

IMAGING PERFORMED BY

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



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Loki Gay 48422A

SPECIES

Feline

BREED

DSH

SEX

Female Intact

AGE

10 Months

WEIGHT

2.72 kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison
Veterinary
Specialists

INVOICE

50011

DATE

2-1-22

PRESENTING CLINICAL SIGNS

Loki presented for vomiting and anorexia for 3 days. Emesis was at times described as pink-tinged foam. Physical exam was unremarkable.

Abnormal PE/Chem/CBC/UA Results: Hyperglycemia (181), hypocholesterolemia (54)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary system**

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous. Left kidney measures 3.49 cm length, right kidney 3.57cm. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The uterus is recognized with all parts without relevant filling. Both ovaries present multiple, small cysts and are inconspicuous apart from that.

Adrenal glands

Both present normal size, shape and echogenic texture.

Spleen

Splenic margins are mildly rounded with splenic transverse diameters of 0.89 cm. The splenic echogenic texture is homogeneous without focal protrusions of the capsule. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

Liver/Gallbladder

The liver shows a subtle rounding of the liver edges. Liver echogenic texture appears generally inhomogeneous and coarse. The gallbladder shows a small amount of sludge. There are no signs of a florid process or cholestasis.

Gastrointestinal

The stomach is nearly empty and shows a diffusely and mildly thickened wall. Wall layering is intact. The small intestine demonstrates a prominent thickening of the muscular layer again with an intact layering. The mesenteric lymph nodes are hypoechoic and mildly enlarged but inconspicuous in shape. The mesentery and abdominal fat are moderately hyperechoic.

Pancreas

The left pancreas is hypoechoic with a mildly undulating surface and shows a hyperechoic periphery. The right pancreas is more hyperechoic.

Free Abdomen

There is a subtle pocket of free peritoneal effusion noted.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Signs of a pancreatitis/focal peritonitis/steatitis
- Signs of a gastritis/enteritis with mesenteric lymphadenopathy and mesenteritis

Secondary

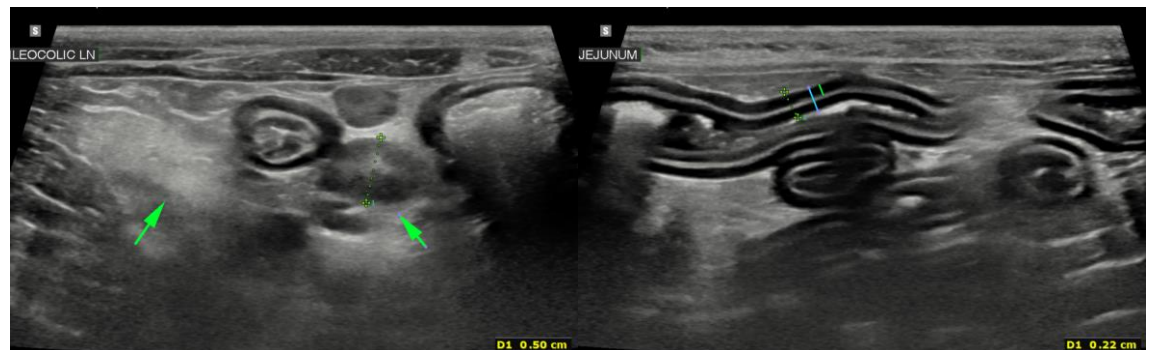
- Unspecific splenomegaly
- Mild hepatomegaly with an inhomogeneous echogenic texture
- Ovarian cysts and mildly thickened uterus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the pancreas and the gastrointestinal tract are suspicious for an inflammatory process as commonly seen with gastrointestinal infection. Acute pancreatitis is likely from a sonographic point of view. Gastritis, focal peritonitis, splenitis and mesenteritis/mesenteric lymphadenopathy may be secondary, concomitant findings.

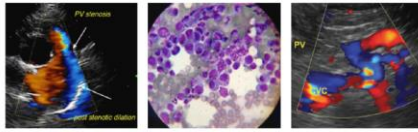
The thickened muscular layer of the jejunum is commonly recognized with infiltrative intestinal disease (eosinophilic/lympho-plasmocytic inflammation). Initial lymphoma which is a potential differential cannot be ruled out completely. FNA of the mesenteric lymph nodes, spleen and the liver could be performed next.

Findings of the ovaries and the uterus are consistent with an intact female cat. There are currently no overt signs of inflammation/relevant uterine filling.



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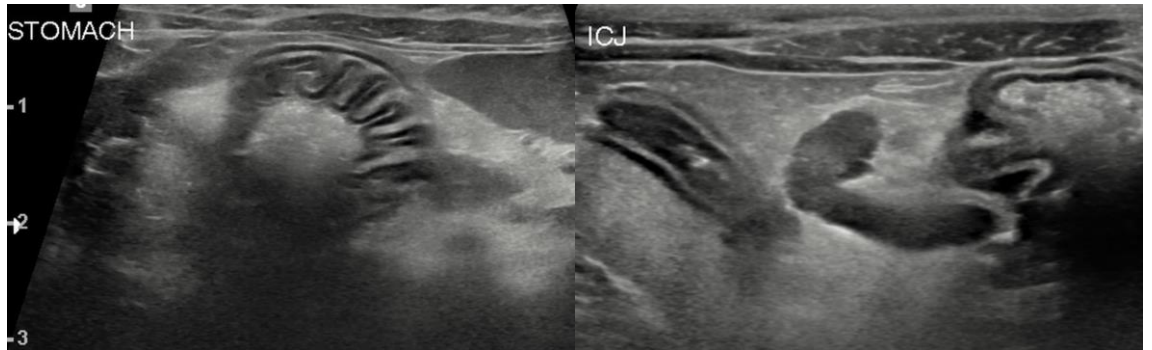
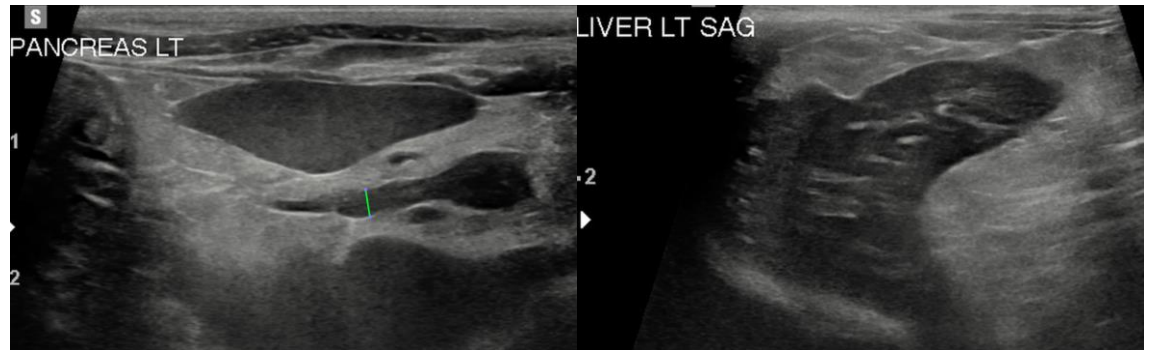
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

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