**PATIENT**Gemma (47777A)
Jansen**SPECIES**

Feline

BREED

DMH

SEX

FS

AGE

7 Years

WEIGHT

4.3 kg

INTERPRETED BYSebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging**IMAGING PERFORMED BY**

Dr. Gromalak

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. McClanahan

INVOICE

49360

DATE

1-6-22

PRESENTING CLINICAL SIGNS

vomiting, lethargy, inappetence. recently diagnosed with diabetes. started glargine two days ago. Abnormal PE/Chem/CBC/UA Results: blood glucose 561, glucose in urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder shows a mildly and diffusely thickened wall with maximum diameters of 0.19 cm. Wall layering is inconspicuous, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Left kidney measures 3.64 cm length, right kidney 3.81 cm. The renal cortex appears hypoechoic and coarse. The renal medulla appears hyperechoic with an indicated medullary rim. The renal surface is mildly irregular. Renal pelvises and exits to the ureters are unremarkable.

Adrenal glands

Both present normal size, shape and echogenic texture and are considered as normal.

Spleen

Splenic margins are mildly rounded. Multiple hyperechoic nodular-like lesions with a sharp margination are detected.

Liver/Gallbladder

Liver images present marked rounding of the liver margins. The liver echotexture is highly hyperechoic with an indicated distal acoustic shadowing. Evidence of nodular or focal changes is not visible.

The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The gastric (0.20 cm) and small intestinal (0.24 cm) wall appears mildly thickened with a prominent muscular layer (0.08 cm) and a hyperechoic submucosal layer.

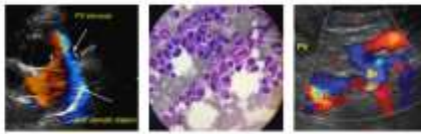
A hyperechoic periphery of the jejunum is noted. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Pancreas

All pancreatic parts displayed show enlargement of the pancreas, an undulating outline of the surface and a marked hypoechoic texture. The surrounding omental fat appears irregular.

Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal.

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ULTRASONOGRAPHIC FINDINGS**Primary**

- Enlargement of the pancreas with an undulating surface, a significant hypoechoic and irregular echotexture and hyperechoic surrounding fat tissue
- Severe signs of hepatic lipidosis

Secondary

- Mild signs of gastroenteritis and mesenteritis
- Multiple splenic myelolipomas
- Signs of a chronic cystitis
- Bilateral nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the abdomen do match with the reported (chronic) diabetes.

Findings of the pancreas reflect chronic-degenerative changes as well as signs of an active/acute pancreatitis. The hyperechoic periphery reflects mild steatitis/focal peritonitis.

Changes of the liver are significant and are pathognomonic for severe lipidosis.

Chronic and inflammatory disease of the gastrointestinal tract is suspected. Chronic gastritis with mild fibrosis of the gastric wall and enteritis due to chronic bacterial overgrowth are likely. The assumed mesenteritis represents an active inflammatory process.

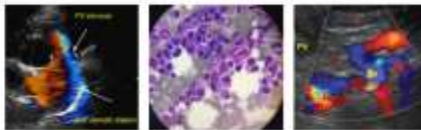
The multiple, strongly hyperechoic changes of the spleen are still consistent with benign myelolipomas. This is commonly an incidental finding without further relevance. Malignancy is not suspected but cannot be full excluded.

The diffuse and even thickening of the urinary bladder wall could represent chronic cystitis again likely secondary to diabetes (chronic and secondary infection?). Cystocentesis for urine culture/cytology could be performed next.

Changes of the kidneys are bilateral and likely are degenerative representing structural nephrosis. Clinical relevance is questionable. Chronic inflammation/infection (s. bladder) is possible.

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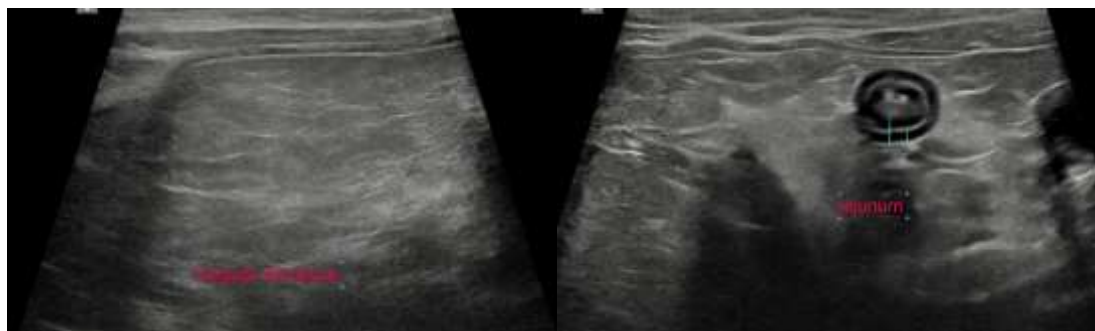
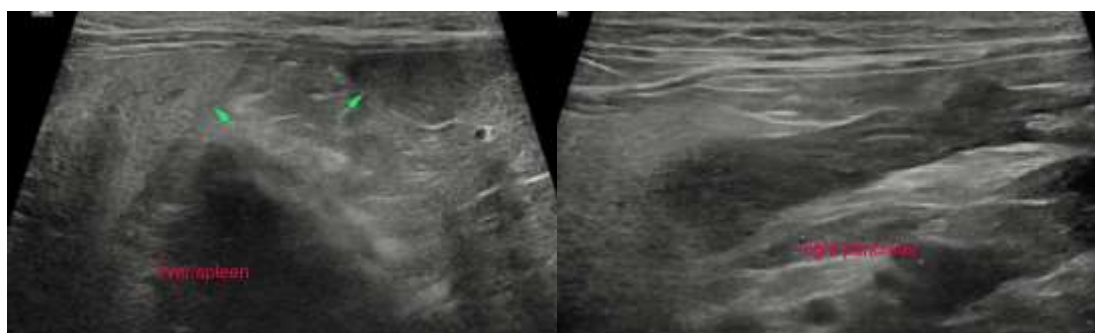
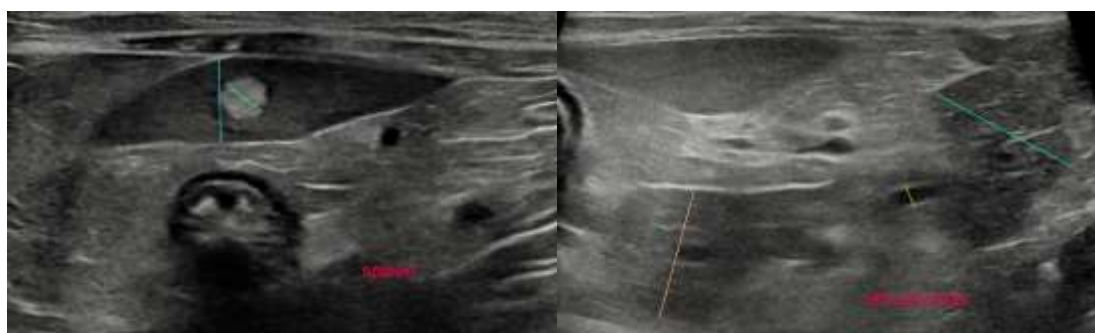
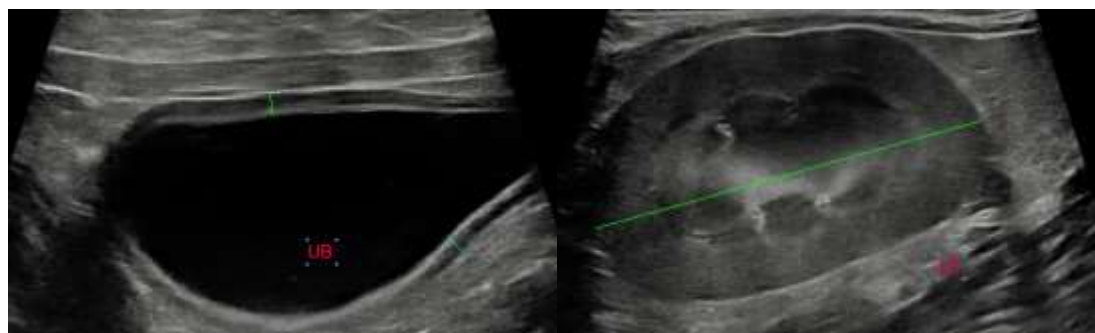
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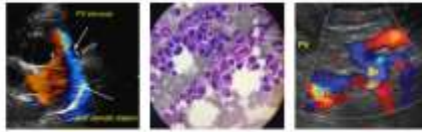
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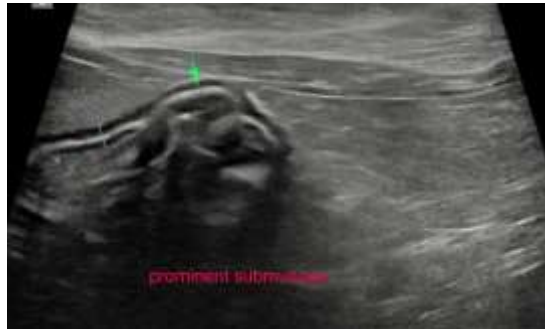
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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