



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Zathrus Hayes-Gehrke

History: Persistent hematuria. Previous urine cultures have been negative. Getting Zeniquin. Not responsive to antibiotics.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: 4/2021- T4 2.2, BUN 44, Creat 1.3, SDMA 13 U/A USG 1.050, blood 250

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

*Urinary System*

Domestic Shorthair

The urinary bladder is moderately distended. A >2.5 cm (in its longest dimension), irregular, vascular mass is visualized and appears to be arising from the caudoventral wall on the left side, although dorsal wall involvement cannot be completely excluded. A small amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Male Neutered

The left kidney is normal size (3.83 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**AGE**

13.5 Years

The right kidney is normal size (3.96 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

10 lbs.

**INTERPRETED BY**

*Adrenal Glands*

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

The left adrenal gland is normal size (0.64 cm length; 0.41 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

**IMAGING PERFORMED BY**

*Spleen*

Potomac Mobile  
Veterinary Ultrasound

The spleen is normal in size (0.78 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.

**HOSPITAL NAME**

*Liver*

Silver Spring Animal  
Hospital

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 moderately distended. The wall is normal in thickness. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Jarrett

**INVOICE**

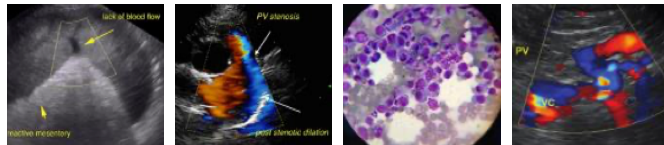
*Gastrointestinal*

11980

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

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8/31/21



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Zathrus Hayes-Gehrke

normal to mildly thickened (up to 0.31 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio with a 1:1 ratio in most segments. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**SPECIES**

Feline

***Pancreas***

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**BREED**

Domestic Shorthair

***Free Abdomen***

**SEX**

Male Neutered

Trace free fluid is present. The abdominal lymph nodes are normal/not visible.

**AGE**

13.5 Years

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Left sided urinary bladder mass, suspected to be arising from the ventral wall. Neoplasia (i.e., transitional cell carcinoma) is probable with a lower possibility of polypoid cystitis.
- The trace ascites may be secondary to increased vascular permeability (i.e., due to bowel or urinary bladder pathology) or increased hydrostatic pressure.

**WEIGHT**

10 lbs.

**Secondary Findings:**

- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor bilateral age-related renal changes.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Potomac Mobile  
Veterinary Ultrasound

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified veterinary surgeon to discuss bladder mass removal or debulking.
- If a more conservative approach is desired, consider the following regimen:
  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
- If the patient has or develops gastrointestinal signs, consider a malabsorption panel, fecal evaluation for ova and Giardia +/- endoscopic or surgical gastrointestinal biopsies.



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(Small Animal Internal  
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**IMAGING PERFORMED BY**

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Veterinary Ultrasound

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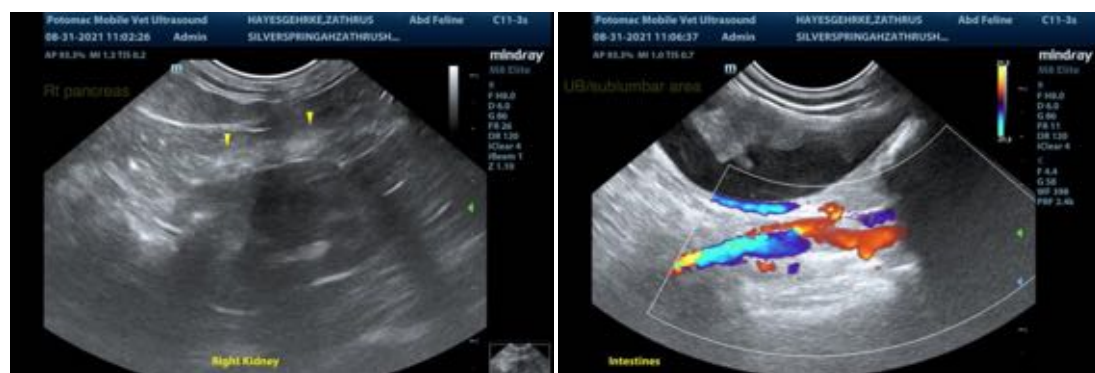
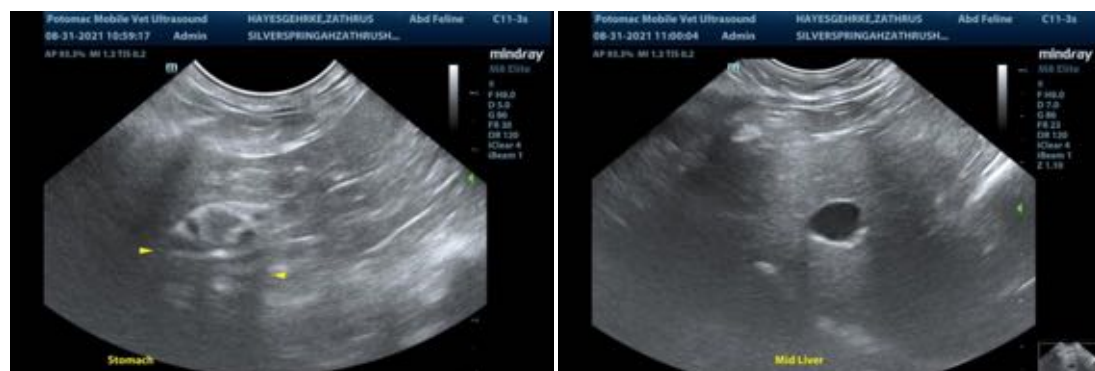
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Andrea.nicastro@sonopath.com