



PATIENT PRESENTING CLINICAL SIGNS

Serena Dobkin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15 Years

WEIGHT

8.5 lbs

- We first met this patient 12-7-2021 for routine annual exam. Patient had moved to Oregon from California. - Patient was losing weight and presented underweight at 3.45 kg - Serena had tachycardia, heart murmur III/VI, constipation, dehydration, and a round nodule higher on the left neck in the thyroid region - Lab work of 12-7-21 noted marked hypercalcemia = 12.1 mg/dL (also low phos, K+, Mg, and high pancreas value, high normal T4) - Due to weight loss, poor appetite, and hypercalcemia, abdominal US was advised in December. - Patient was placed on Mg supplement, K+ supplement, higher nutrition food, and appetite stimulant (Mirataz) - On today's evaluation, patient has gained 3/4 lb (0.34 kg), has tachycardia but no murmur, has persistent left neck nodule, no constipation, normal hydration History: - 2015 diagnosed with Chronic Renal Insufficiency (creatinine = 2.4 mg/dL) - increasing creatinine until 2020 when creatinine decreasing slightly with T4 increased to 2.4 - Patient placed on Science diet K/D diet 2020 at previous DVM Heart Rate and Respiratory Rates HR=240 BPM, RR = 50 BPM Blood Pressure Measurements 12-23-21 BP = 95 mm/Hg ave of 3 readings with low variance, HR=187 Current Medications Mirataz transdermal appetite stimulant
Abnormal PE/Chem/CBC/UA Results: Please see emailed lab work - Lab work of 2-17-22 shows resolution of the electrolyte abnormalities of 12-7-2021. - phosphorus = 6.1 (was 2.0) - calcium = 10.5 (was 12.1) - Mg = 2.1 (was 1.4) - K+ = 4.5 (was 2.9) Other: - TP = 6.8 (6.4) - BUN = 60 (36) - creatinine = 2.7 (2.9) - Precision PSL pancreas = 73 (38) - HCT = 28% (32%) - T4 = 2.4 (2.3) Extra thyroid testing through Hemopet Lab (T4, Free T4, T3, Free T3, TSH) did not reveal hyperthyroidism Results attached as well

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID GLANDS & ABDOMEN

Thyroid glands

Both thyroids are located as expected lateral to the trachea and medial to the CCA. The right thyroid gland shows expected size and is smoothly marginated. The left thyroid gland presents a rounded shape (0.76 x 0.75 cm) with a hyper- to isoechoic nodule-like lesion lateral to the thyroid gland measuring 1.03 x 0.66 x 0.50 cm. A connection between the left thyroid and the nodule is assumed.

Diffuse or local parenchymal changes are not noted. Margins to the surrounding tissues especially the tracheal wall and common carotid artery are clearly defined and respected.

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 appear small. Left kidney measures 3.07 cm length, right kidney 2.92 cm. Both kidneys show a mildly irregular surface and a markedly fuzzy corticomedullary transition. Left more than right the renal pelvis is mildly distended with maximum diameters of approximately 0.16 cm.

Adrenal glands

Both present normal size, shape and echogenic texture.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.84 cm. There are no signs of nodular/focal changes noted.

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

Dr. Blouin

INVOICE

50403

DATE

2-19-22



PATIENT **Liver/Gallbladder**

Serena Dobkin Liver echogenic texture appears diffusely and mildly hyperechoic. Liver images are inconspicuous apart from that. Evidence of nodular or focal changes is not visible. The gallbladder is mildly filled without signs of relevant sludge, a florid process or cholestasis.

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Gastrointestinal

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The stomach, the small intestine and colon present intact wall layers being normal in width. The small intestine reveals a hyperechoic double layered mucosa. The adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

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The mesenteric, epigastric and portal lymph nodes are considered to be normal.

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Pancreas

The pancreas is hypoechoic and shows an undulating surface. The pancreatic periphery caudal to the stomach is hyperechoic. The pancreatic is mildly distended with transverse diameters of 0.26 cm.

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Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. The abdominal fat and great vessels show no pathological findings.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Signs of an active inflammatory process pancreas/-periphery
- Advanced bilateral nephropathy

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

Secondary

- Left thyroid nodule and enlargement of the left thyroid gland
- Mildly hyperechoic liver
- Chronic degenerative changes pancreas
- Chronic degenerative changes small intestine

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Beside some degenerative changes of the pancreas (undulating surface, distended pancreatic duct) signs of an active inflammatory process are recognized consistent with chronic and activated pancreatitis.

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The bilateral renal changes represent advanced structural nephrosis which is somehow age-expected and does match with the reported chronic renal insufficiency.

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Findings of the left thyroid are suspicious for a neoplastic process. However, differentiation of a nodule of the parathyroid from the thyroid gland/ectopic thyroid tissue is not possible as well as differentiation of a benign from a malignant, functional or non-functional lesion. Enlargement of the parathyroid glands is reported in patients with chronic renal insufficiency. With the latter bilateral enlargement is expected which is not found in this case. Currently signs of a locally aggressive behavior are missing, trachea,



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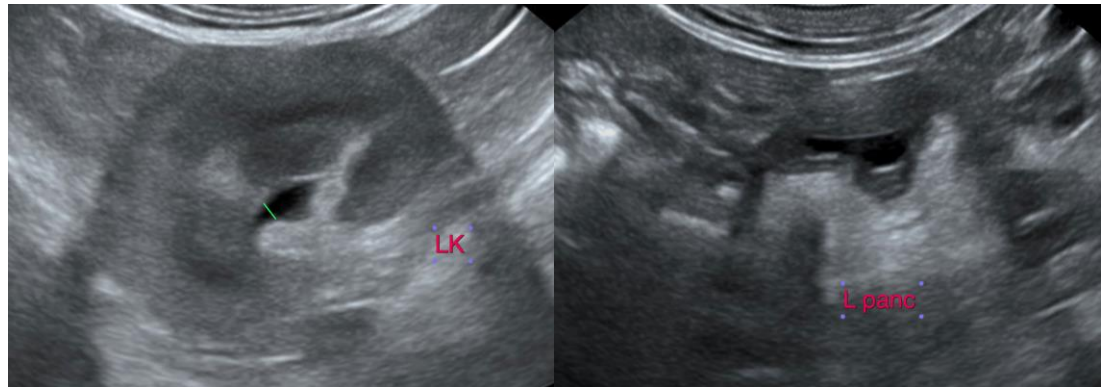
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esophagus and the common carotid artery appear inconspicuous. Hyperplasia and adenoma are the most common differentials.

Ultrasonographic findings of the liver speak for a chronic and again age-appropriate liver disease and are commonly seen with fatty infiltration since there no signs of nodular or focal changes that are suspicious for neoplasia. Infiltrative disease cannot be fully excluded, but I would rule out neoplasia.

The hyperechoic jejunal mucosa and the mucosal hyperechoic double layer are consistent with intestinal fibrosis. Their clinical relevance is questionable.

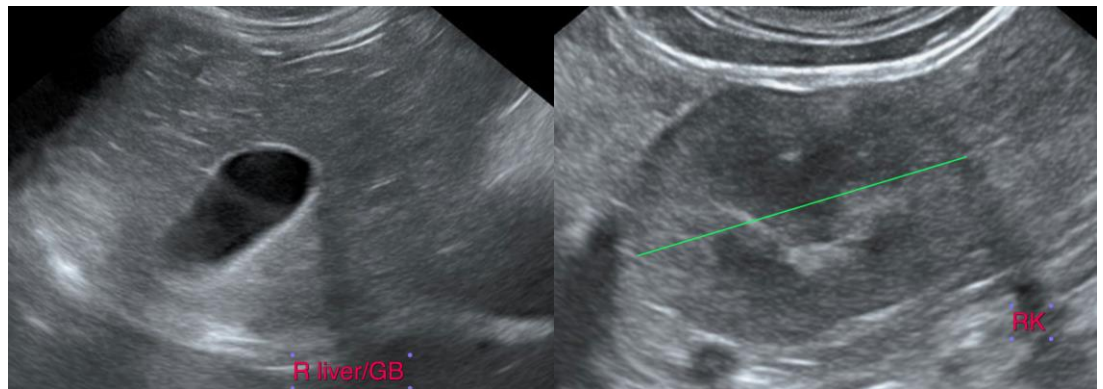


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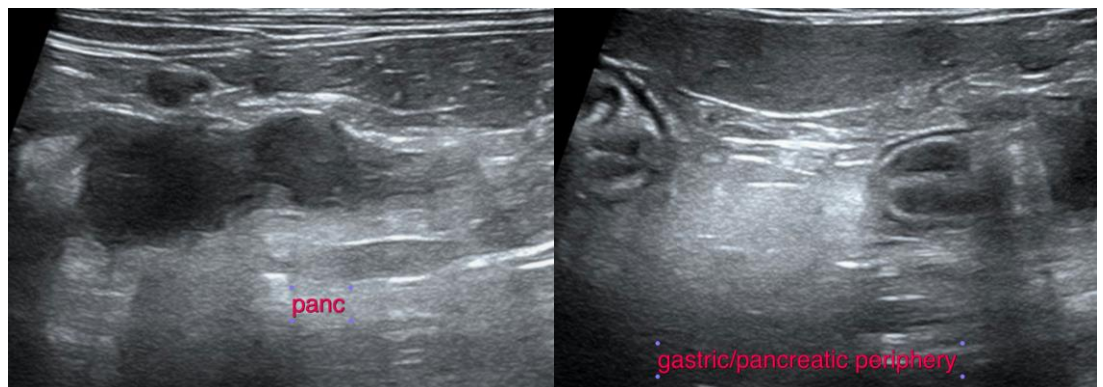
Dr. Blouin

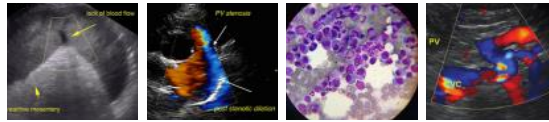
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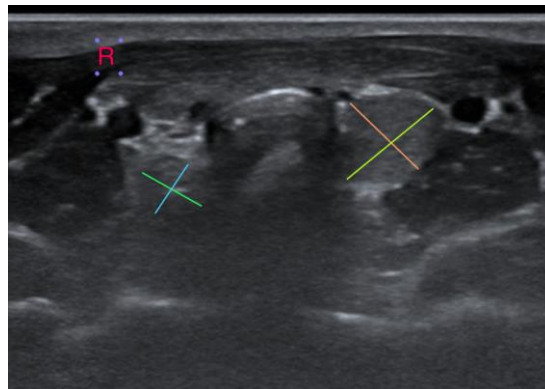
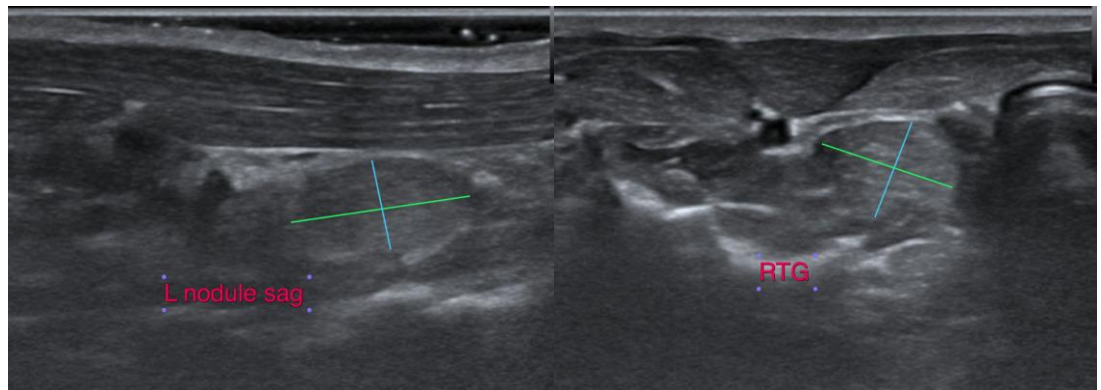
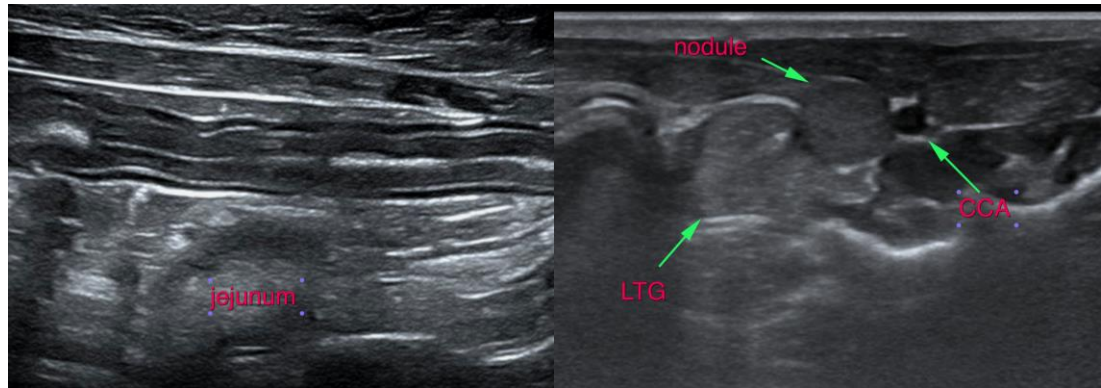
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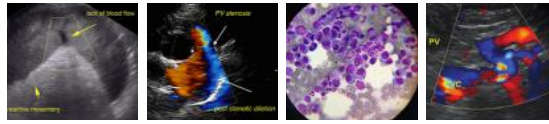
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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