



**DATE PRESENTING CLINICAL SIGNS**

1/25/23 Unresolved UTI with two susceptible antibiotics.

**PATIENT**

Olive Ismail  
Current Medications: None listed.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Feline

**BREED**

Unknown

**SEX**

Spayed Female

**AGE**

10/17/08

**WEIGHT**

3.69 kg

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Banfield Towson

**REFERRING VET**

Dr. Washington

**INVOICE**

44511

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Cranioventral to the apex of the bladder, there is a 1.6 cm round, slightly heterogeneous, hypo- to almost anechoic but vascular nodule/mass, either attached to the outside of the urinary bladder wall or pressing into the urinary bladder from an extra-urinary tract origin. Communication with the lumen of the bladder isn't visible, but can't be definitively ruled out.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia or infarcts observed. Very small non-obstructive nephroliths are noted bilaterally. The left kidney measures 3.02 cm. The right kidney measured 3.03 cm.

**Adrenal Glands**

The area of the right adrenal gland is examined without evident adrenal gland pathology.

The left adrenal gland is normal in size (0.50 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature appears normal without distension or congestion. Multifocal intrahepatic biliary mineral densities/cholecystoliths are noted.

The gallbladder is not overly distended in size and appears to have a normal wall but is filled with mineral debris/sand and cholecystoliths.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

No pancreatic pathology is noted, but complete visualization is limited by a large amount of ingesta and gas in the stomach and bowel.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## **PRIMARY FINDINGS**

- Caudal abdominal mass impinging on and potentially attached to the urinary bladder – concerning for infiltrative neoplasia, either a primary mass or potentially a neoplastic lymph node. A benign process can't be ruled out but is considered less likely.
- Cholelithiasis of unknown clinical significance affecting the gallbladder and the intrahepatic biliary system – This finding should be interpreted in combination with laboratory changes and/or clinical signs to suggest significance.

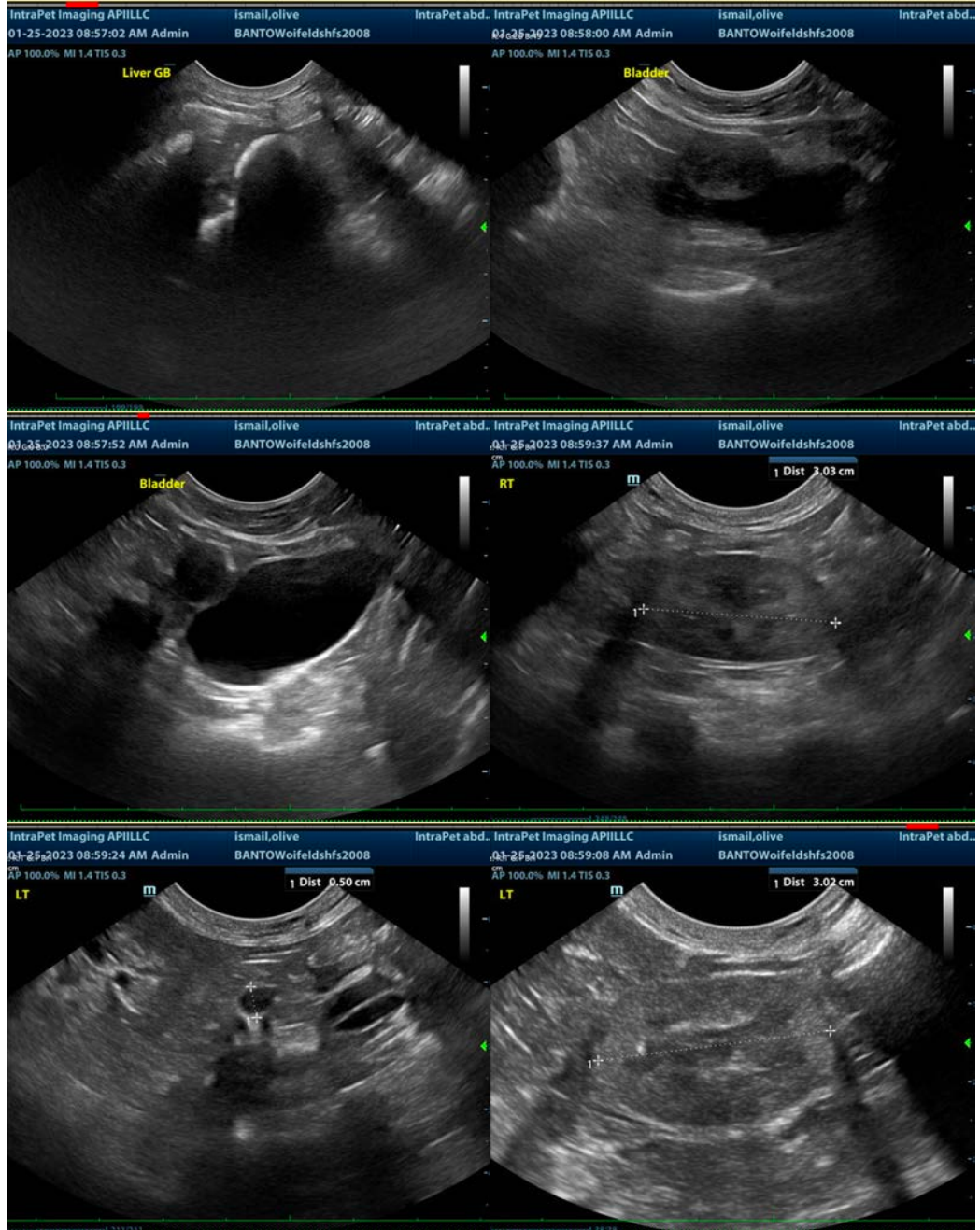
## **SECONDARY FINDINGS**

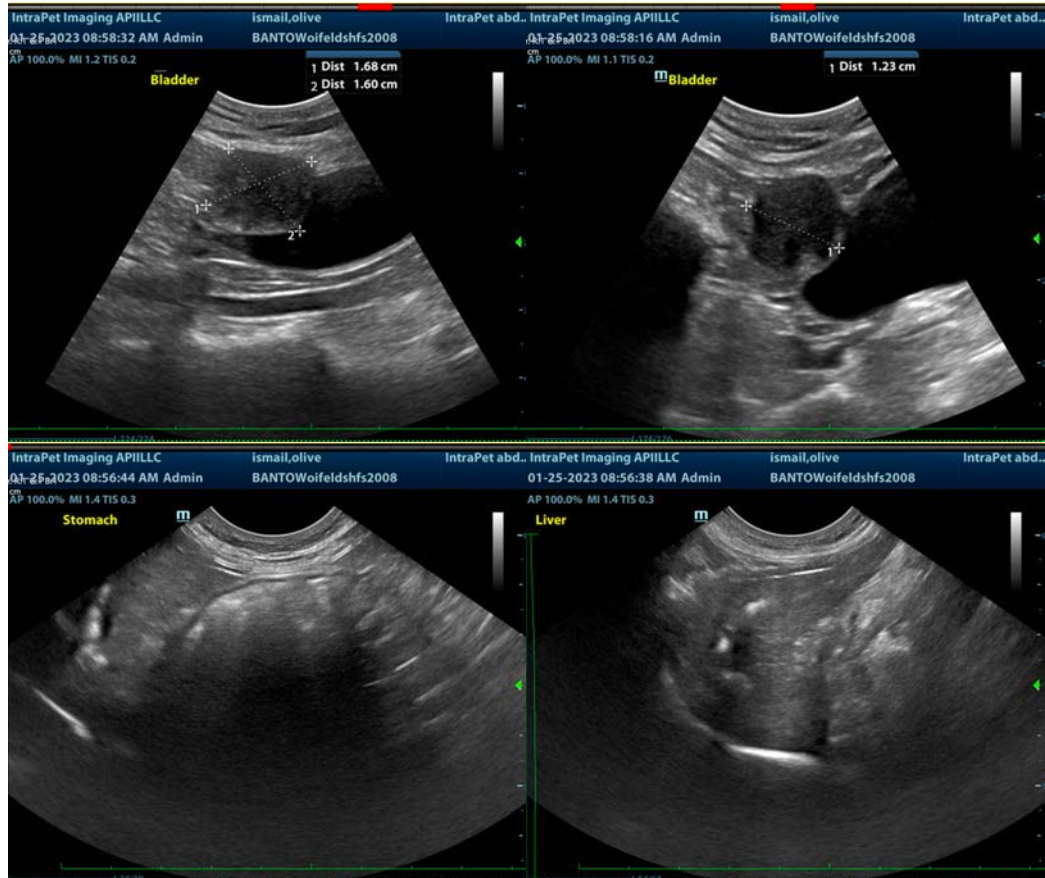
- Age related kidney changes with tiny bilateral non-obstructive nephroliths

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the caudal abdominal mass is recommended if patient's coagulation status is appropriate. Given the location, alternatively an exploratory laparotomy for planned surgical removal could be considered and is likely possible. However, given the unknown tissue origin, a pre-surgical planning abdominal CT scan may be helpful.





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.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com