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Clinical Sonography & Telecytology
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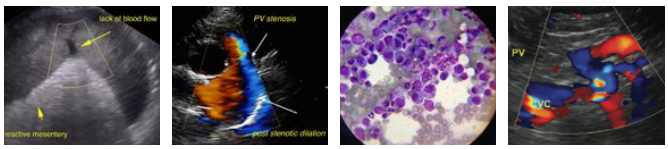


PATIENT
Mo Levy

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
17 years

WEIGHT
11.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Tyler Totman, LVT

HOSPITAL NAME
Adana VC

REFERRING VET
Dr. Wildenstein

INVOICE
42302

DATE
11/2/22

PRESENTING CLINICAL SIGNS

History: Geriatric cat w/ hx of stranguria for approx 4 mo. Has prev hx of suspected enlarged mesenteric LNN and u/ tx w/ Prednisolone. That mass has not been palpable for several months 10/19/22 Presented for worsening stranguria and mild incontinence. Palpable mass in bladder area (dorsal aspect). AUS disc'd and treated symptomatically w/ antispasmodic and canned food. UA had large clusters of concerning appearing transitional cells 11/1 Examined in prep for AUS. Very firm, palpable mass appears associated w/ bladder. Continued weight loss
Abnormal PE/Chem/CBC/UA Results: 10/6/22 UA: SG 1.031, pH 6.5, RBCs, no crystals, few cocci, few transitional cells BUN 38, Crea 2 (stable from 2/2022) 10/19/22 UA: SG 1.011, pH 6.5, RBCs, WBCs, no crystals, rare cocci, deeply staining clusters of transitional cells

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a concentric mass that entered into the cystourethral junction and proximal urethra. The mass extended throughout the ventral bladder wall into the apex. The mass measured 4.8 x 1.7 cm. Enhanced, pericapsular inflammatory pattern was noted around the mass.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.0 cm. The right kidney measured 4.6 cm.

Adrenal Glands

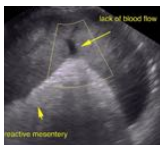
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.14 cm.

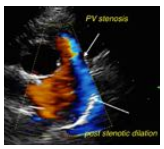
Spleen

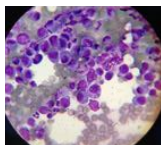
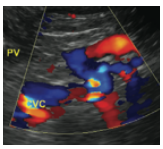
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was 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. Anechoic cysts were noted in the cranial liver that measured 0.5 cm. 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





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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.

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.

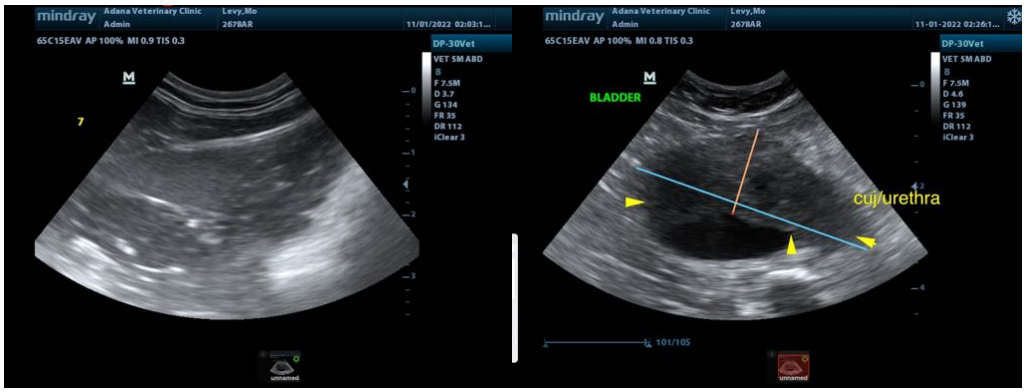
ULTRASONOGRAPHIC FINDINGS

Moderate chronic interstitial nephrosis renal pattern.

Age related abdominal changes and non-resectable bladder and proximal urethral mass. Strongly consistent with transitional cell carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided traumatic catheterization could be considered to confirm the suspicion of transitional cell carcinoma. Referral for urethral stent placement and oncology intervention is recommended.



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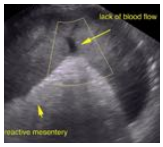
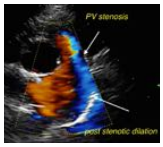
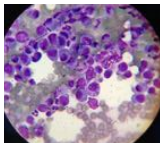
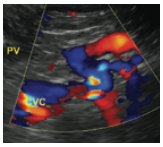

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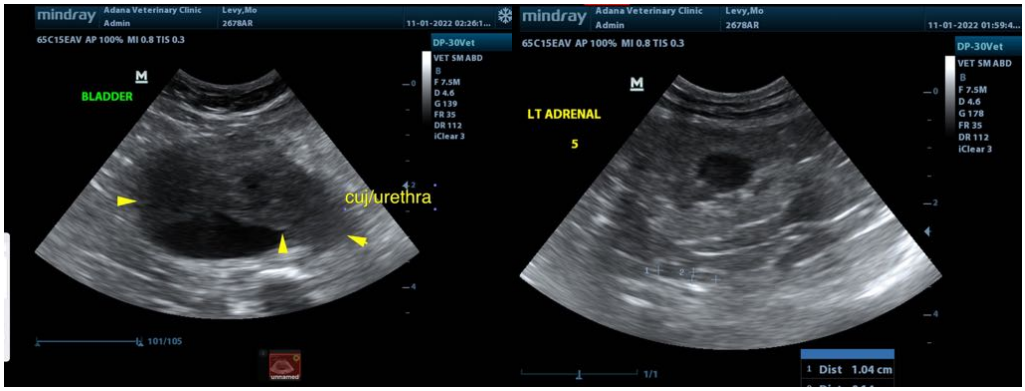

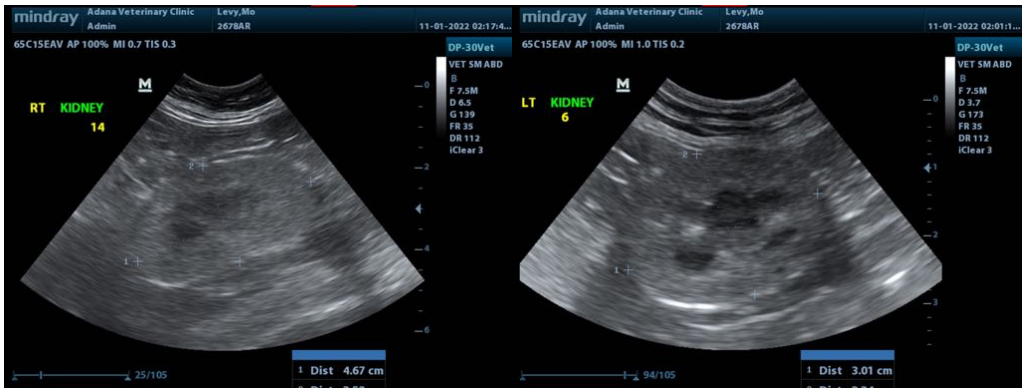

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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