



## PATIENT

Roxy Matthews

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Female Spayed

## AGE

15 Years

## WEIGHT

3.8 kgs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Crystal Hill

## HOSPITAL NAME

Queensway AH

## REFERRING VET

Dr. Keating

## INVOICE

11683kk

## DATE

8/20/21

## PRESENTING CLINICAL SIGNS

History: Was seen for urinating issues. Xray was taken and a suspicious mass was seen near or on the bladder. No meds.

Abnormal PE/Chem/CBC/UA Results: n/a

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended. A 3.61 x 1.42 cm irregular solid mass is arising from the ventral wall. The remaining wall is normal in thickness with a smooth mucosal surface. Luminal contents are otherwise anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is small in size (2.94 cm in length) with an irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.09 cm in length) with a normal shape and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal size (0.39 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.49 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

### Spleen

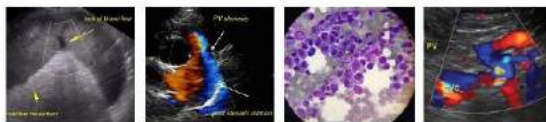
The spleen is normal in size (0.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

### Liver

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 thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### Gastrointestinal

The gastric lumen is moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



**PATIENT**

*Pancreas*

Roxy Matthews

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.

**SPECIES**

*Free Abdomen*

Feline

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

**Primary Findings:**

- Ventral urinary bladder wall mass. Neoplasia (i.e., transitional cell carcinoma) is considered likely with a low possibility of benign pathology (i.e., polypoid cystitis).

**SEX**

**Secondary Findings:**

Female Spayed

- Bilateral, age-related renal changes.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

15 Years

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider consultation with a board-certified veterinary surgeon to discuss bladder mass removal +/- follow-up chemotherapy.
- If a more conservative approach for the bladder mass is desired, consider the following regimen:
  - Piroxicam at 0.3 mg/kg PO every 24 hours (may need to be compounded in smaller patients)
  - Misoprostol (stomach protectant) at 2 mcg/kg PO every 12 hours
  - Baseline renal values should be performed then repeated every 4 weeks to monitor for nephrotoxicity

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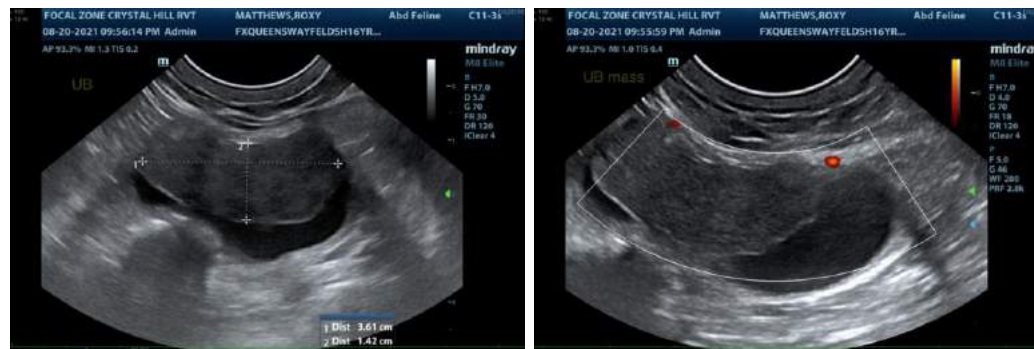
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\*\*\*It should be noted that if the tumor is not a transitional cell carcinoma, Piroxicam may be ineffective in reducing clinical signs.

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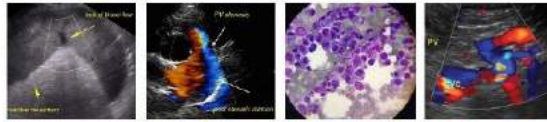
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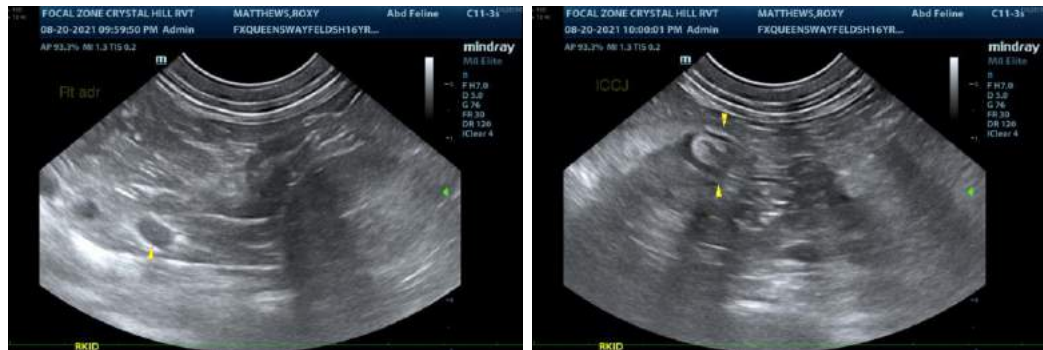
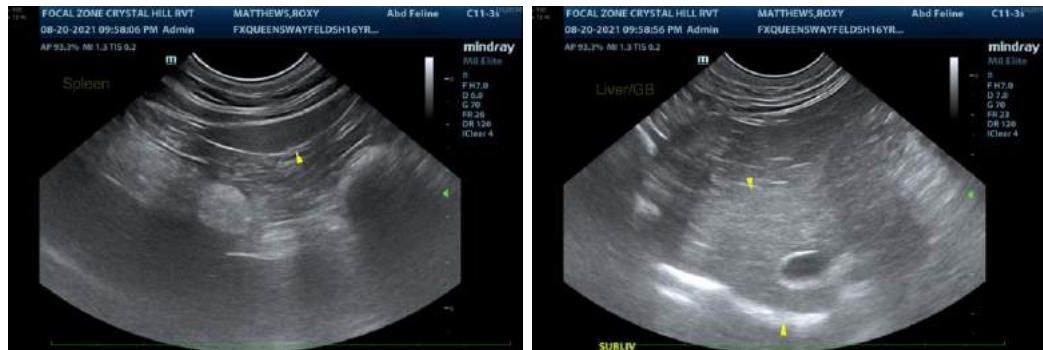
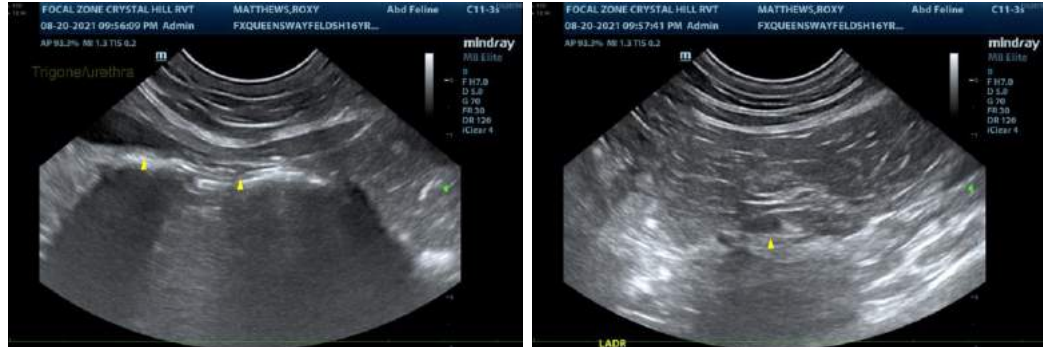
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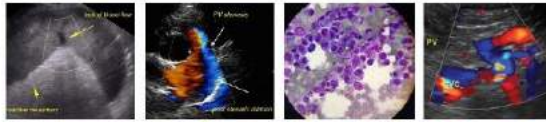
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)  
Andrea.nicastro@sonopath.com

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