



PATIENT

Ash Provan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

4.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kristin Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristin Peterson

INVOICE

13427

DATE

1/15/22

PRESENTING CLINICAL SIGNS

History: P was seen by WVS on 1/2/2022 for blood and blood clots in urine. History and treatment plan is on the previous patient visit chart. The P is still E/D as normal as well as defecating as normal. The P finished his ABX treatment roughly 5 days ago and has been treating pain as needed with gabapentin (100 mg) and buprenorphine TM. All symptoms and signs resolved for about 1 week shortly before finishing the ABX regimen but began again today this am. The O noticed blood and spotting all over the P bed, furniture, and areas where the P lounges and believes symptoms and signs have returned with the same intensity as before. There were no clots noted as per the O just blood in the urine. After seeing the blood the O administered a gabapentin capsule @ roughly 9 am today and that helped calm the patient down as he was acting much more hyperactive and being more vocal than normal. The P's symptoms eased and he did calm down after receiving the gabapentin this a.m. The P is also inappropriately urinating around the house.

Abnormal PE/Chem/CBC/UA Results: Suspect bladder mass but may be in colon CBC - Anemia HCT 30.1%, rest wnl Chem10 - results wnl Lytes - results wnl UA - USG 1.052, pH 5.0, WBC > 50/hpf, RBC > 50/hpf, possible rods, epithelial cells

LIMITED ULTRASONOGRAPHIC EXAMINATION

The **urinary bladder** revealed what appears to be an apical mass (2.0 cm). A separate second mass or concentric thickening appeared to be present. The second mass appeared to be occupying the caudal lateral portion of the bladder, the extent is unable to be completely visualized.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The kidneys measured 3.0 cm each. Cortical infarcts noted.

ULTRASONOGRAPHIC FINDINGS

- Multicentric bladder neoplasia. Unlikely to be resectable.
- Age-related renal changes with slight mineralization and cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided traumatic catheterization warranted for a definitive diagnosis.





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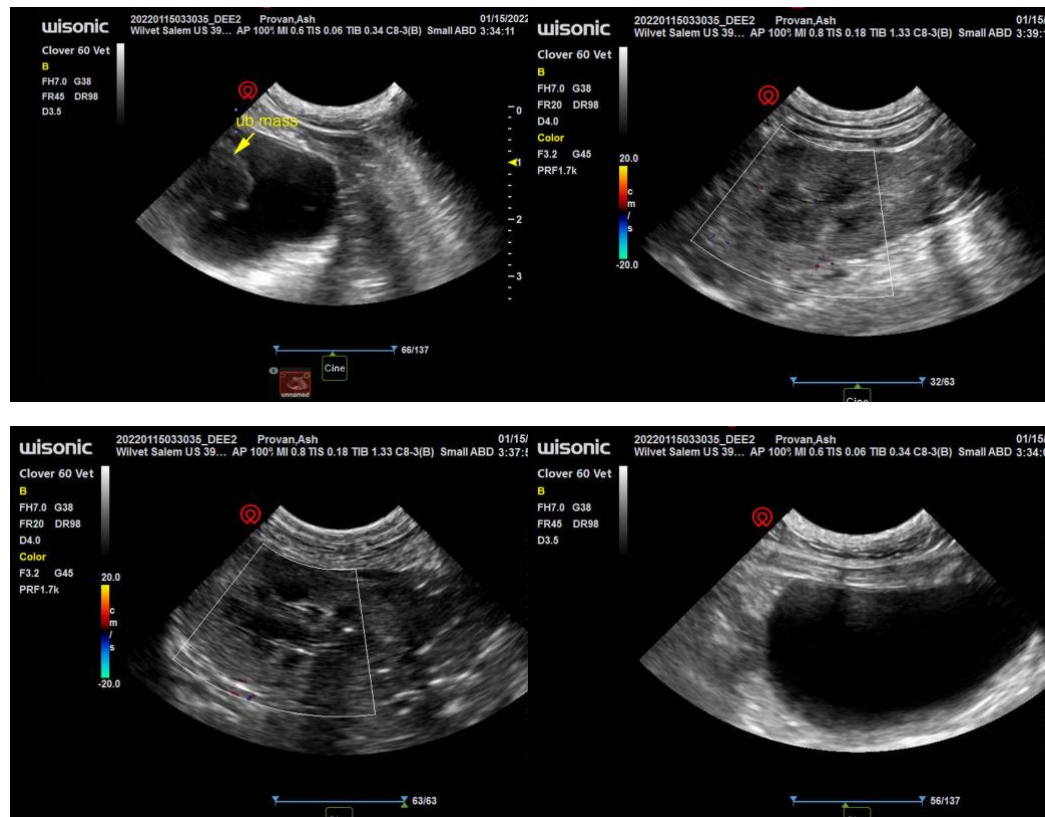
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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