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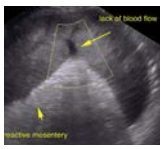
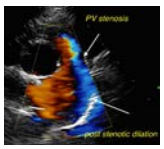
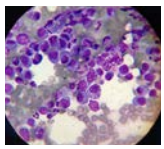
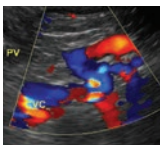

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1-800-838-4268 info@sonopath.com

PATIENT

Miss Jones Braden

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17 Years

WEIGHT

2.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

39331

DATE

7/8/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Started with cystitis in January, tx with antibiotics. Started again the end of April, took to rdvm in June, started antibiotics, had a hard time getting them into her so took to ER and got a Convenia injection, didn't seem to help, took back to rdvm still UR very frequently small amounts. Took back to ER July 5th, gave long lasting pain injection and rec AUS. Previous Health Concerns: renal failure Current Medications/Supplements/OTC: no Appetite/When did they eat last: early afternoon
Abnormal PE/Chem/CBC/UA Results: Bladder painful on palpation. Bloodwork 6/22: SDMA 18; CREA 2.4; BUN 55; K 3.5; NA/K ratio 44

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed multifocal polypoid changes with kissing lesions, both cranially and caudally. The apical polypoid changes appear resectable. However, the caudal polypoid changes occupy the cystourethral junction and pelvic urethra. This is most consistent with carcinoma. However, pronounced polypoid hyperplasia and interstitial cystitis possible, yet neoplastic criteria is met.

The **kidneys** presented chronic interstitial nephrosis pattern with cortical remodeling and infarcts. The left kidney measured 3.0 cm. The right kidney measured 3.36 cm. Degenerative changes were considered moderate. Pinpoint mineralizations noted in both kidneys.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

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

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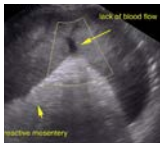
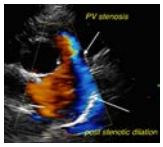
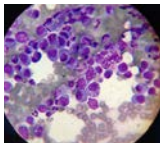
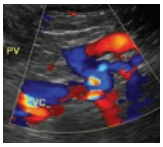

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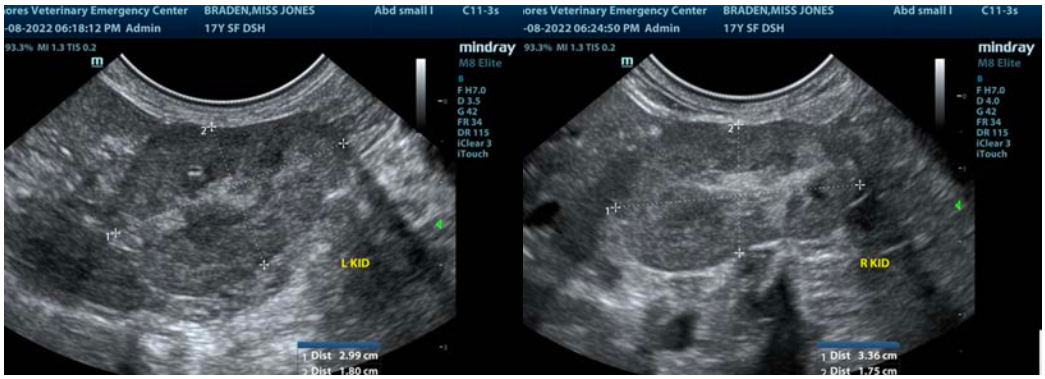
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

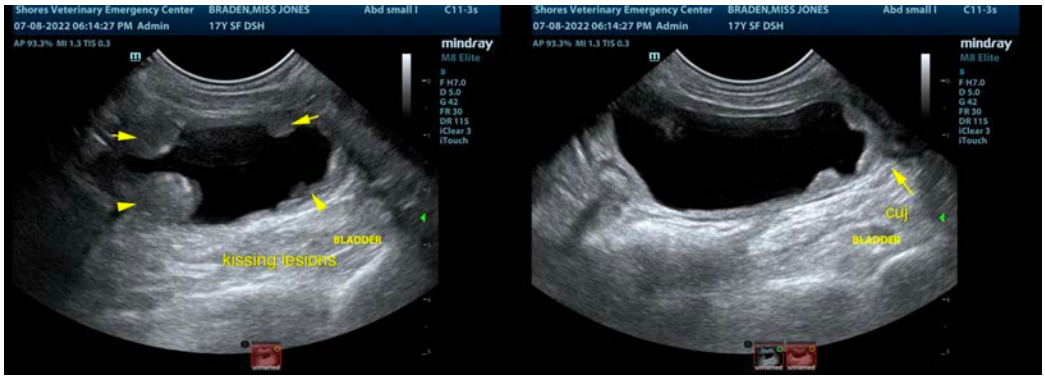
PRIMARY FINDINGS

- Polypoid kissing lesion changes and infiltrative patterns in the bladder – strongly suggestive for transitional cell carcinoma.
- Moderate degenerative renal changes with cortical infarcts, remodeling and mineralization.
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness biopsies would be necessary for definitive diagnosis. Ultrasound guided FNA could be considered. However, trailing of the bladder lesions is a potential if carcinoma is confirmed. Prognosis is guarded. If straining to urinate is an issue, then urethral stent placement could be considered, if the kidneys are able to be stabilized with IV fluid support. Blood pressure measurements recommended.





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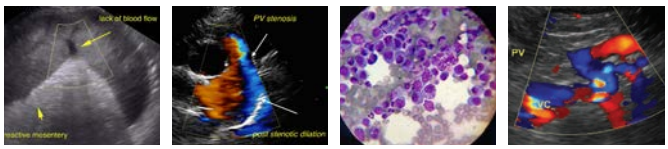

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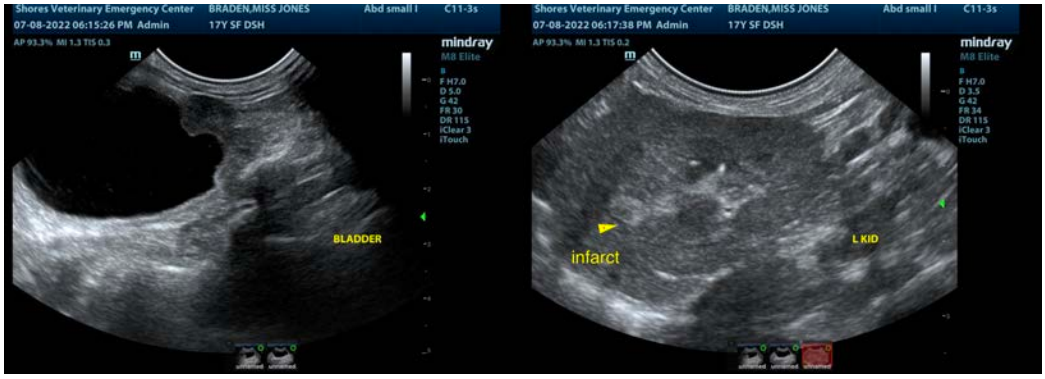

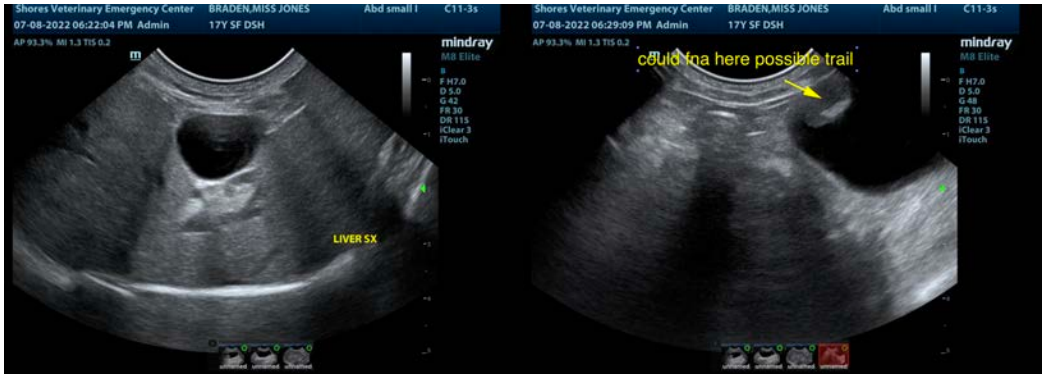

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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