



PATIENT

Harley Shawver

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

13 years

WEIGHT

11.2 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal
VC

REFERRING VET

Dr. Eckenrode

INVOICE

71140

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Presented (1/16) 2 weeks ago for single episode of hematuria outside litter box. Hyperthyroid cat that is otherwise stable. Normal routines otherwise w/ eating, drinking and this was a single episode outside litter box. Suspected bladder mass noted on ultrasound. Convenia provided and cat returned today for assessment. Mass still noted, moved to full abdominal ultrasound. No clinical changes to cat at home since giving Convenia.
- UA has not been collected due to mass. Owner has not been able to collect at home. Free catch attempted in clinic currently.
- R/O TCC vs clot vs polyp
- RBC 8.91; HCT 35.4% WBC 16.3 Diff - WNL Plt 359,000 Glu 102 SDMA 13; Creat 2.4; BUN 50 Phos 3.9 ALT 45; ALKP 36; Tbil 0.1 proBNP 131 T4 4.1; fT4 2.5 FeLV/FIV/HW - neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. Along the dorsal bladder wall, there is a mass measuring 2.71×1.25 cm protruding into the bladder lumen. The mass has a broad-based attachment to the bladder wall or mucosa, a slightly irregular contour, and a moderately heterogeneous echotexture. Color Doppler demonstrates internal vascularization. Focal mineralized areas are present within the lesion. The remainder of the bladder wall appears normal.

Urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra appear normal. No uroliths are identified. Despite the location of the lesion, no ureteral dilation is observed to suggest trigonal invasion.

The left kidney is normal in shape and size, measuring 3.56×2.14 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.10×2.73 cm. Cortical thickness is not recorded. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. The left adrenal gland measures 0.36 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measures 0.34 cm at the cranial pole and 0.33 cm at the caudal pole.



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Spleen

Splenic thickness is 0.70 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended. The wall is thin. The lumen is primarily anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures 1.49 mm, with preserved wall layering. The pyloric wall measures 2.63 mm.

The duodenum measures 2.02 mm in wall thickness.

The jejunum measures 2.26 mm, with mural layers as follows:

- Mucosa: 0.85 mm, submucosa: 0.34 mm, muscularis propria: 0.28 mm

The ileum measures 1.70 mm, with preserved wall layering.

The ileocecal junction measures 2.37 mm, with a muscularis layer measuring 0.46 mm.

No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

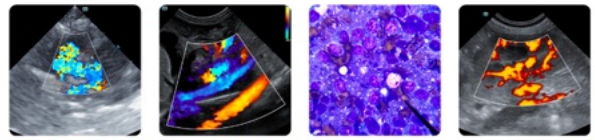
The colon wall measures 0.54 mm and contains formed fecal material within the descending colon.

Pancreas

The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Cranial mesenteric and ileocecal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.



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ULTRASONOGRAPHIC FINDINGS

Bladder wall mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic features of the bladder lesion are most consistent with a primary bladder neoplasm. Differential considerations for this lesion include transitional cell carcinoma and, less likely, a benign inflammatory polyp. Transitional cell carcinoma is favored due to the lesion's size, broad-based attachment, moderate heterogeneity, internal vascularization, and focal mineralization.

A benign polyp is considered less likely, as these lesions are typically smaller, more smoothly margined, and less commonly mineralized or prominently vascularized.

A blood clot is considered unlikely, as the lesion demonstrates internal vascularization, focal mineralization, and remained fixed to the dorsal bladder wall without displacement during changes in patient positioning throughout the examination.

No ultrasonographic evidence of regional lymphadenopathy, abdominal metastatic disease, or concurrent organ involvement is identified. The kidneys, liver, spleen, gastrointestinal tract, and pancreas appear structurally unremarkable.

Definitive differentiation between malignant and less common benign bladder lesions cannot be achieved without tissue sampling.

Recommendations

- Given the size, broad-based attachment, internal vascularization, and suspected neoplastic nature of the bladder mass, surgical exploration with maximal safe excision of the lesion and submission for histopathology is recommended, rather than cystoscopic biopsy alone. This approach would allow definitive diagnosis, assessment of surgical margins, and potential therapeutic benefit.
- Avoid blind cystocentesis due to the presence of a bladder wall mass and risk of hemorrhage or tumor seeding.
- Consider advanced imaging or oncologic staging, recognizing that no metastatic disease is currently identified ultrasonographically.
- Continued monitoring of renal parameters is recommended, given mild azotemia, particularly if therapeutic interventions for the bladder lesion are initiated.



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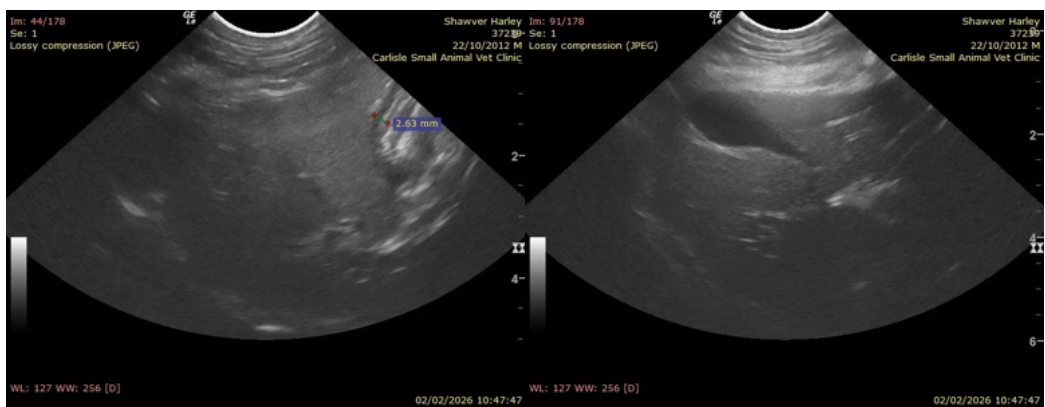
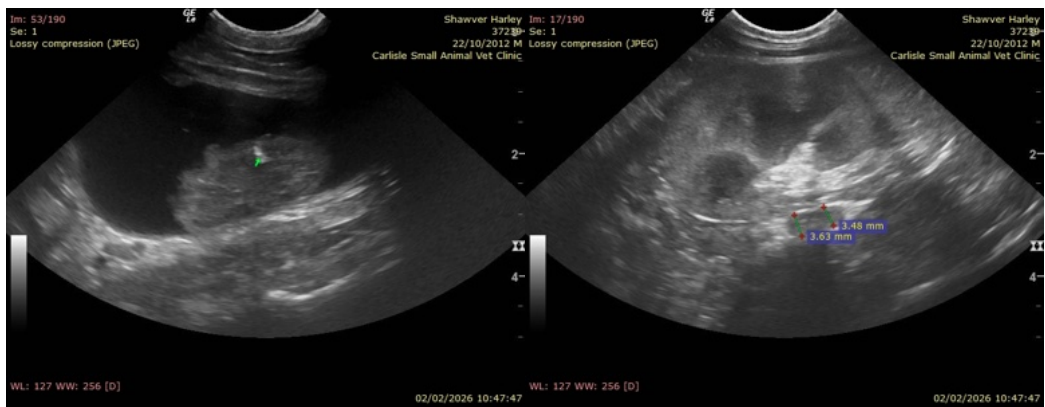
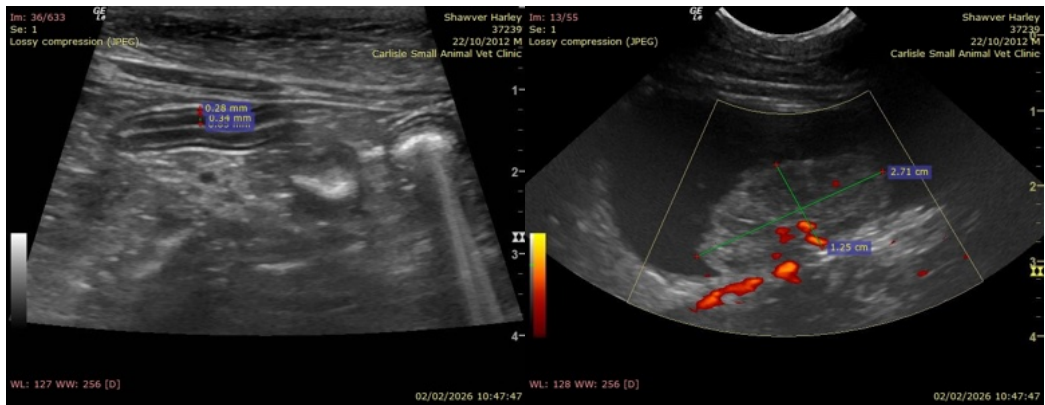
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.



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MV Esp Ultrasound in Domestic and Wild Animals

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