



PATIENT

Simone Mangiarelli

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schanche

HOSPITAL NAME

TotalBond Vets

REFERRING VET

Dr. Schanche

INVOICE

38500

DATE

6/7/22

PRESENTING CLINICAL SIGNS

14 year old FS Siamese Mix presenting for vomiting and continued weight loss. Was seen in Feb 2022 and weighed 6.7 lbs (previously has been 7.3-8.8 lbs). At that time was vomiting daily. Full blood work was unremarkable - recommended abdominal ultrasound to investigate IBD vs. small cell lymphoma - elected start royal canin GI diet - started and vomiting has decreased significantly - vomits only once every 1-2 weeks now. Has continued to loose weight - 6.5 at end of May and 6.2 lbs today. Blood work repeated in May for weight loss - still unremarkable.

Abnormal PE/Chem/CBC/UA Results: All blood work has been wnl, urinalysis pending, see attached blood work below. 2/3/22 - Alb 3.0, Glob 3.3, liver values wnl, BUN 22, Crt 1.2, T4 1.2, SDMA 8.6, eosinophil 264 5/31/22 - Alb 3.1, Glob 3.9, liver wnl, BUN 27, Crt 1.8, Chol 221, Amylase 1326, platelet 54 but adequates estimate clumping, eosinophils 1100, T4 1.4, SDMA 11.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **right kidney** presented moderate degenerative changes and cortical infarcts noted in the caudal cortex. The right kidney measured 2.76 cm. The **left kidney** was structurally unremarkable with slight irregular contour, measuring 3.37 cm. Infarcts noted in the left kidney as well, stable, no evidence of active inflammation.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.20 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Soft stool noted in the colon.



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Pancreas

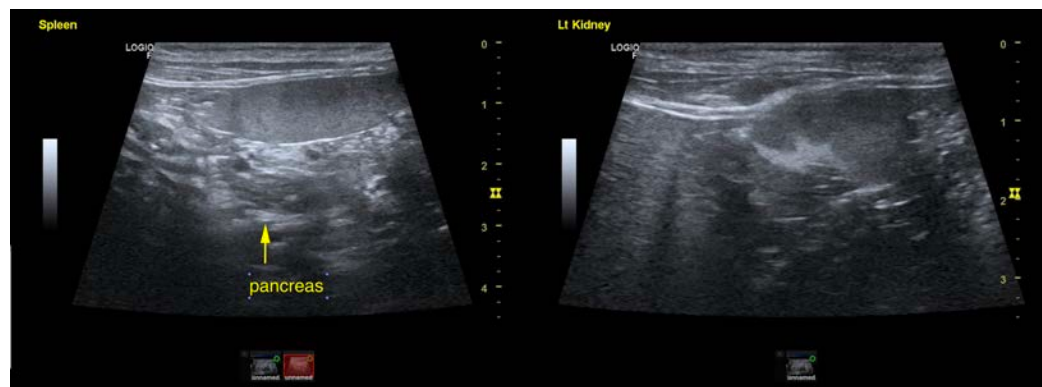
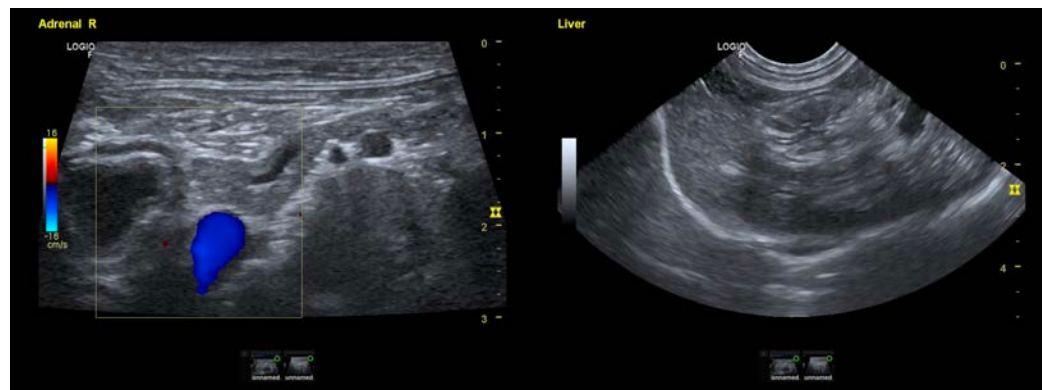
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate renal remodeling and infarcts
- Mild chronic pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. History of pancreatitis possible, subxyphoid palpation recommended to assess for any discomfort. Both prerenal and renal changes likely in this patient. No evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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