



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Memaww Didavide	History: Chronic intermit vomiting Abnormal PE/Chem/CBC/UA Results: WNL. Elevated T4
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder is well filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial to small amount of sediment is present, most likely composed of mucus, crystalline material and exfoliated cells. There are no obvious signs of cystitis.
Domestic Shorthair	
<b>SEX</b>	The left kidney is mildly increased in size (4.47 cm). The capsule is mildly bosselated. The size is mildly increased. Diffuse mineralizations are observed without signs of nephroliths or pyelectasia. The surrounding mesentery is hyperechoic, which is highly suggestive of pyelonephritis.
Spayed Female	
<b>AGE</b>	The right kidney is markedly decreased in size measuring approximately 2.22 cm. It is moderately bosselated and there is a marked loss of corticomedullary junction. The size and shape of the kidney are suggestive of chronic fibrosis due to chronic renal disease. The surrounding mesentery is hyperechoic, which is suggestive of pyelonephritis.
15 years	
<b>WEIGHT</b>	<i>Adrenal Glands</i>
14 lbs	The left adrenal gland measures 0.27 cm at the cranial pole, 0.32 cm at the caudal pole and 1.06 cm in length. No abnormalities are noted in the gland's architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
<b>INTERPRETED BY</b>	The right adrenal gland measures 0.37 cm x 0.61 cm in length. No abnormalities are noted in the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	
<b>IMAGING PERFORMED BY</b>	<i>Spleen</i>
Dr. Rodriguez	The spleen is within normal limits in size 9.47 mm (normal = 10 mm), echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
<b>HOSPITAL NAME</b>	
Foxfield VS	
<b>REFERRING VET</b>	<i>Liver</i>
Dr. Rodriguez	The liver is diffusely and mildly hyperechoic with a granular echotexture. There are no obvious signs of neoplasia. No abnormalities are observed with the hepatic vessels.
<b>INVOICE</b>	The gallbladder wall is hyperechoic and mildly thickened at 1.6 mm. There is no sludge within the gallbladder. There are no signs of an obstruction; however, cholecystitis cannot be excluded.
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<b>DATE</b>	<i>Gastrointestinal</i>
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<b>PATIENT</b>	The gastric wall and pylorus are normal in thickness. Although, there is no loss of definition of the normal architecture of the layers of the stomach wall, the submucosa is more prominent than usual. A small amount of gas and fluid are present within the lumen, however, no major abnormalities are observed with peristalsis.
Memaww Didavide	
<b>SPECIES</b>	The small intestinal wall is diffusely thickened, measuring up to 0.38 cm. Diffuse thickening and fogging of the mucosa are observed as well, in addition to a thickened muscularis. Despite these abnormalities, definition of the wall layers is relatively well preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body or an obstruction.
Feline	
<b>BREED</b>	Differential diagnoses for the intestinal changes include inflammatory bowel disease and infiltrative disease, such as lymphoma in its early stages.
Domestic Shorthair	
<b>SEX</b>	<b>Pancreas</b>
Spayed Female	Both the left and right limbs of the pancreas have a coarse echotexture and are moderately heterogeneous. These changes are most likely a combination of nodular hyperplasia and areas of fibrosis, possibly secondary to previous episodes of pancreatitis, as well as ischemia and/or amyloid deposition.
<b>AGE</b>	<b>Other</b>
15 years	Lymph nodes: No abnormalities are observed.
<b>WEIGHT</b>	Abdominal effusion is not visualized.
14 lbs	
<b>INTERPRETED BY</b>	<b>Heart</b>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	There are no signs of hypertrophic cardiomyopathy. There is no evidence of pulmonary edema, pleural effusion or pericardial effusion. Contractility appears normal. Multifocal hyperechoic areas of the endocardium observed may be suggestive of ischemia and/or fibrosis.
<b>IMAGING PERFORMED BY</b>	IVSd 0.44 cm, LVIDd 1.78 cm, LVFWd 0.5 cm.
Dr. Rodriguez	A complete echocardiogram may be considered in the future to exclude restrictive cardiomyopathy.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Foxfield VS	<ul style="list-style-type: none"> <li>High index suspicion of pyelonephritis in addition to chronic degenerative changes and most likely chronic renal disease. The left kidney is mildly enlarged, which may be compensatory due to the degenerative and fibrotic changes noted with the right.</li> <li>The diffuse thickening and mucosal fogging, as well as thickening of the muscularis of the intestinal tract may occur due to inflammation secondary to inflammatory bowel disease. However, infiltrative disease, such as lymphoma in its early stages of development cannot be excluded.</li> <li>The hepatic changes are suggestive of a reactive hepatopathy, which may occur secondary to hyperthyroidism. However, cholangitis/cholangiohepatitis cannot be excluded as a cause of the mild, but diffuse hyperechogenicity. Cholecystitis cannot be excluded based on the appearance of the GB wall.</li> </ul>
<b>REFERRING VET</b>	
Dr. Rodriguez	
<b>INVOICE</b>	
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<b>PATIENT</b>	<ul style="list-style-type: none"> <li>Both limbs of the pancreas show signs suggestive of nodular regeneration and fibrosis, most likely due to age related degeneration, as well as possible scar tissue associated with previous episodes of pancreatitis and possibly amyloid deposition. There are no obvious signs of neoplasia.</li> </ul>
Memaww Didavide	
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
Domestic Shorthair	<ul style="list-style-type: none"> <li>Based on the above findings, Memaww may have suffered from episodes of triaditis in the past, which could explain her history of chronic vomiting. The increased frequency of vomiting may be due to hyperthyroidism, as well as a flare-up of an underlying immune-mediated triaditis.</li> <li>There is no evidence of hypertrophic or over signs of restrictive cardiomyopathy, i.e. contractility appears normal. However, an echocardiogram may be warranted in the future based on the endocardial hyperechogenicity as this finding can be suggestive of restrictive cardiomyopathy.</li> </ul>
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	
15 years	
<b>WEIGHT</b>	<p><b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b></p> <p>A urine culture is recommended due to the suspicion of pyelonephritis, as is a SDMA. The latter will help monitor renal function while treating Memaww's hyperthyroidism.</p> <p>A low-dose of methimazole should be administered to decrease negative effects on her renal function.</p> <p>A novel protein or hydrolyzed hypoallergenic diet may be necessary in the future if the vomiting episodes persist due to the suspicion of IBD.</p> <p>Additional treatment for cholangitis/cholangiohepatitis and pancreatitis may also be required in the future, depending on Memaww's response to therapy. Analgesics may also be required.</p>
14 lbs	

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

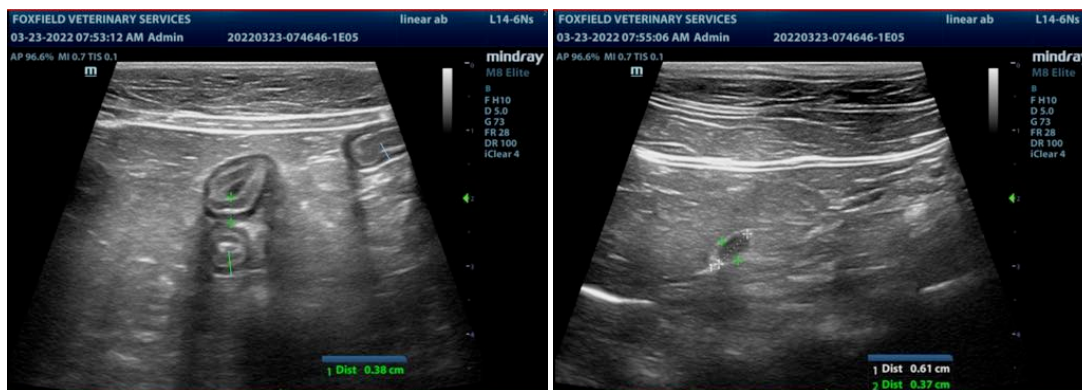
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**PATIENT**

Memaww Didavide

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

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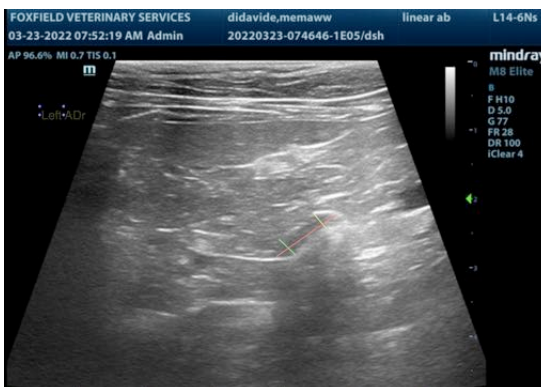
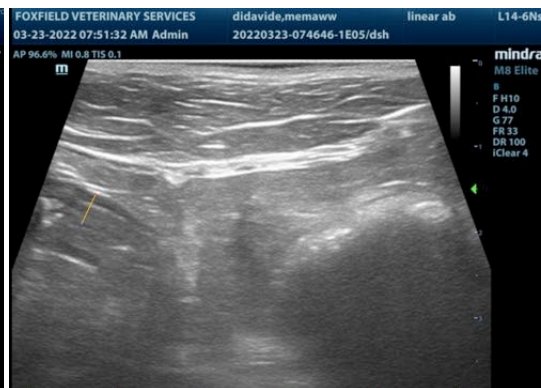
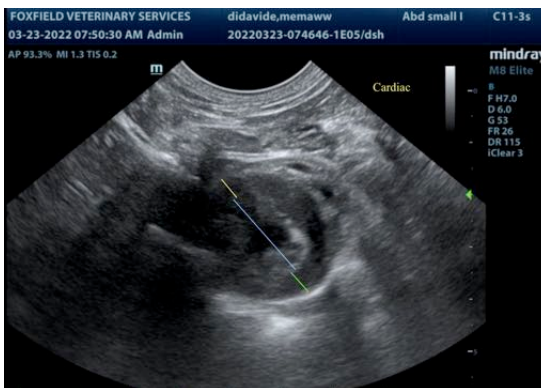
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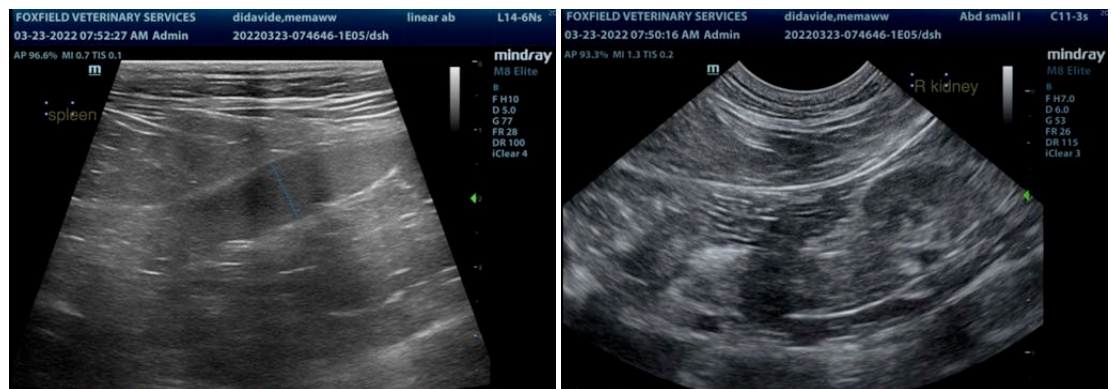
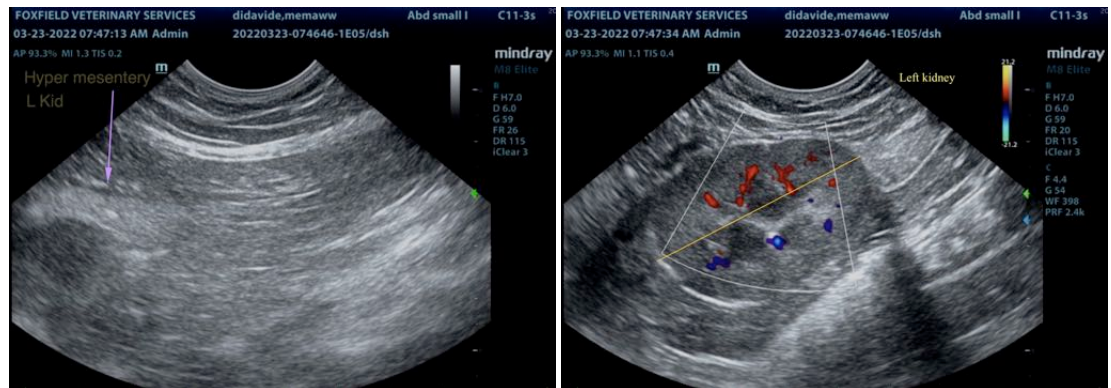
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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