



**PATIENT**

Libby Krerowicz

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jill Rumachik

**HOSPITAL NAME**

Mazomanie AH

**REFERRING VET**

Eric Howlett

**INVOICE**

13427

**DATE**

10/1/21

**PRESENTING CLINICAL SIGNS**

History: Recent onset hematuria -- diagnosed with presumed TCC in bladder last year at specialty clinic due to hematuria at that time. Had resolved, but now recurring.

Abnormal PE/Chem/CBC/UA Results: Hyperthyroid - controlled well with methimazole, recent mild BUN elevation - all other values WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a dorsal apical mass, measuring 2.0 cm x2.0 cm, appears potentially resectable. The visible trigone and urethra were unremarkable. Iliac trifurcation was unremarkable.

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 and no evidence of pelvic dilation was present. The left kidney measured 2.75 cm. The right kidney revealed an infarct at the cranial pole. The right kidney measured 3.29 cm.

**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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. A minor 1.0 cm cystic structure noted in the right cranial liver, consistent with cystadenoma.

**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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.



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**ULTRASONOGRAPHIC FINDINGS**

- Dorsal apical bladder mass, appears resectable
- Mild degenerative renal changes with cortical infarcts
- Liver, cystic structure

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention with bladder resection recommended. Likely transition cell carcinoma. Possibility of polypoid hyperplasia or fibroma yet less likely.



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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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