

**PATIENT**

Holly Pieri

**PRESENTING CLINICAL SIGNS**

History: Hematuria & inappropriate urination. Referral from another veterinary hospital.  
Abnormal PE/Chem/CBC/UA Results: No lab results.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The urinary bladder is well filled. The wall is smooth and regular measuring 1.1 mm. There is no evidence of a polyp or mass. A mild amount of free floating sediment is observed, in addition to at least three cystoliths. The largest cystolith measures approximately 2.5 mm. No abnormalities are present with the trigone or proximal urethra.

**SEX**

Spayed Female

The left kidney is within normal limits in size for the patient's weight 4.04 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. Very mild diverticular mineralizations are observed, without signs of nephroliths or pyelectasia, in addition to mild accumulation of fat within the pelvis. The surrounding mesentery is not hyperechoic.

**AGE**

5 years

The right kidney is within normal limits in size for the patient's weight 4.06. All other findings are similar to the left kidney.

**WEIGHT**

8.4 lbs

**Adrenal Glands**

The left adrenal gland is not well visualized, however, the region where it should be located does not reveal any abnormalities.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

The right adrenal gland measures 0.38 cm. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**IMAGING PERFORMED BY**

Dr. Bartus

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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Service Inc

**REFERRING VET**

Dr. Bartus

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels. Overt signs of an inflammatory, infiltrative or regenerative process are not evident.

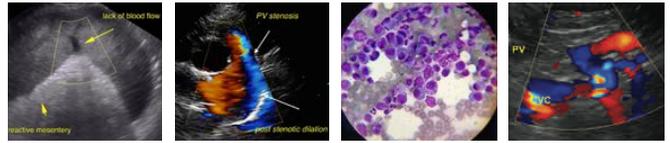
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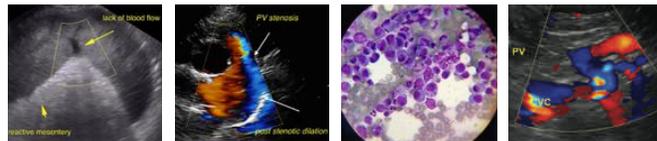
The gall bladder wall appears to be within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. The cystic and common bile ducts are not dilated or tortuous.

**DATE**

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<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Holly Pieri	The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.
<b>SPECIES</b>	
Feline	The small intestinal wall thickness is within normal limits and there is no evidence of dilation. Although the definition of the wall layers is preserved, each layer appears more prominent than usual. The ileocecolic junction and the surrounding mesentery are unremarkable. The colonic wall is not thickened and mural detail is preserved. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	<b><i>Pancreas</i></b>
Spayed Female	Within normal limits regarding echogenicity and echotexture. There is no evidence of hyperechogenicity of the mesenteric fat; active pancreatitis is not suspected.
<b>AGE</b>	<b><i>Other</i></b>
5 years	Lymph nodes: No abnormalities are observed.
<b>WEIGHT</b>	Abdominal effusion is not visualized.
8.4 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<ul style="list-style-type: none"> <li>• Multiple, but small cystoliths are present, without evidence of an obstruction. The wall of the urinary bladder is smooth and regular despite the presence.</li> <li>• Mild bilateral renal mineralization is present, without signs of nephrolithiasis. Renal architecture is maintained.</li> <li>• The mildly prominent wall layers of the small intestines is somewhat subjective and may be clinically insignificant. However, if Holly has a history of suffering from GI signs, underlying inflammatory bowel disease may be present.</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Dr. Bartus	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Valley Veterinary Service Inc	A urine culture is recommended.
<b>REFERRING VET</b>	Note, an in house urinalysis is suggested to evaluate for the presence and type of crystalluria. If struvites are present, in addition to a urinary tract infection, dissolution with an appropriate diet may be attempted. Otherwise, a cystotomy is recommended, or referral to an internist who performs PCCL's may be considered.
Dr. Bartus	
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<b>DATE</b>	An evaluation of Holly's diet is suggested.
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**PATIENT**

Holly Pieri

A total calcium (while fasted) may be necessary in the future, depending on the type of cystoliths, to ensure underlying idiopathic hypercalcemia is not predisposing her to calciuresis and calcium oxalate cystoliths.

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**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

8.4 lbs

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**REFERRING VET**

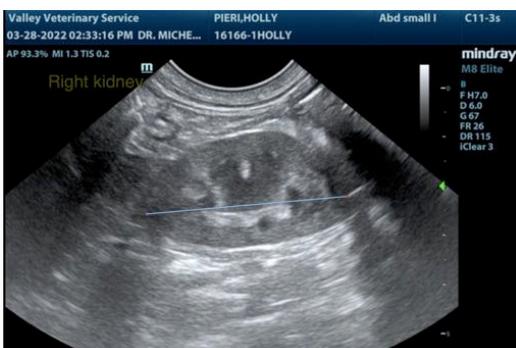
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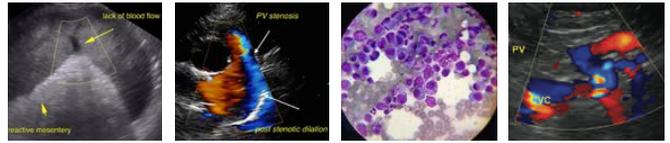
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**PATIENT**

Holly Pieri

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

5 years

**WEIGHT**

8.4 lbs

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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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