



## PATIENT

Nala Murray

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

9 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Jessica Demers

## INVOICE

74560

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

History of HCM no LAE. Owner reports Nala ate last night. She is now on Mirtazapine. Nala was recently diagnosed with hyperthyroidism this week. The referring veterinarian mentioned that hyperthyroidism can sometimes mask kidney disease.

CLINICAL SIGNS: Inappetence which has resolved now that Nala has started taking mirtazepine and methimazole

MEDICATIONS: Methimazole, Mirtazapine, Probiotic, Gabapentin, Cerenia

Abnormal PE/Chem/CBC/UA Results: April 12, 2026 T4 Panel 4.0 (0.8-4.0 ug/dL) UPPER LIMIT April 10, 2026 Blood chem: BUN 14.0 mg/dL (16.000-36.000) LOW CBC: WBC 20.25 10<sup>3</sup>/μL (3.660-16.310) HIGH Neutrophil 11.07 10<sup>3</sup>/μL (1.840-11.010) HIGH Lymphocyte 7.56 10<sup>3</sup>/μL (0.950-6.830) HIGH

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.8 cm. right measured 4.4 cm), some loss of corticomedullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. Mild, bilateral pyelectasia and irregular, curvilinear capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.46 cm in width. The right adrenal gland measured 0.48 cm in width.

### Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.9 cm in width.



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## Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature. Diffuse, mild, mineralization of the intrahepatic bile calculi present.

## Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. Non-obstructive choleliths are present in the proximal aspect of the cystic bile duct.

## Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## Pancreas

The pancreas is enlarged (left pancreas measured 0.8 cm in width and right pancreas measured 0.7 cm in width) with a hypoechogenic appearance and an irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

## Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Age related renal changes versus early chronic kidney disease.
- Bile calculi mineralization.
- Choleliths.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the patient's history and the appearance of the pancreas, this is consistent with chronic active pancreatitis.

Although the pyelectasia is most likely secondary to the renal changes, underlying low-grade pyelonephritis should still be considered.



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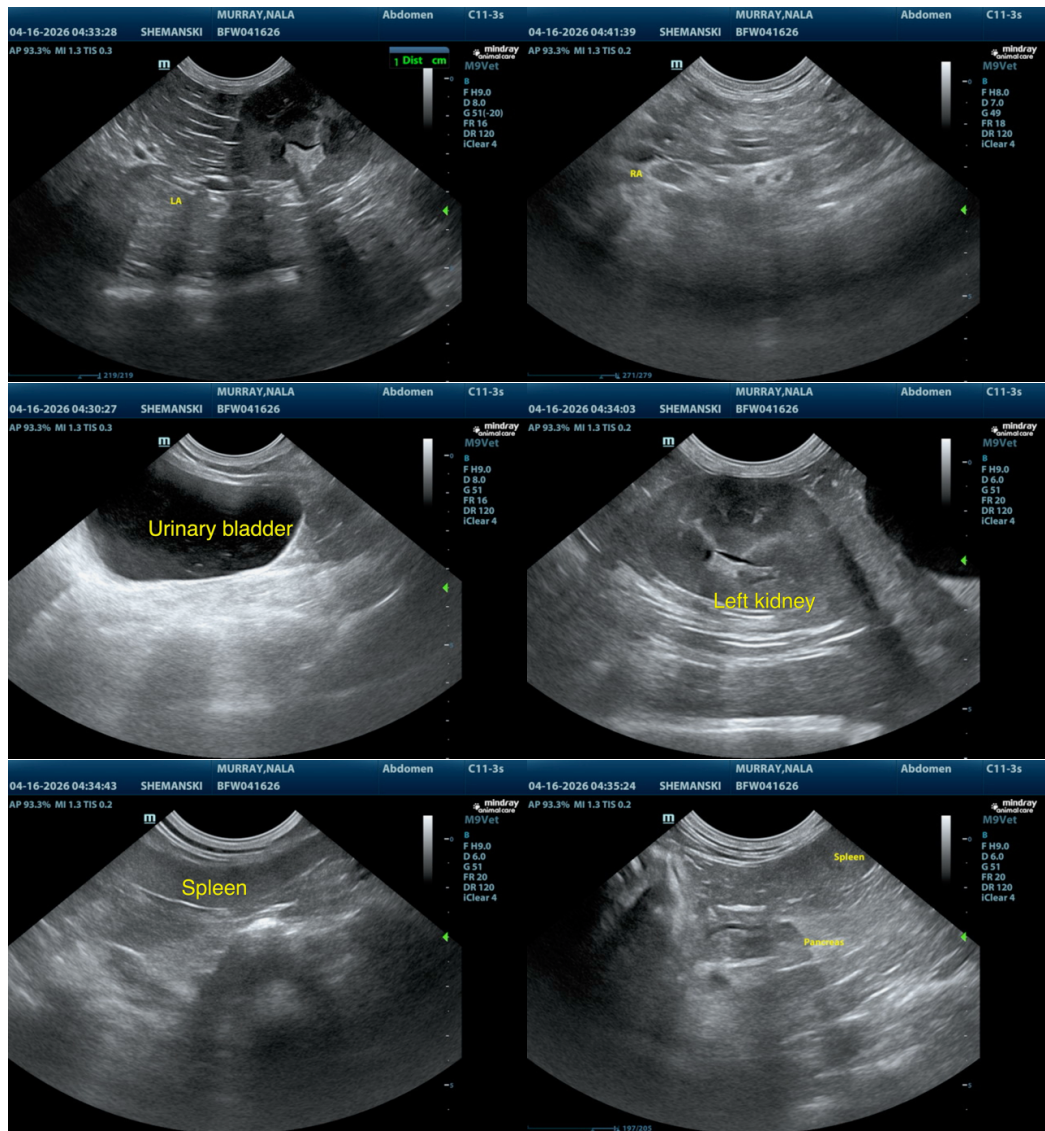
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The bile duct mineralization can be considered an incidental finding.

Further assessment would be urinalysis, urine culture and FPL/PSL assay.

Management of the pancreatitis would be feeding small frequent meals of a low fat intestinal type diet, antiemetics and analgesics.

Management of the choleliths that can be considered would be the use of Ursodiol.





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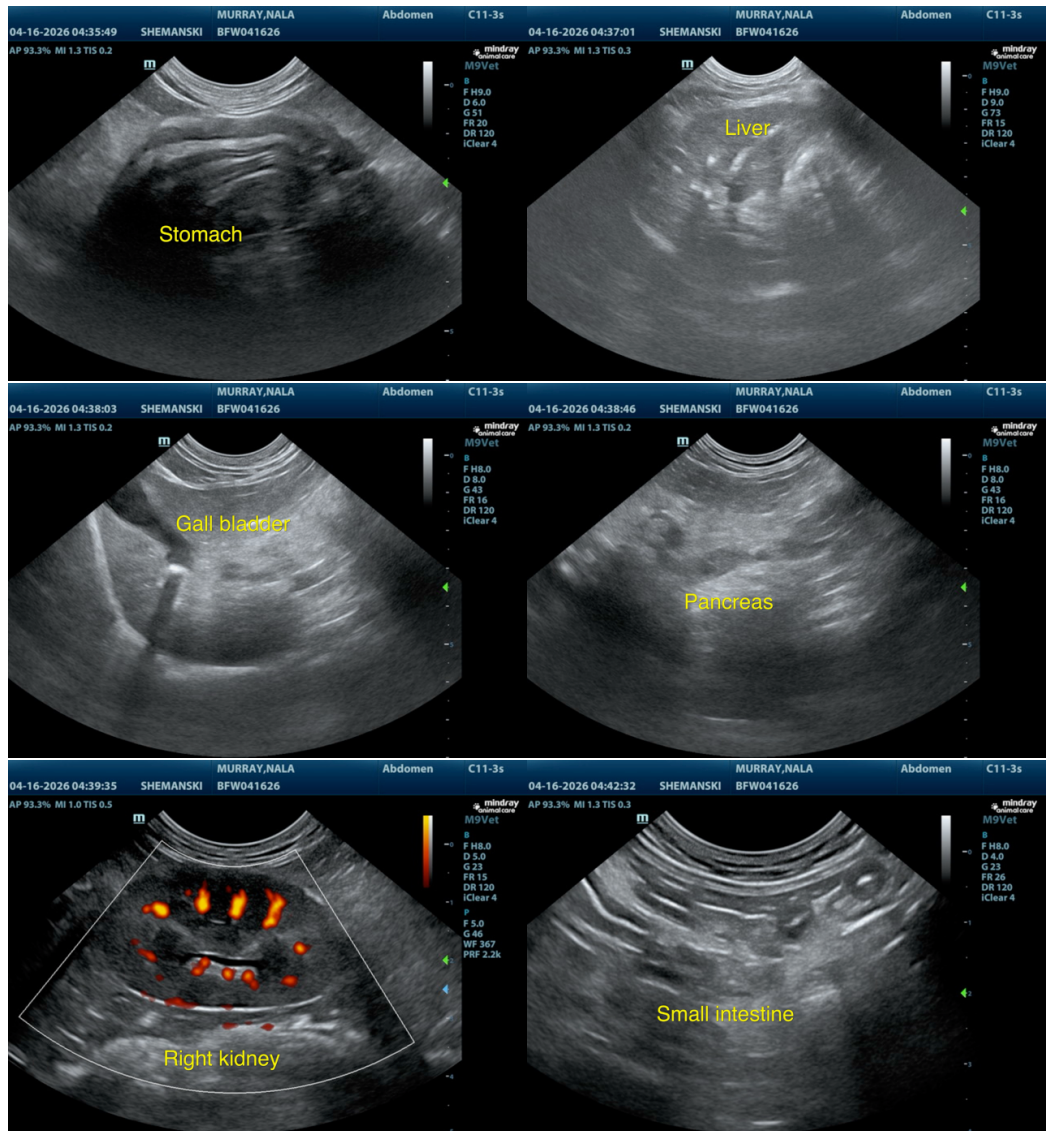
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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