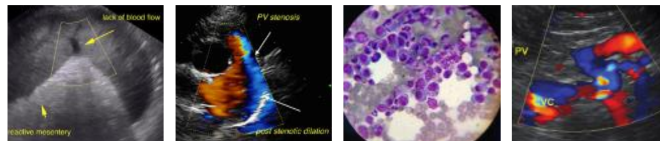
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Walter Provost

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

12 Years

WEIGHT

12.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

15999

DATE

6/10/22

PRESENTING CLINICAL SIGNS

History: Weight loss, lethargy and inappetence since March 2022. Sedated with Torbugesic and Alfaxan. Initially treated with Dexamethasone injection, Prednisolone PO, Buprenorphine and Cerenia (3/31/2022)

Abnormal PE/Chem/CBC/UA Results: BW (3/31/2022): CBC/Chem/T-4: WNL Abnormal fPLI

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral caudal mineralized polypoid mass, appears resectable. The mass measured 1.6 cm x 0.9 cm. The remainder of the bladder appeared unremarkable. Approximately 1.5 cm of normal bladder wall was noted from the caudal aspect of the bladder mass to the cystourethral junction noted. The pelvic urethra was free of pathology, imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** 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. Slight hypoechoic medullary rim sign noted. The left kidney measured 4.34 cm.

The **right kidney** revealed loss of structural detail, pericapsular inflammation and pyelectasia with echogenic debris and slight echogenic focus, consistent with chronic pyelonephritis. The right kidney measured 2.9 cm.

Adrenal Glands

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

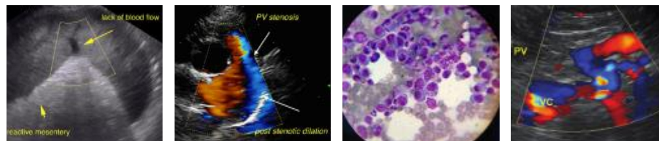
Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.18 cm.

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.

Gastrointestinal



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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

Primary Findings

- Urinary bladder mass
- Right kidney, pericapsular inflammation and pyelectasia with echogenic debris and slight echogenic focus, consistent with chronic pyelonephritis
- Enlarged spleen

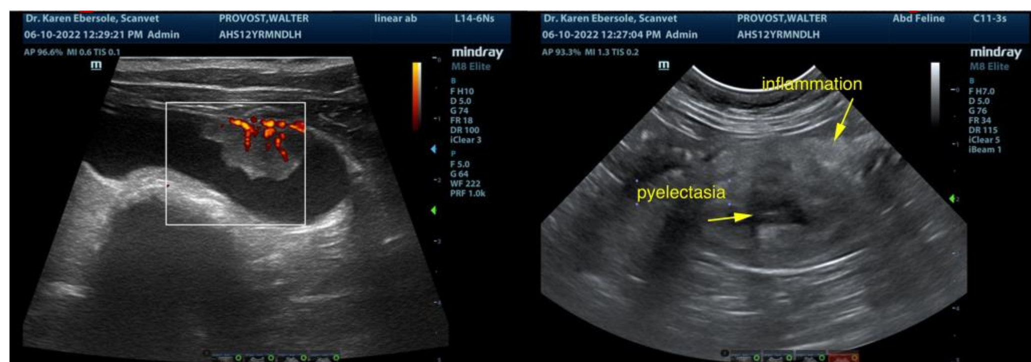
Secondary Findings

- Age-related hepatic changes
- Age-related left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The immediate cause of the clinical signs is likely related to the right kidney and pyelonephritis. However, a concerning issue is the bladder mass, as it is particularly vascular (but resectable).

I recommend treatment for pyelonephritis with avoiding cystocentesis, given the bladder mass presentation and the possibility of trailing. FNA of the spleen recommended to ensure this is a reactive or splenitis type space instead of a minor potential for round cell neoplasia. Note, the cortisone treatment may be suppressing a more significant presentation. Other than the spleen, no evidence of round cell neoplasia is present. However, comorbidity of a bladder transitional cell carcinoma is likely.



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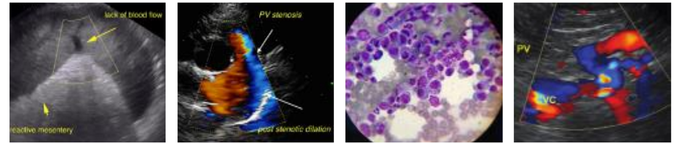

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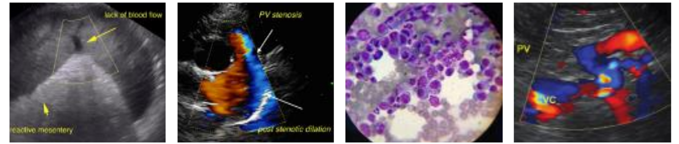
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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