**PATIENT**

Ocean Theien 56068A

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

20 Years 5 Months

WEIGHT

5.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison VS -
Dr. Graham**INVOICE**

44395

DATE

1/20/23

PRESENTING CLINICAL SIGNS

Ocean was presented to the MVS Emergency Service on Jan 19, 2023, at 8pm, for evaluation of hematuria. Bloody urine was first noted in LB in AM on 1/18, no previous health concerns. Was seen by WVRC Grafton on 1/18, UA showed blood, sent out for CBC/CHEM and results were not reported yet. POCUS showed blood clot vs mass in bladder. Gave convenia shot and rx gabapentin and sent home for monitoring. Bloody urine and restlessness continued thru day, not eating or drinking today.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Mildly tense, no overt masses or organomegaly, resistant and vocal to palpation of mid abdomen. AFAST/TFAST: There is a heterogeneously echoic irregular mass/object within the caudodorsal bladder that is consistent w/ a blood clot or mass. No free fluid in the abdomen or chest. HCT 26% BUN 56 Crea 2.0 Na 158 UA- USG 1.030, TNTC RBC, 1+ WBC, transitional epithelial cells noted (free catch urine from table top)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** was comprised of a mass measuring 2.8 cm. Minimal amount of urine present. The mass occupied the entire bladder, impinging upon the cystourethral junction, yet appears pedunculated, deriving from the dorsal wall. The mass extended into the trigonal region as well. No ureteral obstruction noted. However, the mass impinged upon the ureteral papillae.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The right kidney measured 2.9 cm with slight pyelectasia.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.42 cm. The right adrenal gland measured 0.46 cm.

Spleen

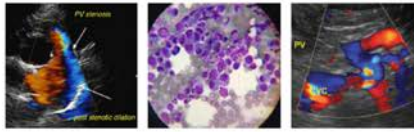
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with 1:1 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** was mildly enlarged with coarse architecture and undulating contour. Dilated pancreatic duct noted up to 0.28 cm. Areas of pericapsular inflammation noted.

Free Abdomen

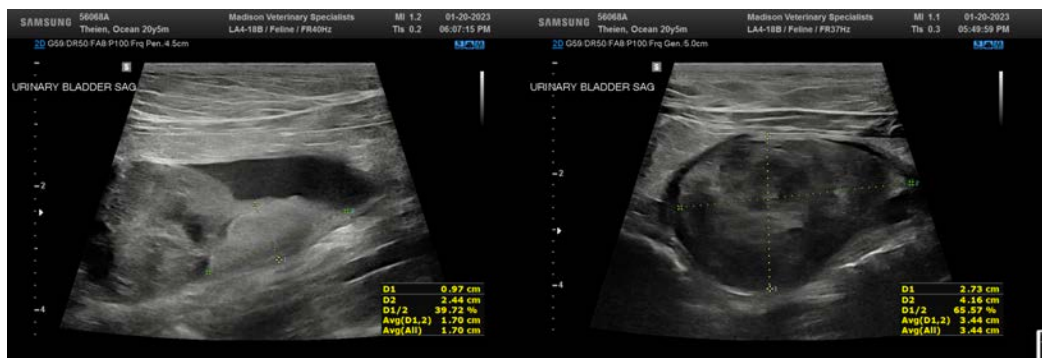
Trace effusion noted in the abdomen. A large amount of abdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Pedunculated bladder mass – strongly consistent with transitional cell carcinoma.
- Concurrent pancreatitis, chronic active likely
- Minor intestinal thickening – likely chronic inflammatory bowel, no neoplastic criteria
- Slight effusion
- Large amount of abdominal fat
- Age related renal changes
- Age related hepatic changes

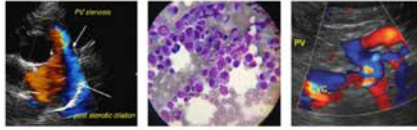
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin of free catch urine warranted. No evidence of metastatic disease. The cause of effusion is unclear. Exploratory surgery could be considered to assess if the bladder mass is resectable. The remainder of the abdomen is expected for this age patient. Carcinoma versus fibrosarcoma of the bladder are primary concerns. Chest radiographs warranted to assess for comorbidity.



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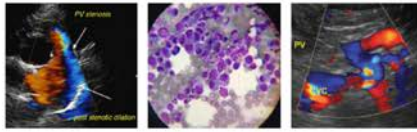
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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