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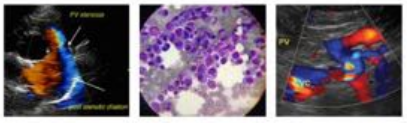


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Flip Stankov

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 years

WEIGHT

5.53 lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice
Dr. Craig

INVOICE

12102

DATE

1.26.23

PRESENTING CLINICAL SIGNS

History: Current Medications: Methimazole 2.5mg 1t BID Patient
History: T - 96.8 P 140 R 40 MM/crt - halitosis, moist Exam for poss UTI - for over a week O has noticed P hovering over pee pad for 4 minutes or so. Now P has moved on to her bed to urinate and is still hovering, sm amts at a time - dripping. O noted some dilute blood on pad. Small amts of stool passing. Not eating as much recently. I noticed P wobbly in room, O said she is at home as well. P can jump down but pulls herself up onto couch.

Abnormal PE/Chem/CBC/UA Results: 4. Moderate ceruminous debris AU- removed with cotton swab today, no erythema noted. Per O thinks P has decreased hearing- discussed likely age-related degenerative change. 5. Marked tartar, light pink MM 8. Dull oily coat, nails long/thickened (P may be older than record indicates) 9/10. Sunken soft abdomen, Large firm bladder, no palpable abdominal masses. No palpable stool in colon

Email recent labs, radiographs and this form to: SVSimagingMI@gmail.com Dribbling urine on very light palpation over bladder- urine clear yellow. O has picture of urine spot at home (P has urinated on potty pads instead of litterbox for years) Per O drinking large amounts of water. with blood on potty pad Decreased appetite- eating 1/2 Friskies can per day 12. Marked diffuse muscle atrophy with moderate to severe hindlimb paresis. Stiff joints over rear limbs- hips, stifles. 13. 1lb weight loss since last exam, Thin BCS **Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary is distended. The wall has multifocal areas of irregular thickening (up to 0.79 cm). One of the focal areas of bladder wall thickening contains focus of mineralization. A scant amount of echogenic debris is observed within the lumen. The wall in the region of the cystourethral junction is thickened and irregular. The proximal urethral wall is thickened (up to 0.26 cm). The proximal urethral lumen is dilated (up to 0.26 cm in diameter).

The left kidney is normal in size (3.25 cm in length) with a normal shape and smooth peripheral contours. There is minimal loss of corticomedullary distinction. Hydronephrosis is present (1.07 cm in the longitudinal plane). There is evidence of hydroureter (0.47 cm in diameter at the proximal aspect). Hyperechoic diverticular foci are visualized. There is no evidence of infarcts.

The right kidney is normal in size (3.19 cm in length) with a normal shape and smooth peripheral contours. There is minimal loss of corticomedullary distinction. Hydronephrosis is present (1.57 cm in the longitudinal plane). There is evidence of hydroureter (0.45 cm in diameter at the proximal aspect). Hyperechoic diverticular foci are visualized. There is no evidence of infarcts.

Adrenal Glands

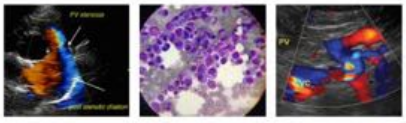
The left adrenal gland is normal size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.29 width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver/Gall bladder



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The liver is subjectively prominent in size with swollen with slightly irregular peripheral contours. An approximately 3.00 cm hyperechoic to heterogenous multi-septated cystic mass is observed on the right side. In addition, several ill-defined cystic areas are observed throughout the organ. A 2.76 cm cystic structure with irregular echogenic material in its center, is observed at the left to mid-aspect. It is unclear whether this structure represents gall bladder or a parenchymal cyst. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not overtly dilated. In one jejunal segment, a small amount of shadowing material is observed within the lumen, but is not causing obvious obstruction. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal.

Pancreas

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and mottled in appearance. At least two hypoechoic nodules are observed in the left limb (the largest measuring 0.78 cm in diameter). The pancreatic duct is dilated (up to 0.35 cm in diameter).

Free Abdomen

There is not obvious evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The multifocal urinary bladder wall and proximal urethral changes are concerning for infiltrative neoplasia (i.e., transitional cell carcinoma) with a lower possibility of an inflammatory process. There is a suspected partial obstruction of the proximal urethra with subsequent bilateral hydronephrois and hydroureter.
- Multiple cystic hepatic masses. Differentials include biliary cystadenoma or biliary cystadenocarcinomas. The origin of the large cyst with echogenic material is unclear. It may represent gall bladder or a cystic structure within the hepatic parenchyma. If this structure is the gall bladder, it may represent an emerging mucocele.

Secondary Findings

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with chronic pancreatitis with age-related remodeling and suspected benign nodular hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a urine BRAF test to further evaluate for lower urinary tract neoplasia.
- While awaiting test results, consider placement of a urinary catheter or a tube cystostomy to allow for emptying of the urinary bladder until more definitive treatment can be implemented.

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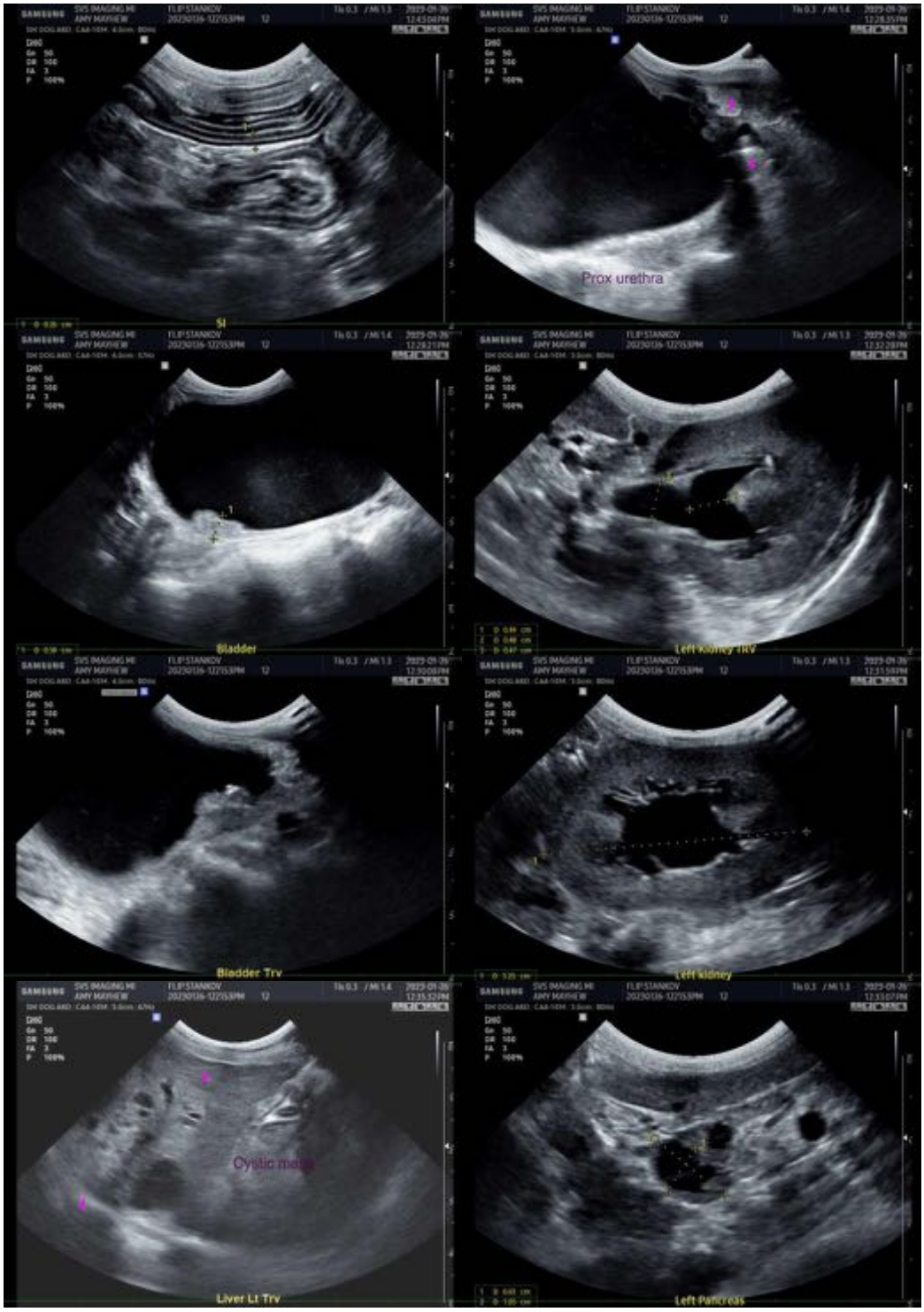
- Regarding the hepatic lesions, biopsies would be necessary to get a definitive diagnosis.
- Consultation with a board-certified oncologist may be warranted.



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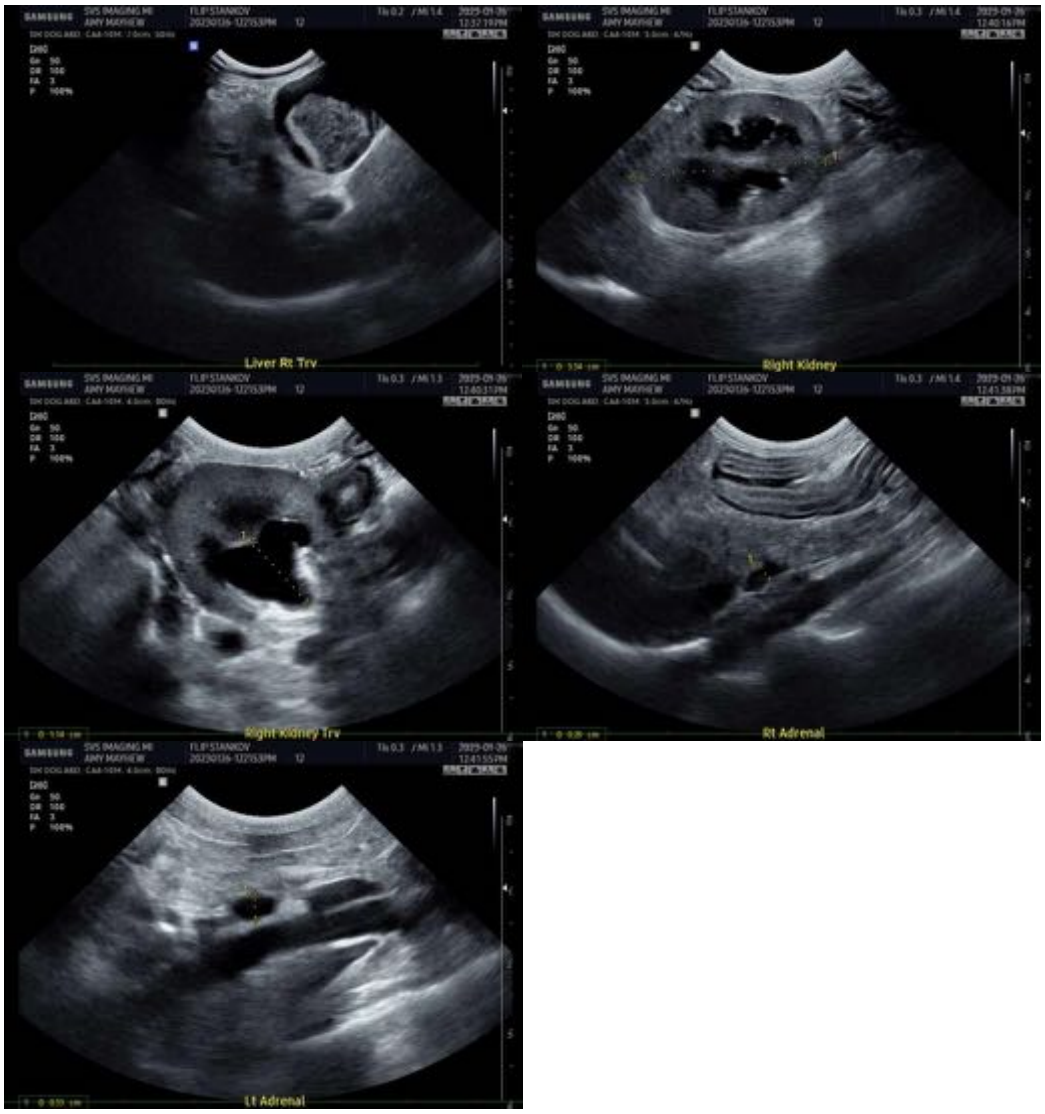

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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