

**DATE PRESENTING CLINICAL SIGNS**

2/28/22

Chronic UTI's. Last one had a severe amount of blood. Patient always urinates in the carrier prior to getting to us so no urine culture has been done. Patient also seems to be having issues voiding urine. a lot of trouble posturing to urinate in litter box. Will leak urine while laying down (although it might also be wet fur) Owner only gives Bethanocol and Prazosin PRN. Lab work reveals Early kidney disease.

**PATIENT**

Sophie Pipino

Current Medications: Calcitriol every day (100ng/mL) 0.25 mL SID, Prazosin (2 mg/mL) 60 mL dispensed: 0.5 mL PO BID, Bethanocol (5mg/mL) 20 mL dispensed: 1 mL SID.

**SPECIES**

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Domestic shorthair

Imaging Performed By: Andi Parkinson, RDMS.

**SEX**

Female, spayed

**ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM**

\*\*This study was limited to the urinary system. There is a potential for pathology in organs that were not visualized.

**AGE**

2/6/2006

**Urinary System**

The urinary bladder is minimally distended with anechoic urine. A >3 cm irregular slightly heterogeneous mass almost completely fills the bladder lumen and appears to be arising from the dorsal wall. There is questionable extension of the mass into the proximal urethra. No cystic calculi are observed. The mesentery surrounding the urinary bladder and proximal urethra is hyperechoic.

**WEIGHT**

14 lbs.

The left kidney is borderline small in size (3.48 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. A cortical infarct is observed at the lateral aspect. Trace pyelectasia is present. There is no evidence of nephroliths or hydroureter. The mesentery surrounding the kidney is mildly hyperechoic.

**INTERPRETED BY**

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

The right kidney is borderline small in size (3.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**HOSPITAL NAME**

Harborside Mobile  
 Veterinary Clinic

**ULTRASONOGRAPHIC FINDINGS****Primary Findings:**

- Large intraluminal urinary bladder mass with questionable extension into the proximal urethra. Neoplasia (i.e., transitional carcinoma) is the top differential with a low possibility of a severe inflammatory process. Regional retroperitonitis is present.

**REFERRING VET**

Dr. Hawkins

**Secondary Findings:**

- Bilateral, age-related renal changes with a left cortical infarct and mild left retroperitonitis.

**INVOICE**

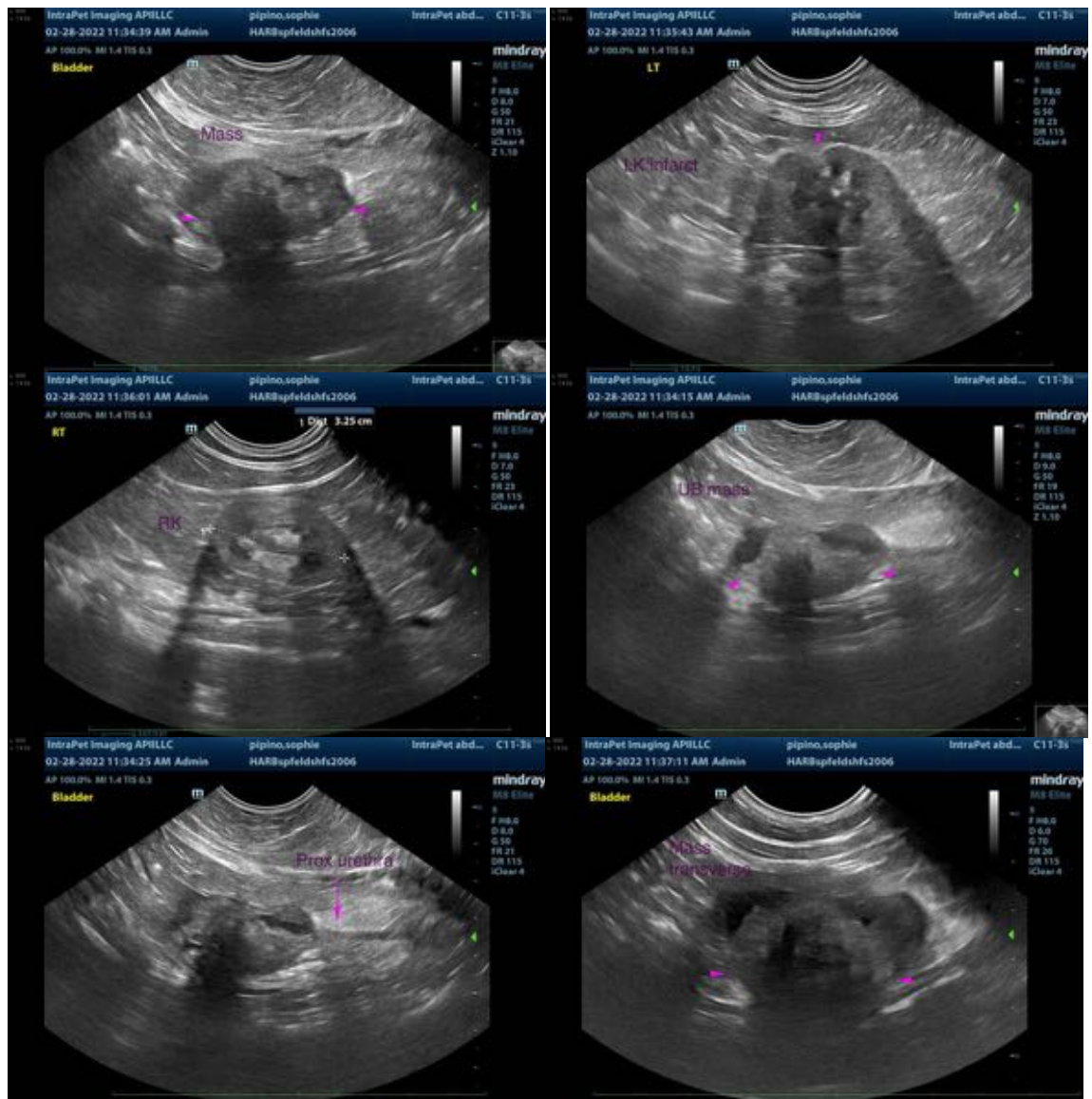
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- In order to get a definitive diagnosis, a biopsy of the urinary bladder mass would be necessary. If cancer is confirmed, consider consultation with a board-certified oncologist for chemotherapy

recommendations. If a more conservative approach is desired, consider palliative care with 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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