PATIENT

Inky Reznekervitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

4.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wareham AH

REFERRING VET

Dr. Alberto Fernandez

INVOICE

11337

DATE

2/18/2026

PRESENTING CLINICAL SIGNS

- Presented with hematuria and straining in litter box. On flash US with attempted cystocentesis a bladder mass was noted. History hyperthyroidism. BUN 0.4.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents. There's a solitary, mildly heterogenous, echogenic density/mass lesion along the dorsal aspect of the urinary bladder, near the trigone that appears to be intramural. Measuring approximately 2.5 cm x 1.4 cm in size. No cystoliths are observed.

The right kidney is normal is size (4.48 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.63 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. Punctate non-obstructive nephroliths are in the left kidney. There is no evidence of pyelectasia or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. 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 and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

PATIENT

Inky Reznekervitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

4.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wareham AH

REFERRING VET

Dr. Alberto Fernandez

INVOICE

11337

DATE

2/18/2026

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 empty with 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

The suspected intramural urinary bladder mass is concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus uroepithelial neoplasia versus other. A benign inflammatory process, however, can't be ruled out without tissue sampling.

Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

SECONDARYFINDINGS

Punctate non-obstructive nephroliths in the left kidney.

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.

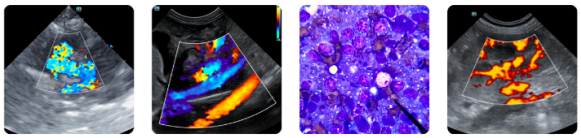
Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Fine needle aspirates of the urinary bladder mass can be considered if patient's coagulation status is appropriate (with some risk of tumor seeding/trailing.)

Alternatively, traumatic urinary catheterization could be considered or potentially cystoscopy. Although yield may be questionable given the concern that the mass is intramural.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

NAVIX DIAGNOSTIX ANIMAL SERVICES



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Inky Reznekervitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

4.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Wareham AH

REFERRING VET

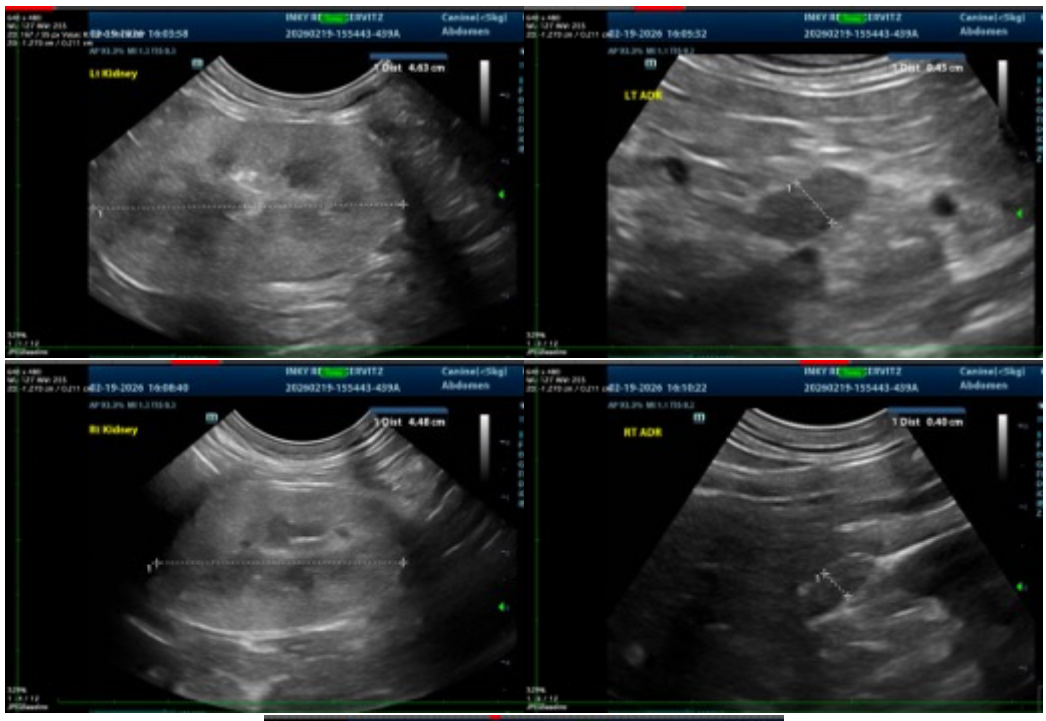
Dr. Alberto Fernandez

INVOICE

11337

DATE

2/18/2026



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
info@sonopath.com