

PATIENT PRESENTING CLINICAL SIGNS

Neap Pandey
Neap belongs to our anesthesia tech and is a closely monitored indoor cat who has access to an outdoor cat run with 360 degree enclosure. He lives with 3 other cats, two of which are relatively new abandoned kittens being hand-reared (both have negative combo tests) - He has been ADR and not wanting to play much for several weeks, excessively irritable, and allowing another cat to push him off his food which is very unusual - On physical exam of 9/22 he had an abnormally low HR=120 despite being angry with growling - On 9/24 he presented emergently for tachypnea (RR=80) while HR was <100. This was his second episode of tachypnea with bradycardia. He has rapid RR but keeps mouth closed. The second episode lasted 1.5 hours before O gave gabapentin, after which RR=16 and HR=60 Heart Rate and Respiratory Rates On gabapentin today. HR = 110. RR = meowing, between 24 and 80 Blood Pressure Measurements Today: BP = 92,112,102 while concurrent HRs = 110,120,110 RAD report (excerpted below and images sent via email Conclusion 1. No radiographic evidence of cardiomegaly. 2. Minimal bronchial pattern. This could be incidental age-related change. Inflammatory airway disease cannot be excluded, but the radiographic appearance is not compelling. No evidence of bronchopneumonia or intrathoracic metastatic disease. 3. Mixed gastrointestinal contents including mineral fragments within the stomach and slightly fragmented small intestinal gas. This may be due to recent feeding, with a mineral fragments related to the patient's reported raw diet. Other differentials for the small intestinal gas such as enteritis are thought less likely in the absence of any related gastrointestinal signs. 4. T9-10, T10-11, and L5-6 intervertebral disc space narrowing. 5. Stifle meniscal ossicles, consistent with degenerative change. 6. Mildly increased body condition. Abnormal PE/Chem/CBC/UA Results: - On labs of 9/22, creatinine was elevated at 2.4 which may be his raw food diet, T4 was suspicious at 3.0 though essentially WNL for an 8 yr old, Free T4 ED elevated at 60.7 (10-50). Urine was not available

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 Years

WEIGHT

10.8 lbs

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. Sharon Blouin

INVOICE

47573

DATE

9-28-21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone und 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 are noted.

Both kidney are inconspicuous. There is a clear corticomedullary definition. Renal pelvises and exit to the ureters are unremarkable.

Adrenal glands

The left adrenal gland is considered to be normal. On the right just cranial to the right kidney a small hyperechoic structure of 0.74 cm is recognized surrounded by inconspicuous fat tissue. The right adrenal gland is not clearly identified.

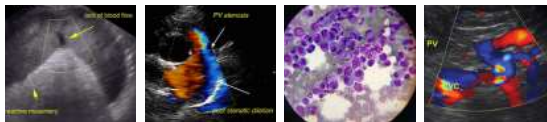
Spleen

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

Liver/Gallbladder

Liver echogenic texture appears generally and mildly hyperechoic but is homogeneous without nodular/focal changes.

Gallbladder is unremarkable without signs of relevant sludge, a florid process or cholestasis.



PATIENT **Gastrointestinal**

Neap Pandey The stomach, the small intestine and colon 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 no signs of a florid or neoplastic process. Mesenteric lymph nodes are considered to normal.

SPECIES

Feline **Pancreas**

BREED

DSH All pancreatic parts displayed show hypoechoic echogenicity to the surrounding omental fat. The left pancreas presents a mildly coarse echotexture. Signs of inflammatory changes or focal lesions are missing.

SEX

Free Abdomen

MN

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

AGE

ULTRASONOGRAPHIC FINDINGS

8 Years

- Mildly hyperechoic liver
- Mildly coarse left pancreas
- Calcification of the right adrenal gland vs. granulomatous fat tissue
- Normal appearance of the abdomen apart from that

WEIGHT

10.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Ultrasonographic findings are mild and of questionable clinical relevance. Overt reasons for the reported symptoms are not recognized.

Sebastian Jawinski,
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A mildly hyperechoic liver is commonly seen with mild lipidosis. Infiltrative disease may be possible but is not suspected in this case.

**IMAGING
PERFORMED BY**

Florid inflammation is not detected. However, chronic pancreatitis is difficult or even cannot be recognized with ultrasound. Correlation to other clinical results is needed.

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Fat granulomas and calcification of adrenal glands, which are differentials of the small hyperechoic nodule, are commonly incidental findings without further relevance.

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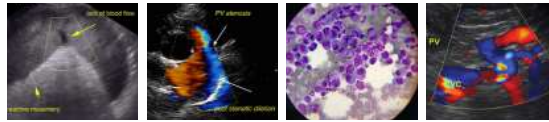
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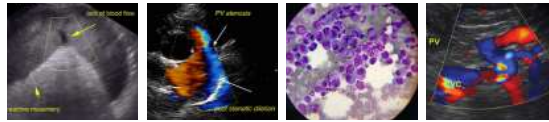
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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