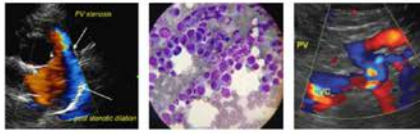


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PATIENT

Fred Fork

PRESENTING CLINICAL SIGNS

Chronic weight loss. 2014 to 2021 14.4lbs, 2021 12.6 lbs, 2022 9.9lbs BW WNL No C/S/V/D. Eating normal. Owner giving larger amounts. No other symptoms.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

DSH

The **urinary bladder** is 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.

SEX

Neutered Male

Kidneys

The **left kidney** measures 3.25 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. The surrounding mesentery is not hyperechoic.

AGE

12 Years

The **right kidney** measures 3.85 cm (3.80-4.40 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Two triangular shaped, hyperechoic, cortical lesions are observed at the caudal pole, which are consistent with infarcts. The surrounding mesentery is not hyperechoic.

WEIGHT

9.9 Pounds

Aortic bifurcation/trifurcation No abnormalities observed.

Adrenal Glands**INTERPRETED BY**Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

The **left adrenal gland** measures 0.37 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.

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Kim Liedberg

The **right adrenal gland** measures 0.36 cm at the cranial pole, 0.30 cm at the caudal pole and 1.02 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

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Spleen

The spleen is within normal limits in size 6.9 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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Liver

Mild hepatomegaly is suspected, however, this is better characterized at the time of the ultrasound or radiographically. The liver's borders are smooth and vary between sharp to very mildly rounded. It is homogeneous and within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are noted with the hepatic vessels.

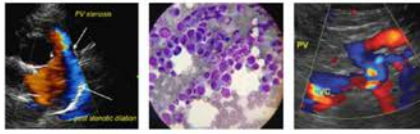
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The **gallbladder (GB)** is moderately distended with a small amount of free floating and gravity-dependent echogenic material (sludge). The GB wall is mildly thickened (1.5 mm) and hyperechoic. The walls of the cystic duct are thickened (1.2 mm) and hyperechoic. It is not dilated or tortuous. common bile duct is not visualized. There are no obvious signs of an obstruction. The parenchyma surrounding the GB is not hyperechoic.

DATE

8/2/22

**PATIENT**

Fred Fork

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.9 Pounds

INTERPRETED BYLisa Carioto, DVM,
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ACVIM**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

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8/2/22

Gastrointestinal

A small amount of gas and large amount of ingesta are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis.

Duodenum: wall thickness is within normal limits and the definition of the wall layers is preserved.

Jejunum: wall thickness is within normal limits and the definition of the wall layers is preserved.

The ileo-cecal-colic junction does not show any abnormalities.

The colonic wall is not thickened and mural detail is considered normal. Gas and formed stools are present in the colon.

Pancreas

The **left limb** is mildly hypoechoic. Its contours are smooth. The surrounding mesentery is hyperechoic.

Other

Lymph nodes No abnormalities are observed

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

- **Gastrointestinal (GI) tract:** A delay in gastric emptying is suspected if Fred was fasted prior to the ultrasound. Although severe signs of inflammation are not observed, one cannot exclude a chronic enteropathy (steroid responsive diarrhea (e.g. inflammatory bowel disease), food-responsive diarrhea or food intolerance, dysbiosis, etc. Neoplasia, such as lymphoma, or other round cell tumour, is considered less likely, but cannot be excluded without performing tissue biopsies, and in some cases, immunohistochemistry and PARR.
- **Pancreas:** Mild pancreatitis is suspected.
- **Liver:** Cholestasis, cholangitis/cholangiohepatitis and hepatic lipidosis may be present.
- **Gallbladder:** Cholecystitis, including a suppurative component cannot be excluded.
- *"Triaditis" cannot be excluded.*
- **Kidneys:** Infarcts are noted in the right kidney. Although no other major abnormalities are appreciated, pyelonephritis cannot be excluded in older cats suffering from signs of malaise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis, +/- urine culture and sensitivity to exclude pyelonephritis.

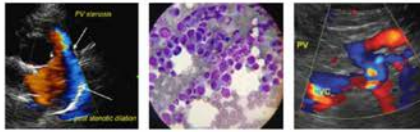
A urine protein: creatinine ratio depending on the results of the urine culture.

A TLI, vitamin B12, and folate, +/- spec fPL may be performed as cats suffering from IBD and pancreatitis may suffer from cobalamin deficiencies and exocrine pancreatic insufficiency. A false negative TLI may occur in cats suffering from concurrent pancreatitis.

Analgesia for visceral pain, such as buprenorphine (0.005-0.01 mg/kg sublingually every 8-12 hours) for a minimum of 7-10 days. Continue for 3-4 weeks if an improvement is noted; the dose and frequency may be weaned to the minimum effective dose during that time. *Treat even if does not appear painful.*

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+/- gabapentin

Fred Fork

Supportive care (maropitant, mirtazapine, SQ fluids, etc.)

SPECIES

Feline

Cholangitis/cholangiohepatitis and cholecystitis cannot be excluded, including a secondary ascending bacterial infection. Although indiscriminate use of antibiotics is not normally recommended, one could start treatment with a broad-spectrum antibiotic if an improvement is not observed with the above therapies.

BREED

DSH

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

SEX

Neutered Male

Dietary trial (veterinary prescription brand hypoallergenic, i.e., ideally, a hydrolyzed diet); ensure appetizing to prevent hepatic lipidosis, sarcopenia and cachexia. If soft stools develop, supplement with psyllium as these diets can be restricted in fibre.

AGE

12 Years

If little to no improvement is observed with the above treatment suggestions, endoscopy and biopsies of the upper and lower GI tract are suggested to obtain a definitive diagnosis of inflammatory bowel disease vs. neoplasia. Another option is to pursue an exploratory laparotomy to obtain hepatic and pancreatic biopsies at the same time as GI biopsies.

WEIGHT

9.9 Pounds

If further diagnostic tests are not pursued, although not ideal, empirical treatment for severe inflammatory bowel disease or lymphoma may be considered (prednisolone (1 mg/kg/day)), and then tapered to the minimum effective dose.

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Kim Liedberg

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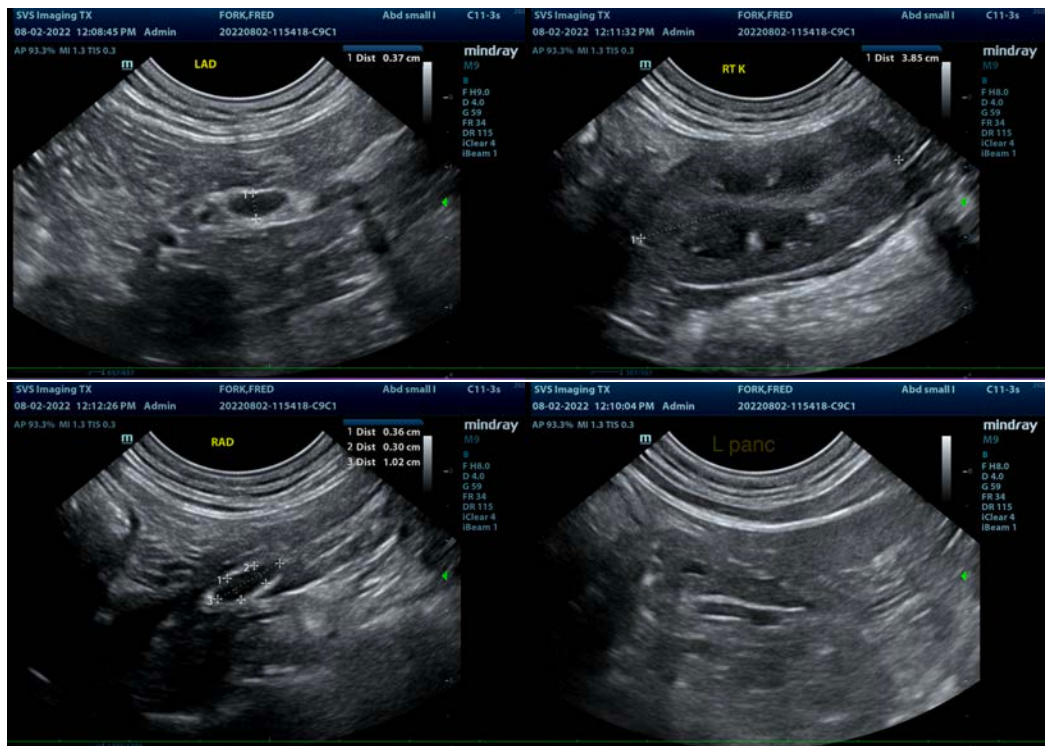
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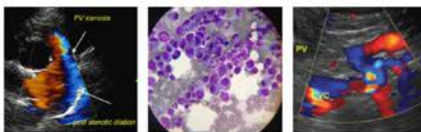
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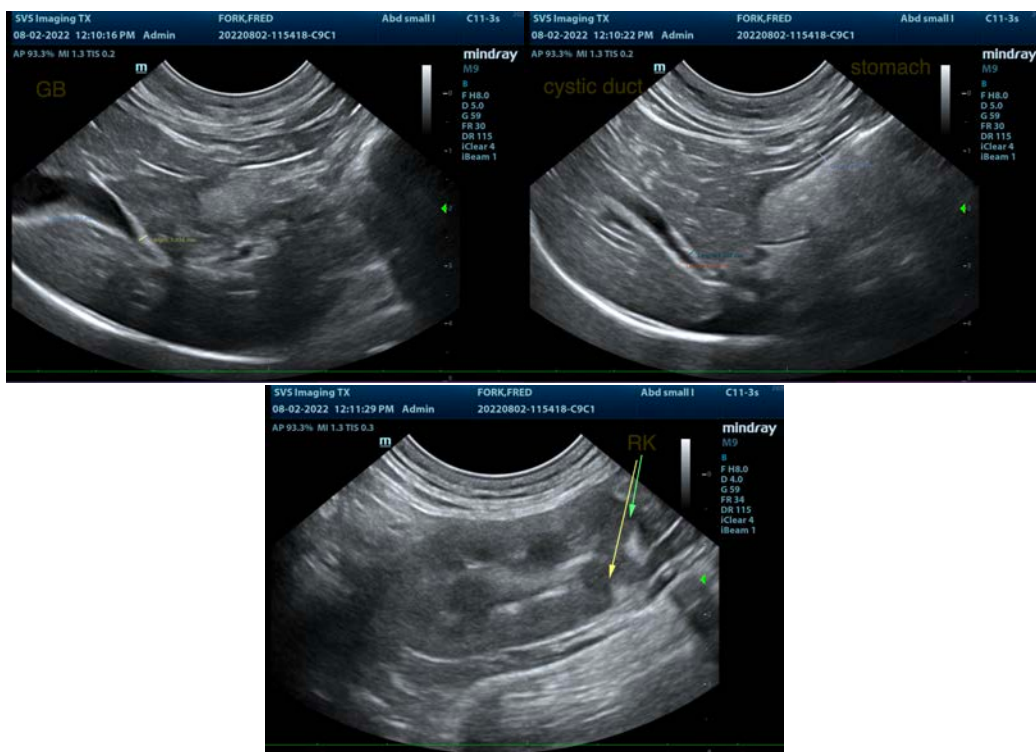
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com