



PATIENT PRESENTING CLINICAL SIGNS

Zoey Smith Jones

History: 4lb weight loss in less than a year. no vomiting or diarrhea. Eating less. Pet is being treated with Clavamox.

SPECIES

Abnormal PE/Chem/CBC/UA Results: cbc= NEUT 10973/UL, T4=WNL, Profile=WNL UA= SG/1.011, WBC=1-5/HPF, RBC=11-2/HPF, mixed bacteria, e.coli cultured

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Domestic Shorthair

Urinary System

SEX

Spayed Female

The **urinary bladder** revealed a 2.0 cm ventral wall mass with areas of mineralization. This impinges upon the dorsal wall. A dorsal wall polyp was also noted. This is consistent with kissing lesion. The ventral bladder mass was transmural and encroached upon the cystourethral junction and proximal urethra. I do not believe that clean resection is possible in this case. However, urethral stent placement may be appropriate along with chemotherapy depending upon histopathology.

AGE

16 years

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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

WEIGHT

6.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Dr. Logas

HOSPITAL NAME

Bradenton VH

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.

REFERRING VET

Dr. Logas

INVOICE

91249

Liver

The **liver** revealed a hypoechoic nodule noted measuring 0.5 cm in the left cranial liver with coarse architecture noted throughout the liver with mildly increased portal markings. The gallbladder and common bile duct were unremarkable.

DATE

8/16/21



PATIENT

Gastrointestinal

Zoey Smith Jones

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. There was slight thickening at the ileocecal junction in a region of approximately 2.0 cm. This area should be monitored for potential emerging neoplasia versus enteritis.

SPECIES

Feline

BREED

Pancreas

Domestic Shorthair

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

16 years

Ventral bladder mass with dorsal kissing lesions. This is strongly consistent with transitional cell carcinoma. This is not resectable. The mass appears to enter into the cystourethral junction and urethra.

Non-specific thickening of the ileocecal junction. Enteritis and Typhlitis versus emerging round cell neoplasia.

WEIGHT

6.5 lbs

Concerning hepatic nodule.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Free catch urine with cytospin is recommended to assess for cytology would be warranted. Treatment for concurrent urinary tract infection is present; however, urinary tract infection is not responsible for the bladder mass. Carcinoma is suspected. There is a minor potential for bladder lymphoma. Referral for chemotherapy +/-stent placement would be appropriate. However, the weight loss may be related to chronic gastrointestinal disease and ileocecal thickening or concurrent neoplastic event.

IMAGING PERFORMED BY

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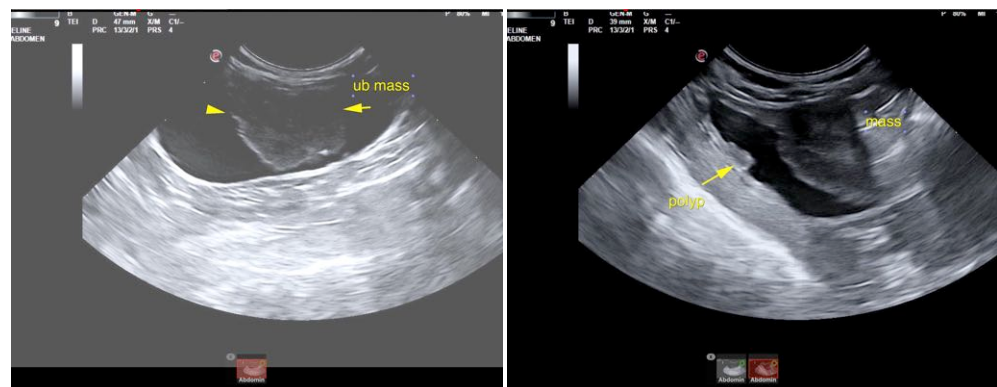
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PATIENT

Zoey Smith Jones

SPECIES

Feline

BREED

Domestic Shorthair

SEX

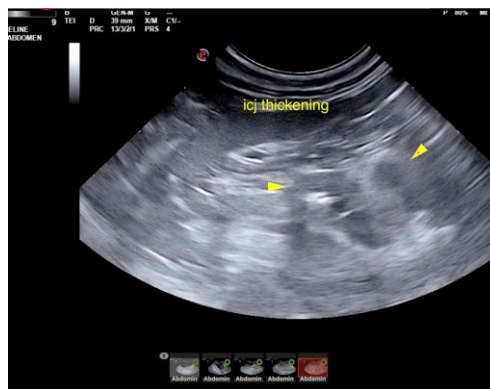
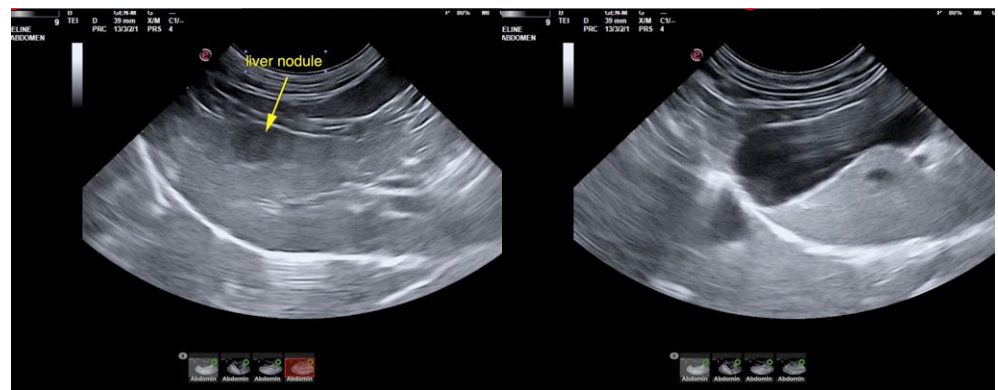
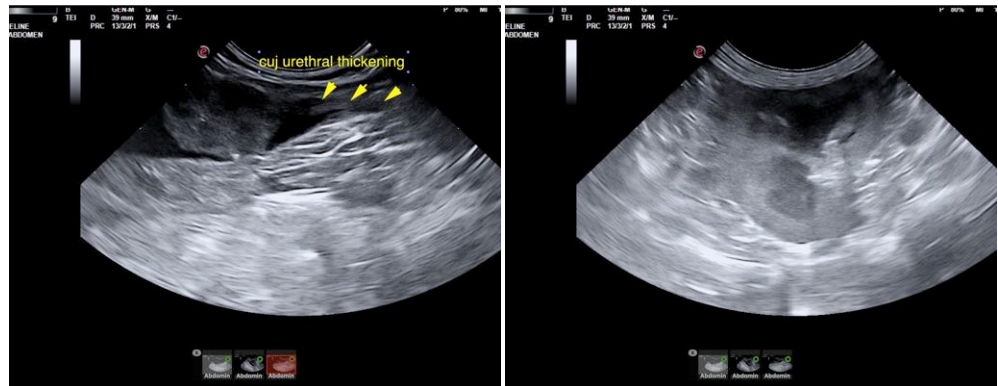
Spayed Female

AGE

16 years

WEIGHT

6.5 lbs



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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.

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