



PATIENT PRESENTING CLINICAL SIGNS

Clyde D'Andrea

Clinical Exam Findings: Level of pain (0-4): 3 (UB)
GEN: BAR, distressed, 5-7% dehydration, BCS 4/9

SPECIES

INTEG: No areas of alopecia, no primary skin lesions, normal coat.
EENT: Eyes clear OU, no ocular discharge OU. Ears clean AU. No nasal discharge.

Feline

OP: MM pink/moist, CRT <2 sec. No masses or lesions on oral exam.

BREED

LN: Mandibular, prescapular, and popliteal lymph nodes WNL.

DSH

RESP: Normal rate and effort, eupneic. Lung sounds clear bilaterally, no crackles or wheezes.

SEX

CV: No heart murmur, normal heart rate and rhythm, pulses strong and synchronous.

Neutered Male

ABD: Tense, painful abdomen. UB very hard and painful. No obvious masses or organomegaly. No apparent fluid wave.

GU: Crusted blood noted around prepuce

MS: Ambulatory x 4. No apparent lameness. Normal musculature.

NEURO: Appropriate mentation. No obvious CP deficits or ataxia.

AGE

5/20/2012

Abnormal Labwork Values Initial Diagnostics: Lactate: 1.7. Chem8: Glu 206, rest WNL

AFAST: UB distended with fluid, echogenic material, and echogenic debris resembling either a blood clot or soft tissue mass

WEIGHT

5.7 kg

Diagnostics: CBC: 28.06, Neu 22.83, rest WNL. Chemistry: Glu 197, Phos 2.8, GGT 5, K 3.3

Urinalysis: ----- Specific Gravity - 1.026, WBC 19/HPF, RBC >50/HPF, rod bacteria present, Protein 500mg/dL, pH-8.0

Current Medications: None

INTERPRETED BY

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

Radiographic Findings: AXR w/ contrast urethrogram:

1. Oval defect within the urinary bladder which appears to change location between views. This appearance suggest the presence of an intraluminal hematoma. A static structure (mass) with rotation of the urinary bladder is considered much less likely.
2. Diffuse thickening of the bladder wall suggesting cystitis.

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Otherwise normal abdomen. No additional abnormalities of the urinary tract are seen.

Comments: ultrasound could be considered to confirm the presence of a hematoma.

Dr. Tsuyoshi Murakami

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

HOSPITAL NAME

Blue Pearl Mt Pleasant

Urinary System

REFERRING VET

Dr. John McFadden

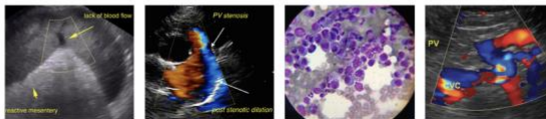
A >3 cm irregular, heterogenous mass is occupying the majority of the urinary bladder lumen. Due to the size of the mass, the urinary bladder wall thickness is difficult to determine, although it appears subjectively thickened at the ventral aspect. In the visible portion of the lumen, contents are anechoic. The proximal urethra appears thickened (0.31 cm in diameter). The urinary catheter is visible in the distal urinary bladder and proximal urethra. The mesentery effacing the serosal surface in this region is hyperechoic. There is a small amount of retroperitoneal fluid caudally. A small amount (3 ccs) of sterile saline was flushed into the urinary bladder lumen during this scan with no movement of the mass seen.

INVOICE

10947

DATE

5/20/22



PATIENT

Clyde D'Andrea

The left kidney is normal in size for a large-breed cat (4.60 cm in length); with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

SPECIES

Feline

The right kidney is normal in size for a large-breed cat (5.04 cm in length); with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with minimal to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

BREED

DSH

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

SEX

Neutered Male

The right adrenal gland is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

AGE

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Spleen

The spleen is prominent in size (1.03 cm in width at the level of the hilus) with normal curvilinear peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

WEIGHT

5.7 kg

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 portal vein to caudal vena cava ratio is approximately 1: 1.

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Internal Medicine*)

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal. The duodenal papilla is visualized and is mildly thickened (0.52 cm in width).

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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 thickness is normal 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.

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REFERRING VET

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Pancreas

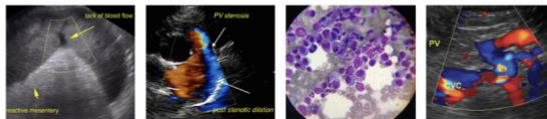
The left limb is enlarged with minimal deviation from the normal peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible, but not overtly dilated.

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Free Abdomen

Clyde D'Andrea

A small amount of free fluid is present. A 1.01 cm rounded, slightly heterogenous lymph node is observed in the caudal abdomen.

SPECIES

Other

Feline

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SEX

Neutered Male

- Large urinary bladder mass occupying the majority of the bladder lumen, with a thickened urethra and caudal retroperitonitis. Neoplasia (i.e., transitional cell carcinoma) is the top differential with a lower possibility of benign pathology (i.e., severe inflammatory disease).
- The prominent caudal abdominal lymph node may represent reactive lymphadenitis, lymphoid hyperplasia, or metastatic disease.
- Ascites, likely secondary to urinary bladder pathology

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Secondary Findings

- Minor, bilateral, age-related renal changes.
- Bowel pattern consistent with inflammatory bowel disease. However, correlation with the patient's clinical history is recommended.
- The pancreatic changes are consistent with chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a urine BRAF test to further screen for lower urinary tract neoplasia.
- Consider consultation with a board-certified oncologist for further recommendations.

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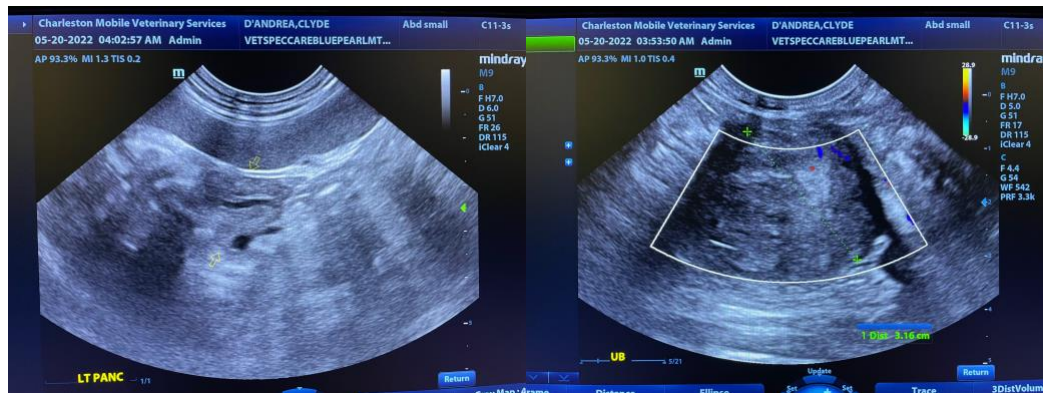
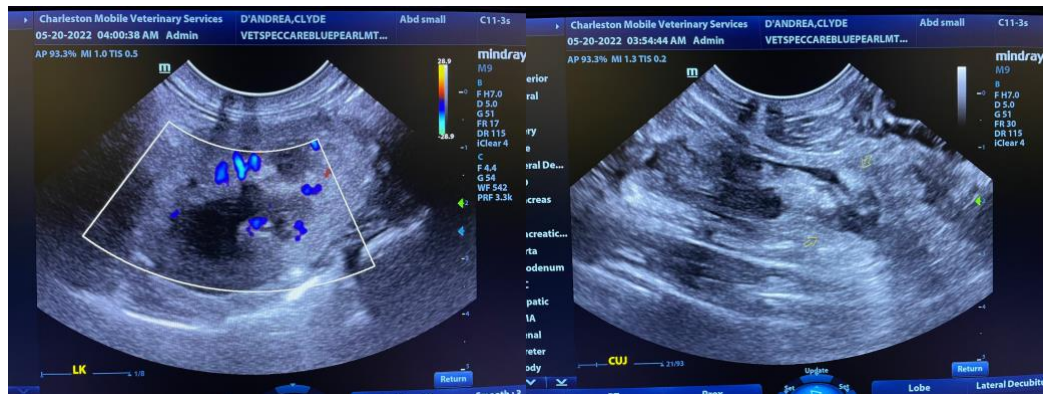
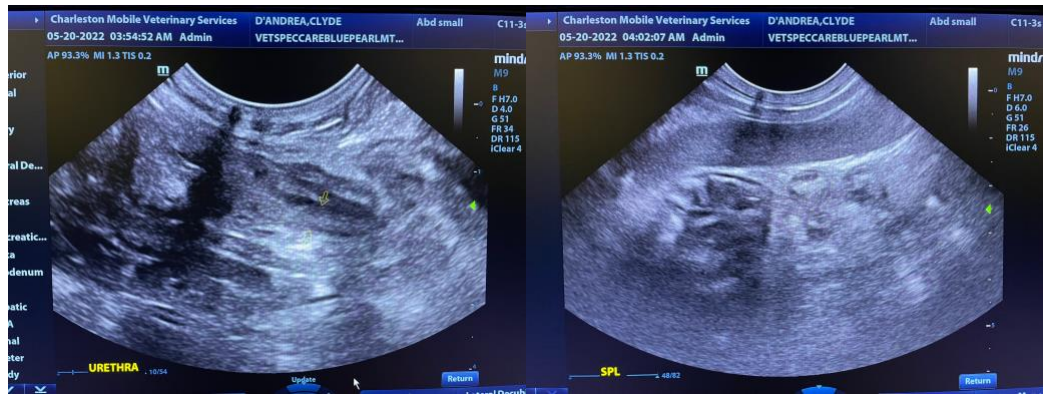
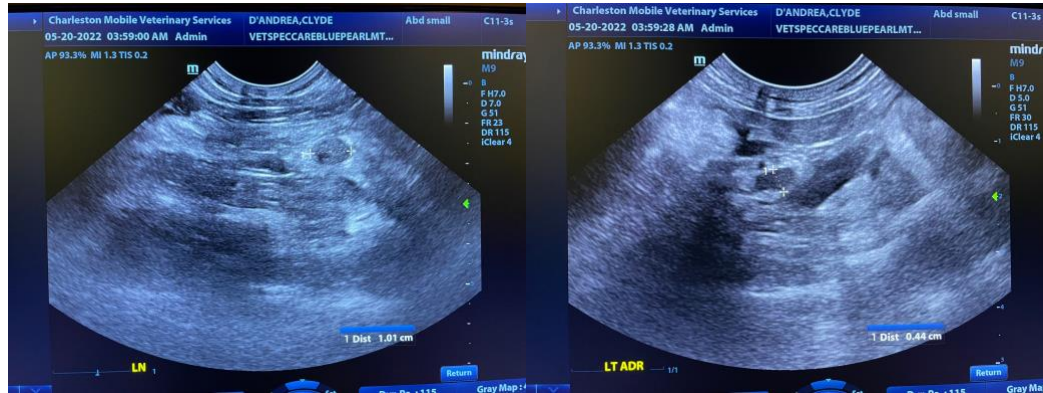
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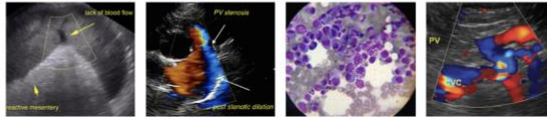
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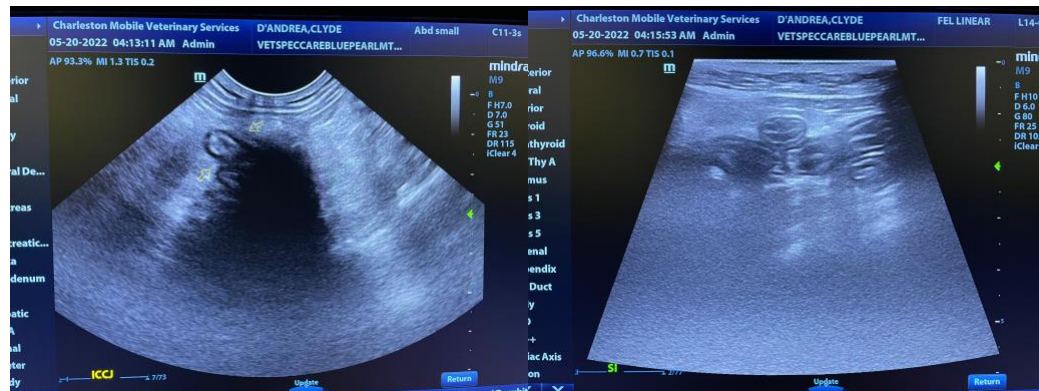
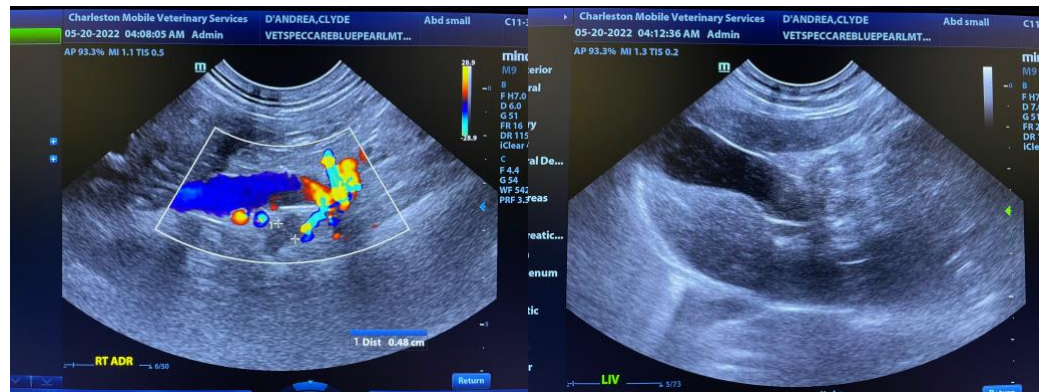
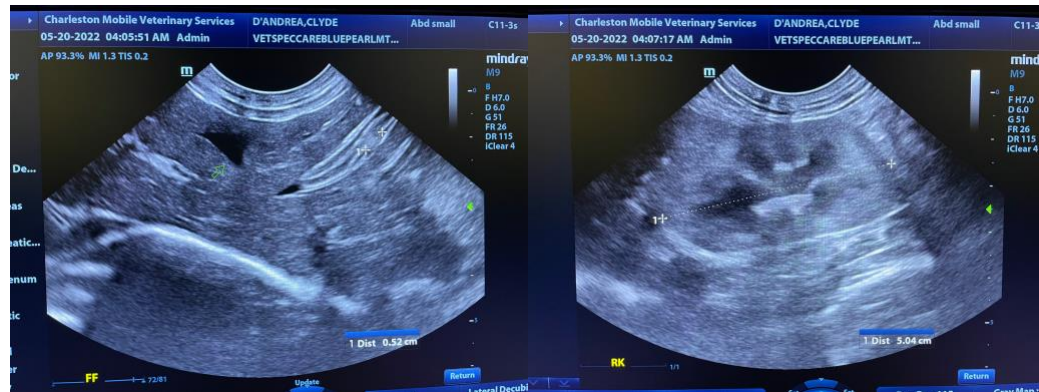
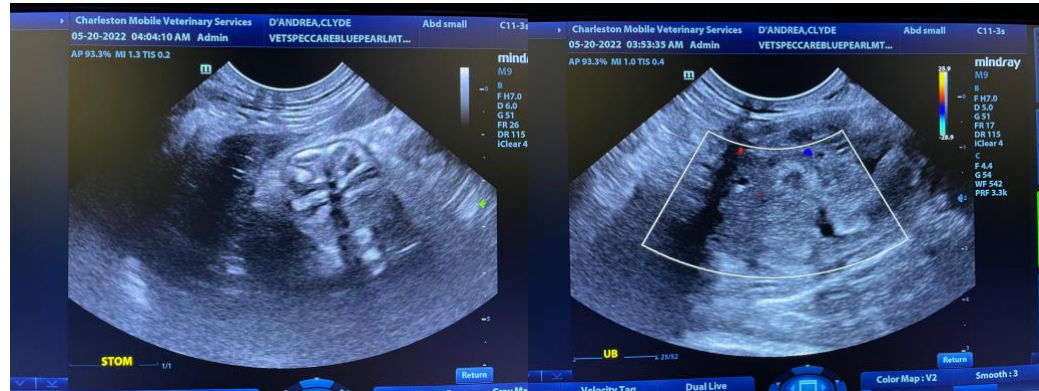
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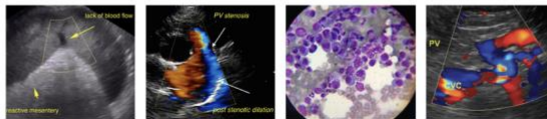
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

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