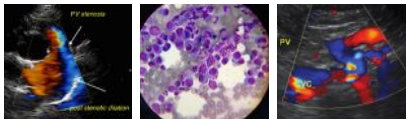
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE
1/6/23

PATIENT
Sassy Kollar

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
3/1/07

WEIGHT
4.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Clinic of Whiteford

REFERRING VET
Dr. Everhart

INVOICE
20436

PRESENTING CLINICAL SIGNS

History: Weight loss, recurrent UTI, decreased appetite, cardiac murmur.

Current Medications: Clavamox dops 0.5mL q 8 hours for 10 days.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral caudal, moderately vascular, polypoid mass. The mass appears potentially resectable, as it appears approximately 1.0 cm cranial to the ventral aspect of the cystourethral junction. Slight sand and other polypoid changes were noted in the bladder. The right ureter was dilated and appeared strictured, approximately 1.5 cm caudal from the right renal pelvis.

The **left kidney** revealed moderate degenerative changes and loss of corticomedullary definition. The left kidney measured 3.03 cm. Mineralization and pyelectasia were noted.

The **right kidney** revealed moderate degenerative changes and loss of corticomedullary definition. Subnormal vascularity was noted. The right kidney measured 3.4 cm. Mineralization and pyelectasia were noted.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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** revealed increased portal markings. Lobar biliary mineralization was noted. The gallbladder wall was slightly thickened. The gallbladder revealed a large amount of dependent sand accumulation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon

imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass with slight sand and other polypoid changes
- Moderate degenerative renal changes with bilateral pyelectasia, remodeling and calculi
- Chronic cholangitis, lobar and gallbladder biliary sand (nonobstructive at the time of the sonogram)
- Age-related pancreatic changes

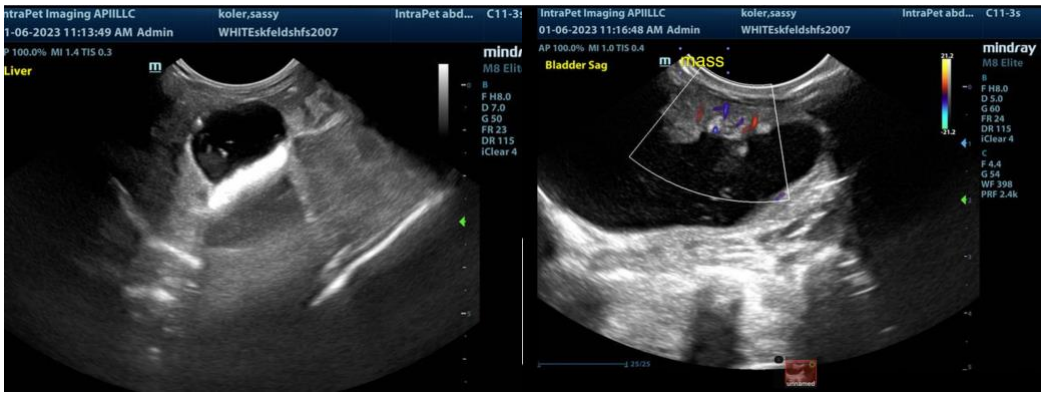
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

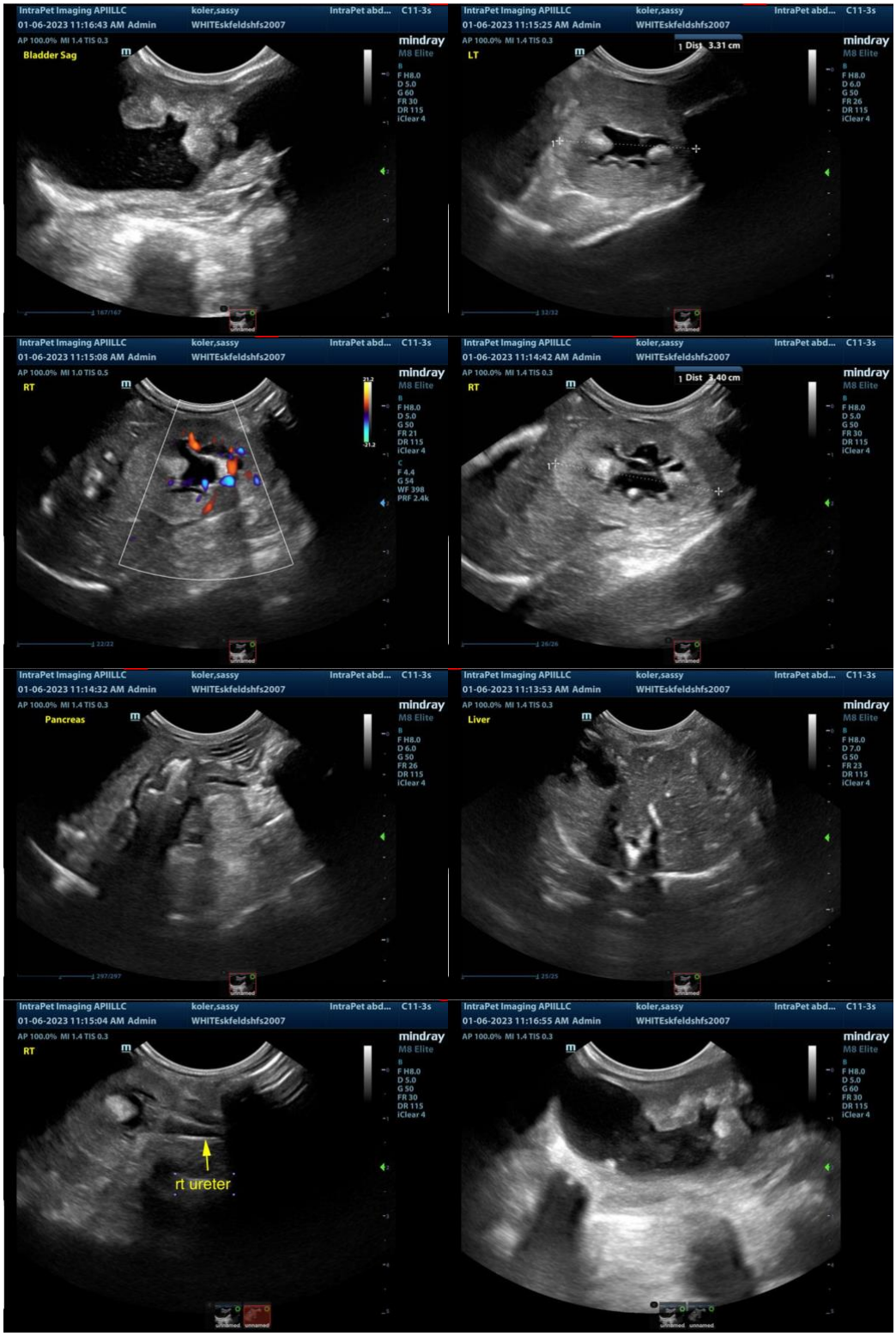
Clean resection of the urinary bladder mass is unlikely; however, it could be attempted with concurrent liver biopsy. This is likely bladder carcinoma. No obvious evidence of neoplasia outside of the bladder mass. Urethral stent placement and chemotherapy could also be considered.

Ursodiol therapy could be considered as an attempt to dissolve the biliary sand, however, it is highly variable patient to patient.

Long term viability of the kidneys is in question, as they appear approximately 50-60% compromised.

The weight loss may be owing to malassimilation of nutrients or occult neoplasia elsewhere. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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