



PATIENT PRESENTING CLINICAL SIGNS

Pansy Natsioks

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

3.32 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Dogar

INVOICE

21042

DATE

2/7/23

History: Quiet. HR 140 with grade 1 heart murmur. Clear lungs. Dehydrated >5%. Bilateral lens sclerosis. Normal ears and LN's Normal abdominal palpation except very thickened bladder; urinated blood when bladder was palpated Current Medications CLAVAMOX DROPS Give 1 mL Orally every 12 hours. PPVD FORTIFLORA SA FELINE Sprinkle contents of 1 pack over food every 24 hours. GABAPENTIN OIL 100MG/ML Give 0.2 mL orally every 12 hours. Pronefra

Abnormal PE/Chem/CBC/UA Results: CBC: RBC, Hematocrit, hemoglobin - Decreased WBC - very high (46.23), Neutrophils (42.76), Monocyte (1.54), Eosinophil (0.12), Platelets (640) Biochem: -SDMA (64), Creatinine(993), Urea BUN (>46.4), Phosp (>5.2), TT4 (<6) Urinalysis: -3+ proteinuria, 4+ hematuria, USG 1.011, WBC >50/hpf, RBC>50/hpf, Non-squamous epithelial cells >10/hpf, Struvite Crystals <1/hpf Radiographic Findings Loss of detail in caudal abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with primarily anechoic fluid with some suspended echogenic debris, as well as what appears to be two separate heterogenous irregular masses. A 2.2 cm x 2.4 cm round mass appears adhered to the apex of the bladder, and a second 3.5 cm x 3.0 cm mass involves the trigone/proximal urethral area.

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 mineral or infarcts observed. Marked pyelectasia is visible bilaterally, extending into, and causing proximal hydroureter bilaterally. The left kidney measures 4.19 cm. The right kidney measures 4.28 cm.

Adrenal Glands

The left adrenal gland is unable to be well visualized in these images.

Right adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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

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.

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



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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.

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The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Pancreas

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*See Free Abdomen

Free Abdomen

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In the left cranial abdomen, caudal to the stomach and medial to the spleen, but extending caudal from the spleen, through what appears to be the left retroperitoneal area, all the way to the urinary bladder, there is heterogenous nodular hypoechoic tissue surrounded by free fluid and markedly enhanced hyperechoic mesenteric fat.

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In the cranial abdomen, there is suspected to potentially be pancreas, however, the pancreas wouldn't be expected to extend as far caudal as this tissue does. Therefore, spread of the urinary bladder mass, potentially through the left ureter and into the retroperitoneal area of lymphadenopathy vs other need to be considered as well.

ULTRASONOGRAPHIC FINDINGS

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- Several large masses within the urinary bladder are most concerning for infiltrative neoplasia, such as transitional cell carcinoma vs other. A benign inflammatory disease, cystitis can be ruled out but is considered exceedingly less likely given the aggressiveness of the lesion.

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- Bilateral marked pyelectasia, approaching hydronephrosis with proximal hydroureters bilaterally, is evident of urinary obstruction as a result of the mass affecting the trigone and ureteral papillae bilaterally.

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- The lesion described in Free Abdomen may represent a nodular irregular pancreas and potentially a pancreatic mass, although given the location, extension of the urinary bladder pathology or lymphadenopathy vs other metastatic disease is a consideration as well.

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- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The extent of the pathology in this patient is vast, and surgical excision of all of the visible pathology is not possible given the location and extension. Therefore, if further information is desired, a fine needle aspirate of the urinary bladder masses, as well as the abnormal tissue in the left mid abdomen/left retroperitoneal area could be considered if patients coagulation status is appropriate, being aware of possible tumor seeding/trailing.



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Additionally, 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.

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Additionally, if not recently evaluated, a urine culture is recommended.

If a more palliative approach is elected, fluid therapy to help address the azotemia, if possible, broad-spectrum antibiotics, anti-inflammatories or pain management and other symptomatic care could be considered. However, prognosis is considered grave, especially given the evidence of bilateral blockage of urine caused by the mass.

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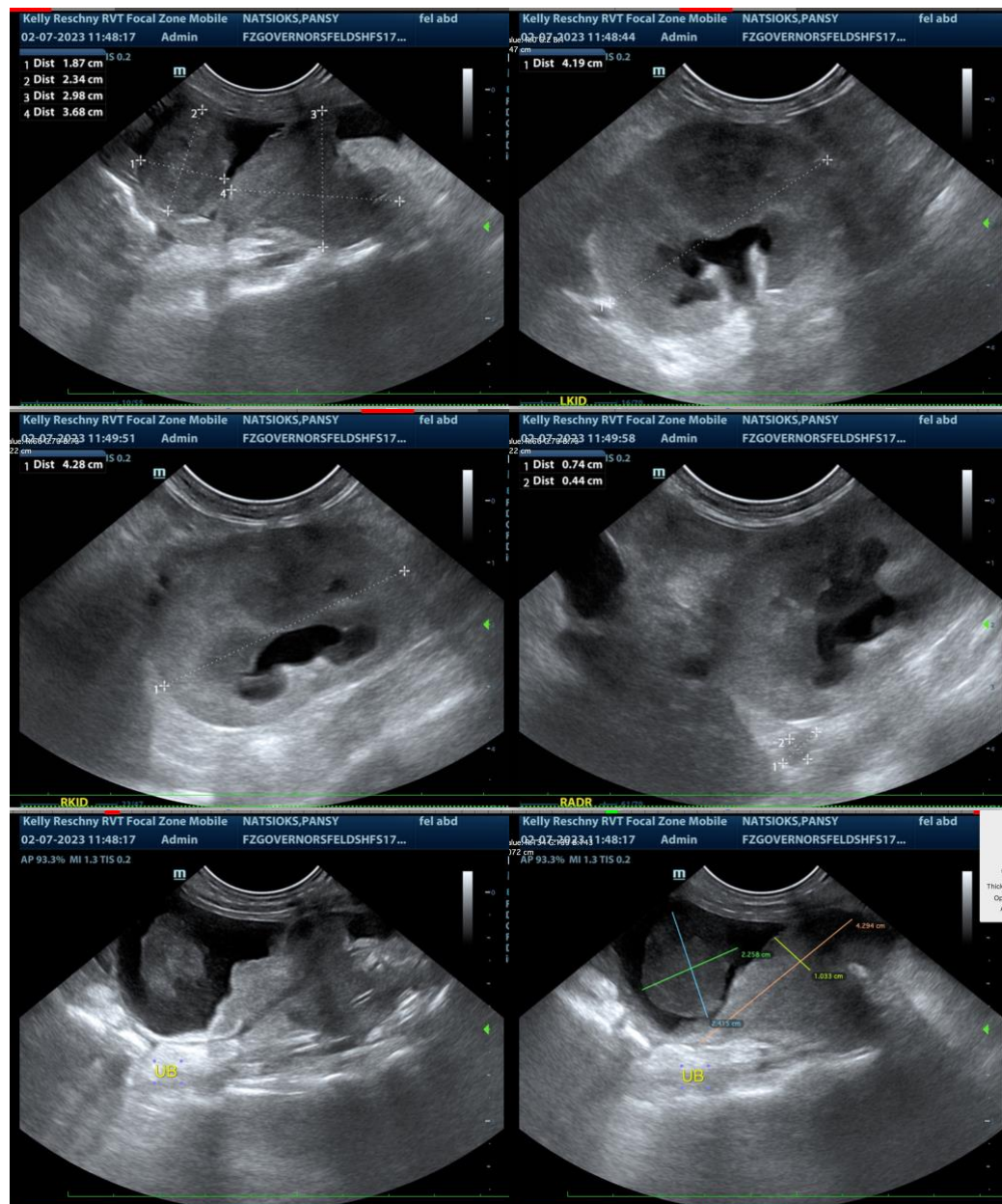
Dr. Dogar

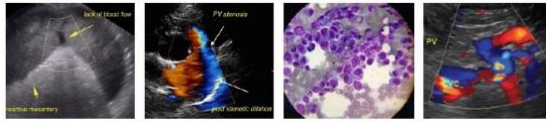
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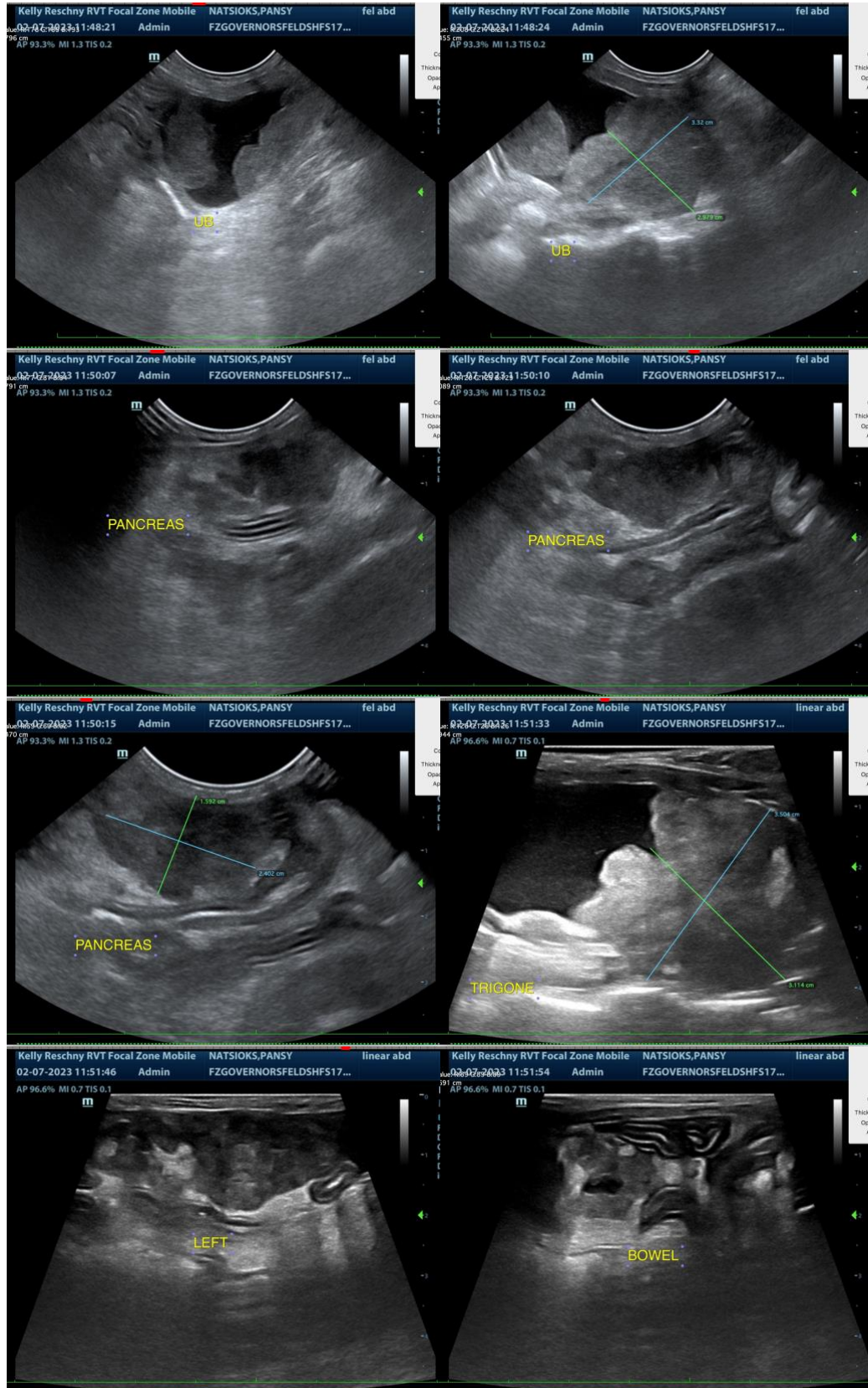
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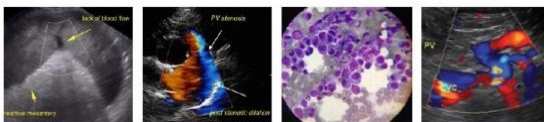
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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