

PATIENT PRESENTING CLINICAL SIGNS

Goat Weeks
SPECIES Feline
BREED DSH
SEX MN
AGE 3 Years
WEIGHT 10.7 lbs

In Early 2020 Goat escaped from his indoor life and was missing for 65 days. Approximately 1 Mo after he was home he presented to WEVC for ventral neck flexion and had profound hypokalemia, Azotemia (creat 2.5). He was treated in the hospital with fluids, KCL and had BP (WNL), and urine culture was negative. The ultrasound was done (see emails) and found that kidney were slightly enlarged. He was treated with Spirinolactone and KCL. He has done well over last year, and as of 5/2021 he no longer needs Spirinolactone to maintained Potassium at 4.2. He is getting oral Tumil K twice daily. In last few labs he has had borderline ALT elevation, now new Lymphocytosis.
Abnormal PE/Chem/CBC/UA Results: Lymphocytosis: 8468 ALT elevation: 98-134 Azotemia: Creat 1.8 previously as high as 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder is moderately filled and shows some slowly/non-sedimenting, cloudy, hyperechoic debris without signs of calculi or a relevant amount of uroliths. Trigone und pelvic urethra present normal findings. 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 are noted.

Left kidney measures 3.92 cm length, right kidney 4.18 cm. Both show an ill-defined corticomodullary transition with a hyperechoic medullary rim. Renal pelvis and exit to the ureters are unremarkable.

Adrenal glands

The left adrenal gland measures 0.96 x 0.32 cm, the right adrenal gland 1.13 x 0.44 cm. Both present normal size, shape and echogenic texture, phrenic vasculature is bilaterally unremarkable.

Spleen

The spleen is inconspicuous in terms of size, surface and echotexture and shows diameters of 0.82 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes are noted.

Liver/Gallbladder

Liver images are inconspicuous show presenting normal size and echogenic texture. Evidence of nodular or focal changes is not visible. The gallbladder is unremarkable without signs of relevant sludge, a florid process or cholestasis. Liver vasculature presents normal appearance.

Gastrointestinal

Stomach, small and large intestine present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance. No overt evidence of ileus and again, no signs of a florid or neoplastic process. Mesenteric lymph nodes are considered as normal.

Pancreas

All pancreatic parts appear mildly hypoechoic, pancreatic surface and size are within normal limits. Signs of inflammatory changes or focal lesions are missing.

Free Abdomen

INTERPRETED BY

Sebastian Jawinski,
German Board Certified
Vet Specialist in
Diagnostic Imaging

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Corvallis Cat Care

REFERRING VET

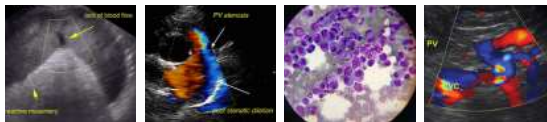
Dr. Kimmel

INVOICE

46980

DATE

8-14-21



PATIENT

No peritoneal or retroperitoneal effusion. Abdominal fat and great vessels show no pathological findings.

Goat Weeks

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Bilateral medullary rim sign of the kidneys
- Mildly hypoechoic pancreas

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

I assume this to be a normal sonogram of the abdomen.

DSH

Pancreatic changes are mild from a sonographic point of view and could represent a normal finding or chronic, degenerative pancreatic disease. If bloodwork and clinical symptoms do not correlate, I would suspect the first.

SEX

MN

AGE

3 Years

Changes of the kidneys are bilateral. They commonly represent a normal variant or mild degenerative changes. I favor the first. Multiple possible differentials are possible (normal variant, calcinosis, hypercalcemic nephrosis, poisoning with ethylenglycole, chronic interstitial nephritis, lymphoma, acute tubular nephrosis, portosystemic shunt, leptospirosis, FIP) and again need to be correlated with the clinical presentation.

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The urinary debris is an incidental finding and may represent mild cystitis (complementary urinary testing is recommended).

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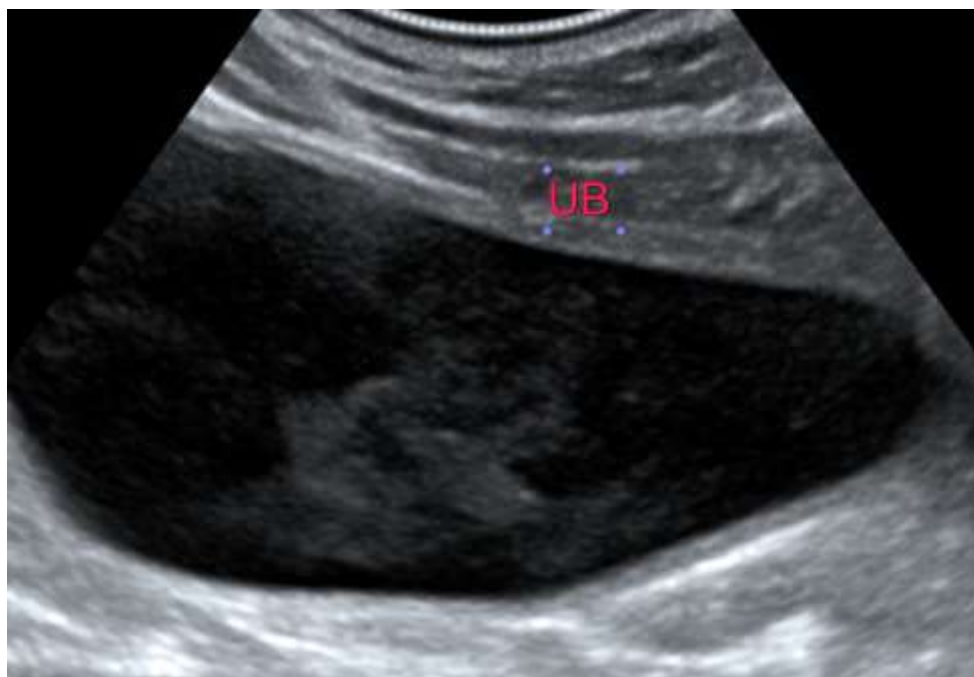
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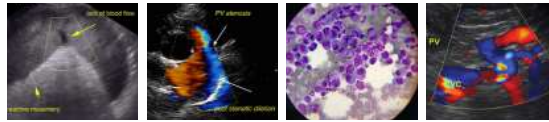
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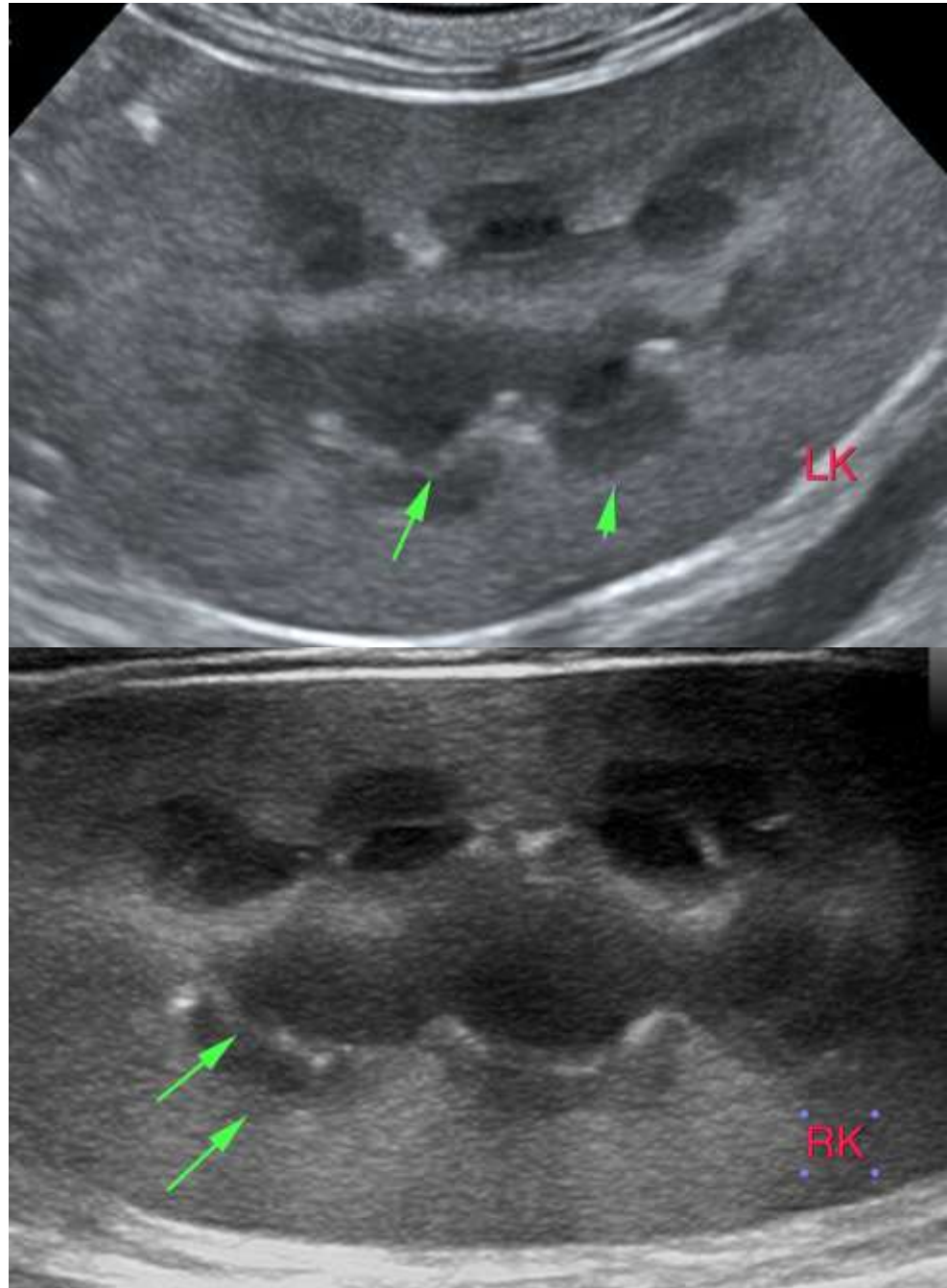
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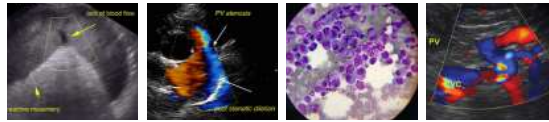
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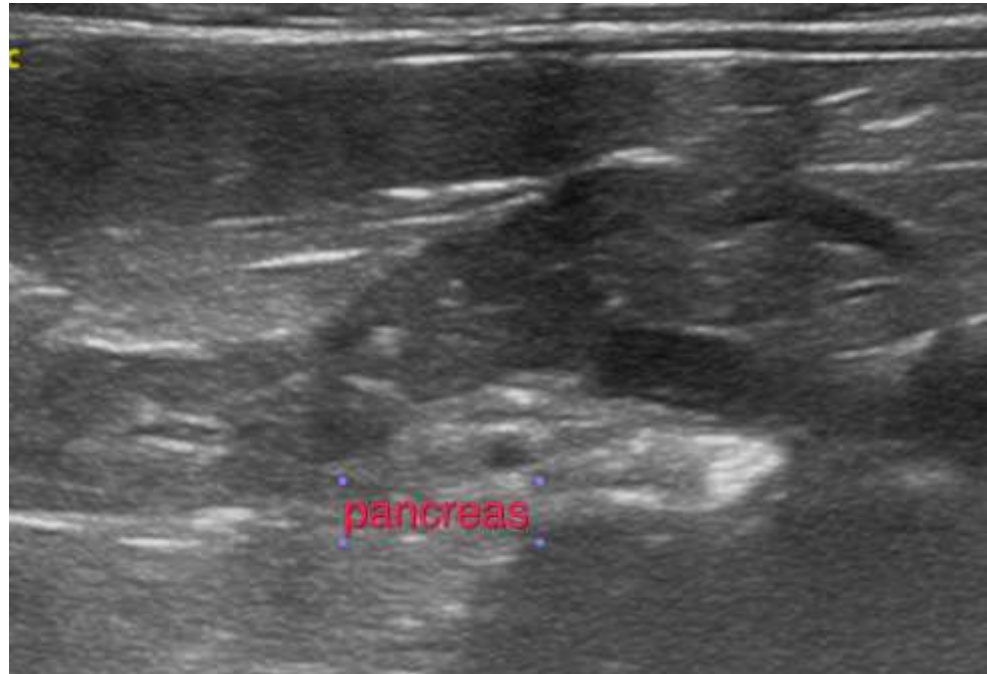
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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