



PATIENT PRESENTING CLINICAL SIGNS

Luc Barry History: Persistent hematuria that is visible on gross inspection of urine. Otherwise, no other abnormalities on urinalysis. Hx of IBD which has been well managed with diet.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic nonshadowing, and some crystal debris, which could partially be incidental suspended lipid in a cat, likely combined with exfoliated cells, mucus, and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

DSH

SEX

Neutered Male

Left kidney is normal in size (3.93 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.

AGE

8 Years

Right kidney is normal in size (4.28 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.

WEIGHT

5.51 kg

Adrenal Glands

Left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

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

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

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.

HOSPITAL NAME

Crowchild Trail VC

REFERRING VET

Dr. Rondot

Gastrointestinal

INVOICE

The visible stomach wall is diffusely normal in thickness and layering. The lumen of the stomach is empty, however, in the caudal wall of the stomach, near the pyloric antrum, approaching but not occluding the pylorus, there is an irregular hyperechoic nodule/mass with a 1.0 cm in diameter, and extending 1.0 cm into the lumen of the stomach. Gastric contents/ingesta can't be ruled out, but the density appears to involve the wall, so tissue is believed more likely.

21526

DATE

3/8/23



PATIENT

Luc Barry

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.

SPECIES

Feline

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

Pancreas

BREED

DSH

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

SEX

Neutered Male

There is no evidence of peritoneal effusion. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

AGE

8 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.51 kg

- Suspect gastric polyp/mass. Both benign differentials, including inflammatory polyp, leiomyoma, etc., as well as infiltrative neoplasia, such as lymphoma, carcinoma, leiomyosarcoma, etc., should all be considered. Again, ingesta is possibly mimicking a mass, and power doppler would help differentiate, but tissue is considered more likely.
- Large amount of urinary bladder debris
- Reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patients presenting complaint of hematuria, 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.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Additionally, full evaluation of the patients coagulation status is recommended.

HOSPITAL NAME

Crowchild Trail VC

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, as parasites can affect the urinary tract and result in clinical signs.

REFERRING VET

Dr. Rondot

Pending results, in the face of negative urine culture(s) and no cystoliths, masses, etc., these urinary signs are most consistent with sterile cystitis or feline lower urinary tract disease (FLUTD). Recommendations include maximizing water consumption (water fountains, canned food, etc) as well as reducing stress (recommendations can be found at Indoor Cat Initiative out of The Ohio State University CVM). Transition to a urinary health diet such as Royal Canin Urinary SO (or similar) could also be considered.

INVOICE

21526

While discovered incidentally, and reportedly without clinical signs, the gastric lesion is likely significant as well, and recommendations are dependent on patient owners and attending clinicians desire of aggressiveness, ranging from monitoring of the lesion vs a fine needle aspirate of the mass (if patients coagulations status is appropriate) vs gastroscopy or even surgery for expiration and biopsy of the mass. If possible, via fine needle aspirate or gastroscopy, tissue sampling to identify the mass is

DATE

3/8/23



PATIENT

recommended prior to surgery, in case it can be managed medically, and or is benign and would change surgical margins, etc.

Luc Barry

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.51 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Crowchild Trail VC

REFERRING VET

Dr. Rondot

INVOICE

21526

DATE

3/8/23





PATIENT

Luc Barry

SPECIES

Feline

BREED

DSH

SEX

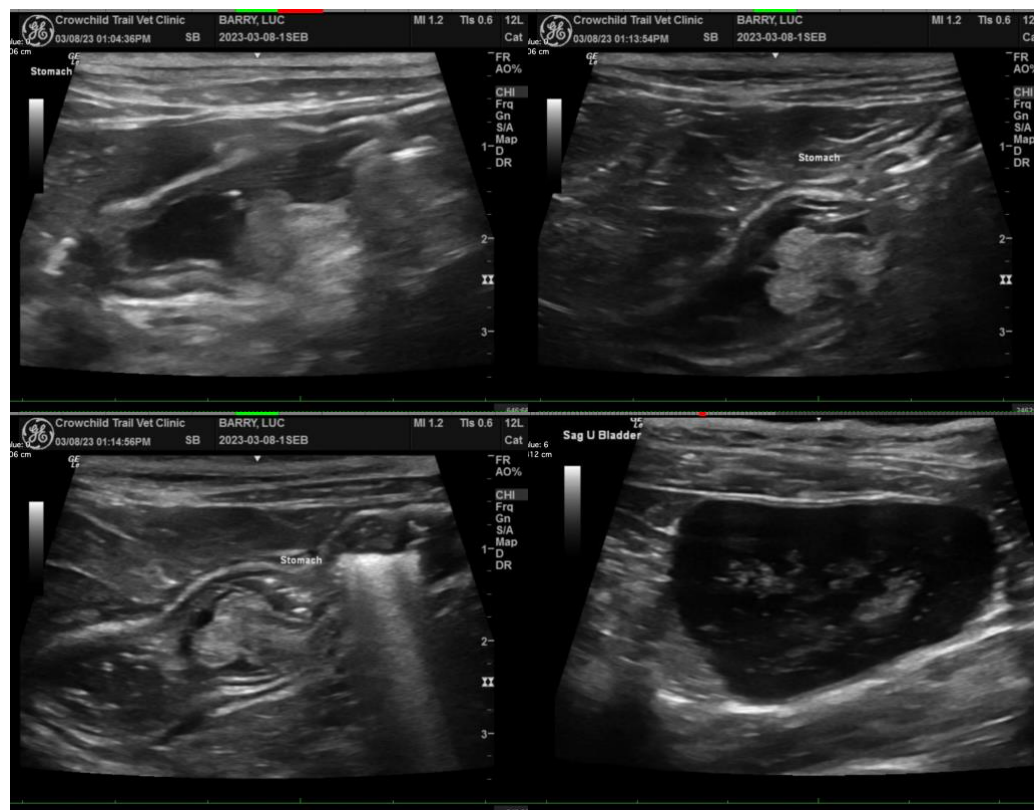
Neutered Male

AGE

8 Years

WEIGHT

5.51 kg



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Crowchild Trail VC

REFERRING VET

Dr. Rondot

INVOICE

21526

DATE

3/8/23

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com