



PATIENT

Bela Monk

PRESENTING CLINICAL SIGNS

History: Month long history of hematuria. None responsive to treatment. No obvious uroliths on radiograph u/s of just kidneys and bladder
Rads - NSF bloods: NSF U/A - unable to obtain - difficult to get urine from

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The urinary bladder was heterogenous complex mass measuring at least 2.3 x 1.1cm is present in the urinary bladder extending luminally from the ventral bladder wall with an irregular surface.

SEX

Spayed female

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. Right and left pelvises are very mildly dilated measuring 1.6mm and 1.0mm respectively. Ureters are non-dilated. Right kidney contains an area of indentation in renal capsule with underlying triangular shaped hyperechoic parenchyma consistent with an area of previous infarct. The left kidney measured 3.2 cm and right kidney measured 3.52 cm.

AGE

14 ½ years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.05 kg

Primary Findings

1. Urinary bladder mass
2. Mild bilateral pyelectasia
3. Chronic degenerative renal changes

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder wall changes are most consistent with a bladder wall mass with transitional cell carcinoma being a top differential. Urine CADET BRAF testing is not currently available for feline patients. Urinary bladder expression after gentle manipulation could be done with plan for cytology of urine and may diagnostic if neoplastic cells exfoliate. FNA could be attempted but does carry a risk of seeding neoplastic cells in the abdomen. This is the likely reason for lower urinary tract signs.

IMAGING PERFORMED BY

Dr. Trudeau

Mild pyelectasia is most likely secondary to partial obstruction from the urinary bladder mass though this was not overtly obvious on ultrasound examination. Other possible explanations include recent fluid therapy (either SC or IV fluids), or less likely pyelonephritis, toxin exposure etc. Urine culture is recommended to screen for infection, as urinary bladder masses may act as a nidus or reservoir for bacterial growth. A mid-stream sample (natural voiding or during expression) can be used for urine culture if cystocentesis is not desired.

HOSPITAL NAME

Petworks VH

REFERRING VET

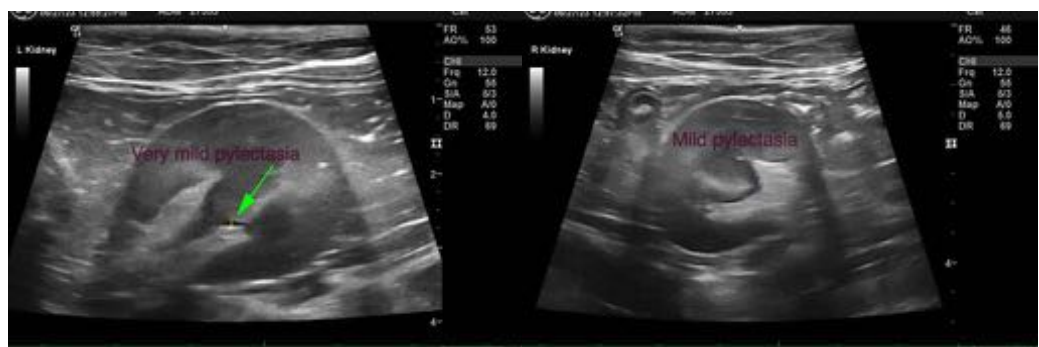
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INVOICE

44998

DATE

6/27/23





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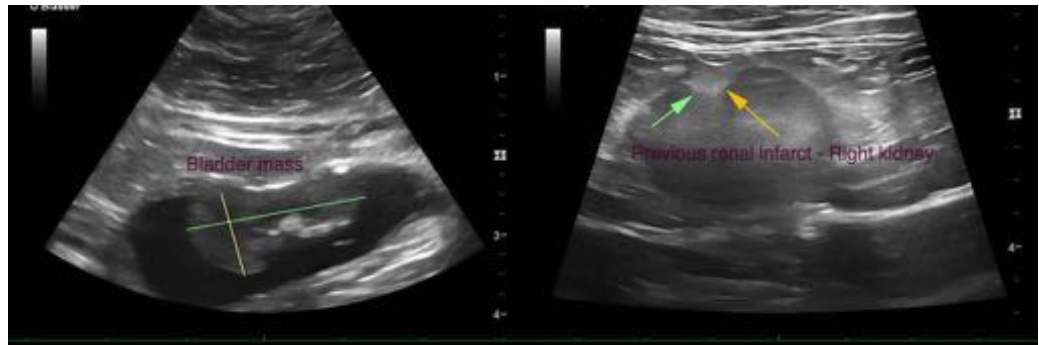
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com