

**DATE PRESENTING CLINICAL SIGNS**

10/26/21

History: Came in for annual examination. Has had weight loss of 3/4 pound since 2019. Bloodwork was suspicious for early-stage CKD but no other cause for weight loss found. Came in for a day admission today (10/25/21) to get a urine sample. When bladder was palpated, it was found to be quite small and thickened. She urinated small amount when the bladder was palpated. A radiograph was taken and there are some wispy mineralization noted in the bladder and also some mineralization in the kidneys. Concerned about either bladder mass or very thickened bladder secondary to uroliths.

PATIENT

Hickory Meyer

SPECIES

Feline

Current Medications: No current medications.
 Lab Results: Mildly elevated BUN at 51, normal T4. CBC WNL.
 Date of Previous IntraPet Ultrasound: 5-25-2018.
 Sedation: not needed
 Stat Report: not requested

BREED

Domestic shorthair

SEX

Female, spayed

AGE

2/16/2006

WEIGHT

8 lbs.

INTERPRETED BY

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 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Cat Sense Feline
 HOspital

REFERRING VET

Dr. Sinclair

INVOICE

12431

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended. A 2.25 x 1.77 cm irregular vascular mass with foci of mineralization appears to be arising from the mid-ventral wall with caudal extension towards the urinary bladder neck. The remaining bladder wall is normal to mildly thickened with a smooth mucosal surface. There is no evidence of cystic calculi.

The left kidney is normal size (3.32 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.00 cm in the longitudinal plane). Small nephroliths are seen. The ureter is visible for 1-2 cm after which it tapers and is no longer visible. Renal blood flow appears subnormal.

The right kidney is normal size (3.56 cm in length) with a slightly irregular shape. There is poor corticomedullary distinction. Severe pyelectasia/hydronephrosis is present (1.27 cm in the longitudinal plane). Small nephroliths are seen. The ureter is visible for 1-2 cm after which it tapers and is no longer visible. Renal blood flow appears subnormal.

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.70 cm in width at the level of the hilus) with a normal capsular contour. Using the high frequency probe, the parenchyma appears slightly mottled. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is mildly distended. The wall is normal in thickness. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal.

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 dilated. The small intestinal wall is normal to mildly thickened (up to 0.28 cm) with a normal layering pattern and appropriate mural detail. There is disruption in

the normal 1:3 muscularis: mucosal ratio in some segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

There is no evidence of free fluid. 2-3 lymph nodes are visible adjacent to the ileocecal colic junction.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Ventral urinary bladder mass. Neoplasia (i.e., transitional cell carcinoma) is considered likely with a lower possibility of a benign inflammatory process.
- Bilateral, age-related renal changes with hydronephrosis and proximal hydroureter. Differentials for the hydroureter include bilateral ureteral strictures, small ureteroliths or tumors (less likely).

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bowel pattern consistent with inflammatory bowel disease although there is potential for emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider consultation with a board-certified surgeon to discuss possible bladder mass removal with submission for histopathology. Consultation with a veterinary oncologist is also recommended.
- If surgery is not to be pursued and palliative care is desired, consider the following protocol:
 1. Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
 2. Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
 3. Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity







The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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