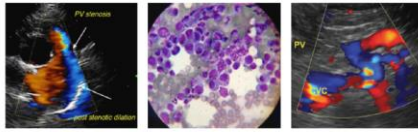


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fredgromalak@gmail.com



Clinical Sonography & Telemetry

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Buddy Pagliaro
10120C

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

12.5 Years

WEIGHT

5.48kg

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-Dr. Patton

INVOICE

50210

DATE

2-9-22

PRESENTING CLINICAL SIGNS

Presented for anorexia for the past week
Abnormal PE/Chem/CBC/UA Results: Elevated liver values and SDMA

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.

Left kidney measures 3.57 cm length, right kidney 3.35 cm. There are multiple hyperechoic, wedge-shaped striations with withdrawals of the renal surface recognized on both sides. Both show a fuzzy corticomedullary transition. Renal pelvises and exits to the ureters are mildly distended.

Adrenal glands

Both present multiple and small calcifications being normal in size and shape.

Spleen

The spleen appears swollen, is hypoechoic with a coarse, net-like pattern and shows transverse diameters of 0.79 cm. Splenic margins are moderately rounded. Protrusions of the capsule are not recognized.

Liver/Gallbladder

The liver shows rounding of the liver edges. Liver echogenic texture appears diffusely and significantly hyperechoic, is mildly inhomogeneous and presents multiple hypoechoic, nodular-like areas with diameters up to 1.59 cm. The liver veins appear prominent. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

Gastrointestinal

The stomach and colon present intact wall layers being normal in width and echogenicity. Especially the jejunum shows marked thickening of the muscular layer (0.13 cm). The mesentery and adjacent fat are markedly hyperechoic with a mild amount of peritoneal effusion. There is no overt evidence of an ileus. Mesenteric lymph nodes are moderately enlarged and inhomogeneous. The epigastric and portal lymph nodes are mildly enlarged.

Pancreas

All pancreatic parts displayed show hypoechoic highly inhomogeneous echogenicity with multiple small cysts and an irregular, undulating surface.

Free Abdomen

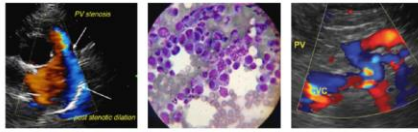
There is a mild amount of peritoneal effusion noted. The para-aortal and medial iliac lymph nodes are mildly enlarged. The great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with multiple hypoechoic areas/nodules
- Splenomegaly with a hypoechoic, inhomogeneous echotexture
- Severe, chronic, degenerative changes pancreas

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- Abdominal lymph adenomegaly, especially mesenteric lymph nodes
- Thickening of the small intestinal muscular layer
- Bilateral, chronic nephropathy with multiple cortical infarcts and a mildly distended left renal pelvis/ureter
- Peritoneal effusion
- Bilateral calcifications adrenal glands (incidental)

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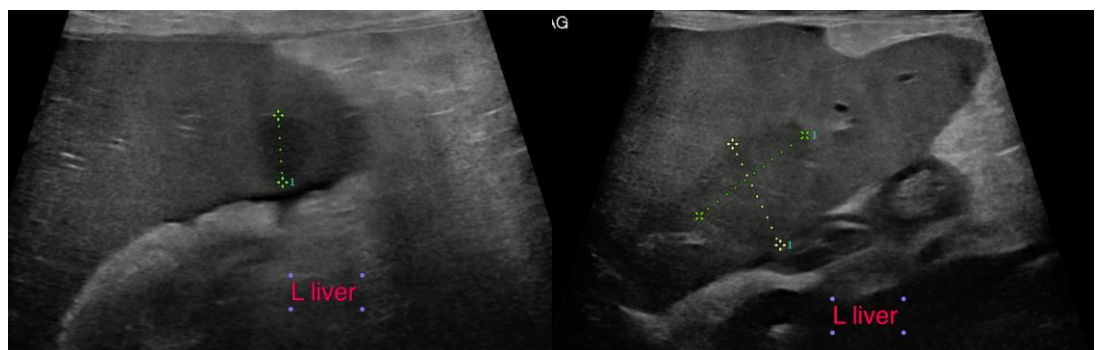
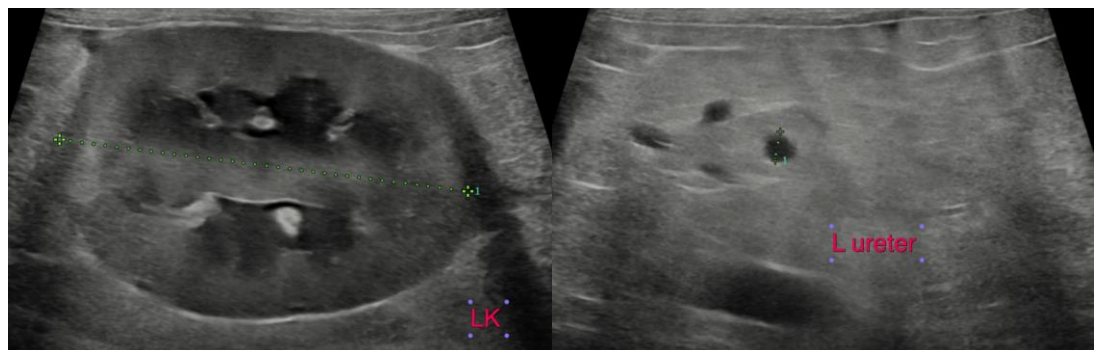
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasonographic findings of the liver and the spleen are significant. Enlargement and changes of the echogenic appearance may reflect a severe inflammatory (systemic?) process/infection (hepatitis/splenitis/peritonitis/mesenteritis). The nodular pattern of the liver and the net-like texture of the spleen could also represent a neoplastic infiltration/process which is my concern. Differentials include but are not limited to malignant lymphoma and mast cell tumor. Please rule out right heart congestion/pericardial effusion. FNA of the liver, spleen and the mesenteric lymph nodes could be performed next. Additional infiltrative intestinal disease (IBD, eosinophilic-/lympho-plasmocytic enteritis) with mesenteric lymphadenitis is possible.

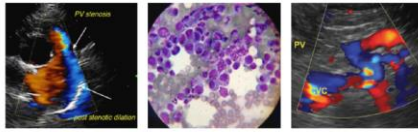
Changes of the pancreas -although very obvious- are still consistent with chronic pancreatic disease (chronic pancreatitis). Active pancreatitis is possible.

Changes of the kidneys are bilateral an represent some advanced stage of nephrosis. The mildly distended left renal pelvis and ureter are unspecific, likely not obstructive and recognized with renal failure, fluid therapy/diuresis and inflammatory issues.



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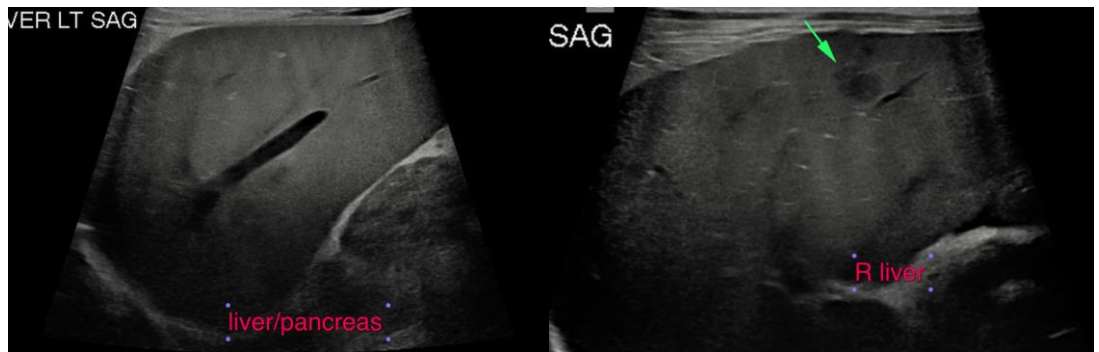
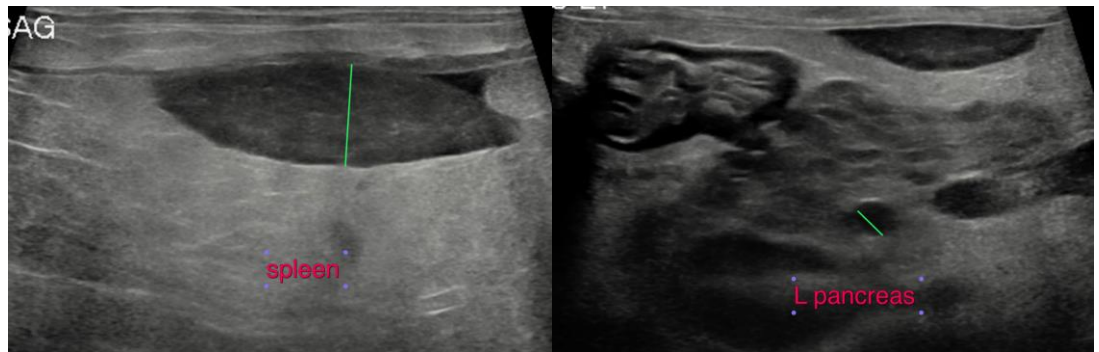
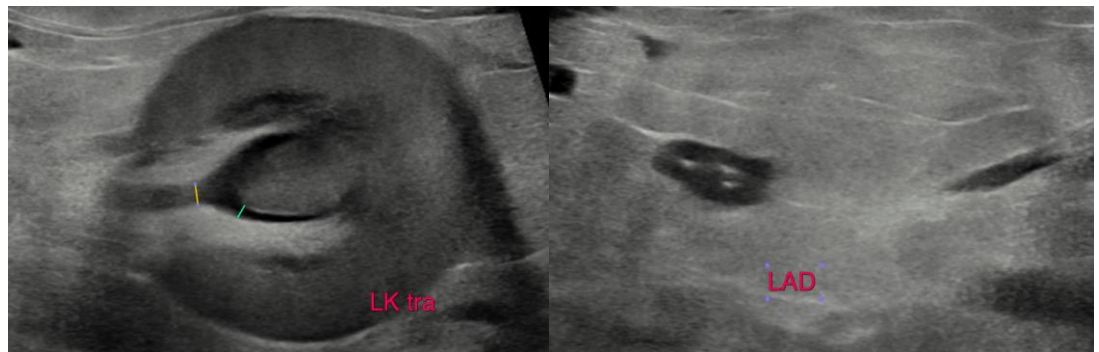
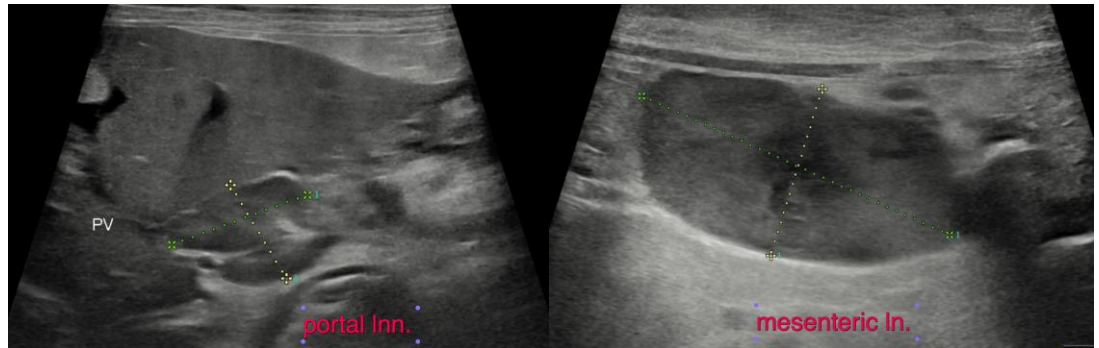
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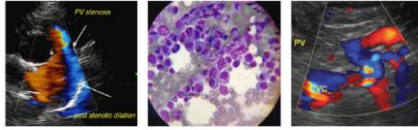
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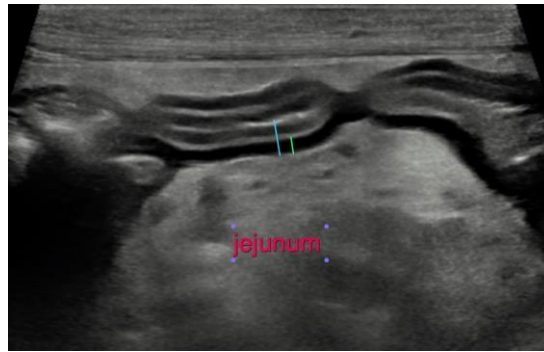
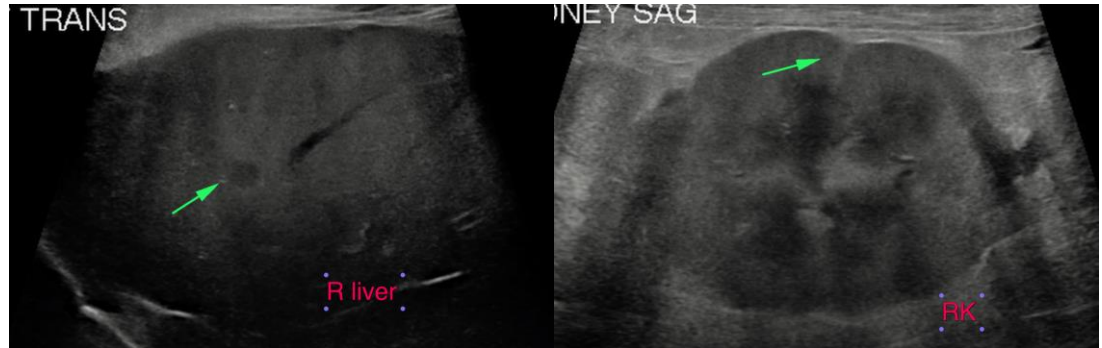
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

Sebastian.Jawinski@sonopath.com