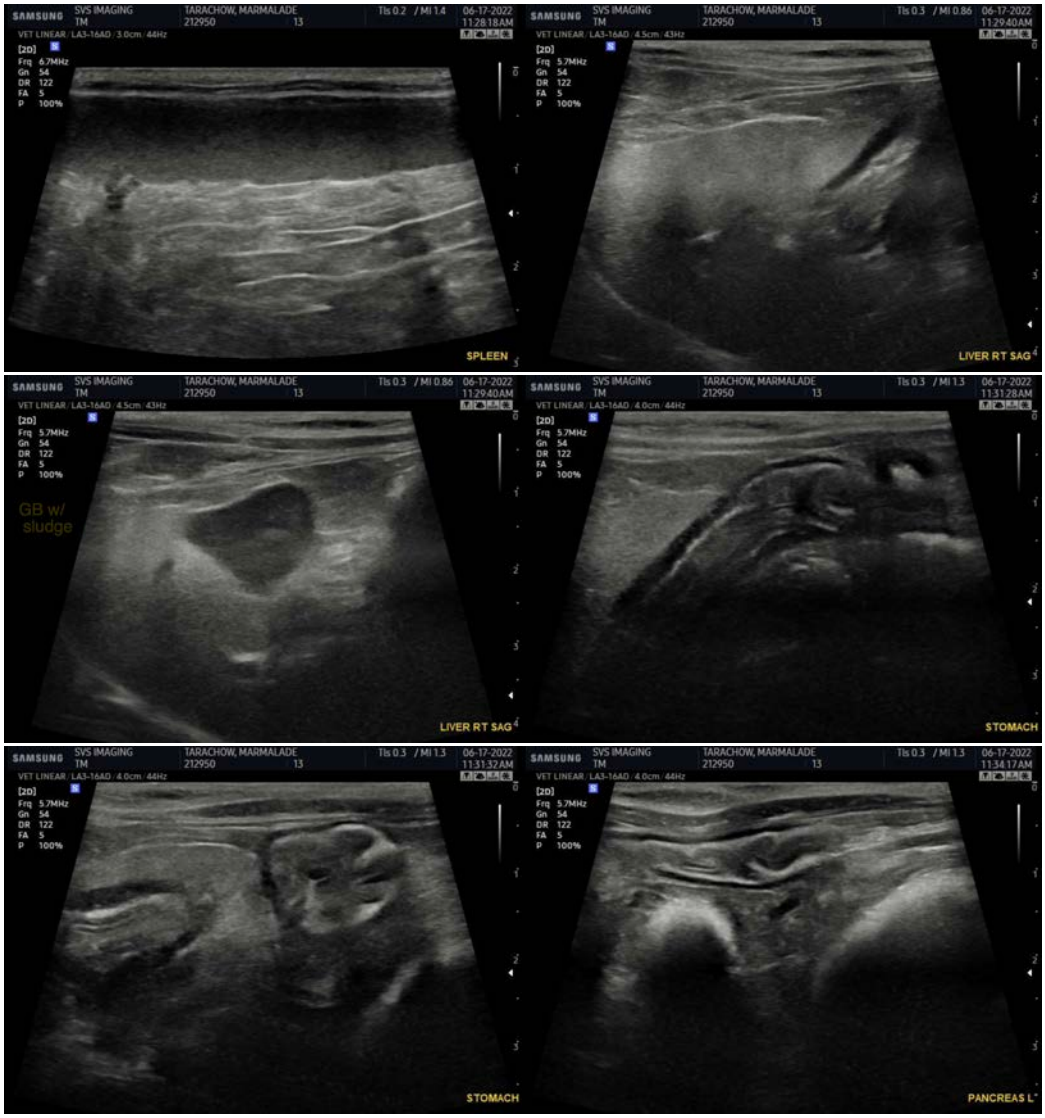
WVRC – Dr. Wirth

INVOICE

38859

DATE

6/17/22



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

SVS IMAGING

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

PATIENT

Marmalade Tarachow
212950

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

3.1 kg

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

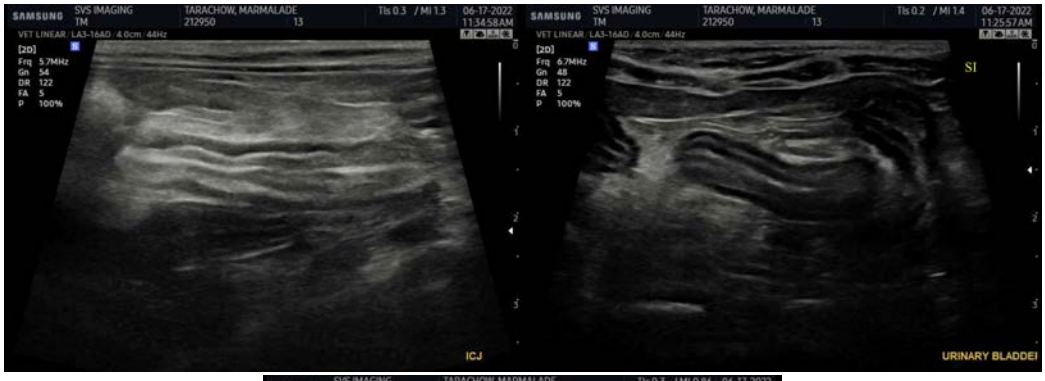
WVRC – Dr. Wirth

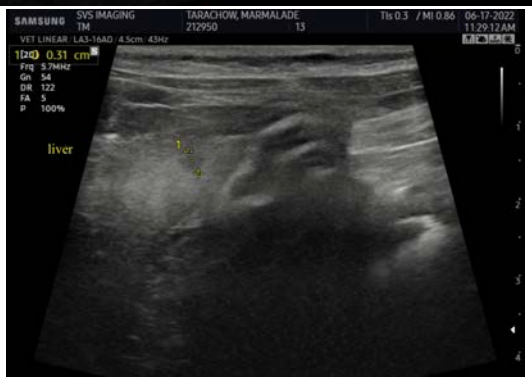
INVOICE

38859

DATE

6/17/22





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