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Clinical Sonography & Telecytology
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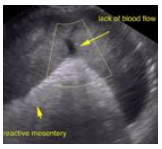
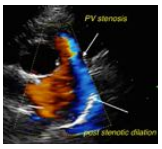
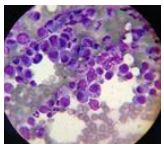
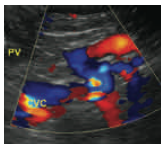

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1-800-838-4268 info@sonopath.com

PATIENT
Notorius Davin

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
12 years

WEIGHT
10.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Sanders

INVOICE
91872

DATE
9/16/21

PRESENTING CLINICAL SIGNS

History: Persistent hematuria, and inappropriate urination. Slight response to Clavamox and low dose Prednisone. R/O bladder disease vs. renal disease. Hyperthyroid, on Methimazole.
Abnormal PE/Chem/CBC/UA Results: PE: Grade 2-3/6 systolic heart murmur. BUN 51, Phos 6.4, T-4 high normal (on Methimazole). UA: hematuria RADS: WNL, no bladder stones visible.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral polyp that measured 1.36 cm at the base with adjacent apical ventral polyp that measured 0.5 cm. The cystourethral junction and urethra appeared unremarkable. There was no evidence of seeding. However, micrometastasis to the distal urinary tract cannot be completely ruled out.

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. Mineralization and pyelectasia was noted. The left kidney measured 3.3 cm. The right kidney measured 3.5 cm with pyelectasia. The kidneys appeared to have pericapsular fatty enhancement, which would suggest inflammation.

Adrenal Glands

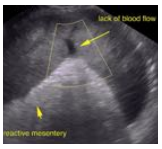
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

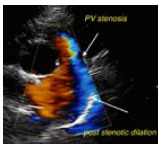
Spleen

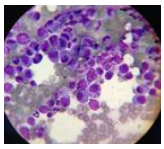
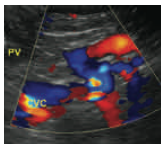
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen measured 0.93 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,





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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Bladder polyps, possible transitional cell carcinoma, moderately vascular occupying the ventral and apical ventral wall.

Minor, renal pyelectasia and mild to moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Resection of approximately 50% of the bladder from the ventral wall adjacent to the cystourethral junction to the dorsal apical wall would be appropriate. I do not recommend cystocentesis in this patient owing to the potential for trailing. However, treatment for nephritis and urinary tract infection is warranted if the urinalysis suggests as the kidneys appear to be peripherally inflamed. Free catch urine with cytospin could be considered as well to assess for transitional cells as this is strongly consistent with transitional cell carcinoma. However, pronounced polypoid hyperplasia and interstitial cystitis is possible. The areas of mineralization within the polypoid changes would suggest carcinoma. There was no evidence of metastatic disease. Three view chest radiographs would be warranted to assess for metastatic disease.

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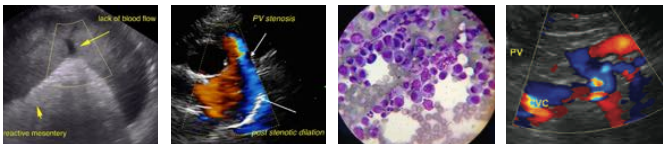

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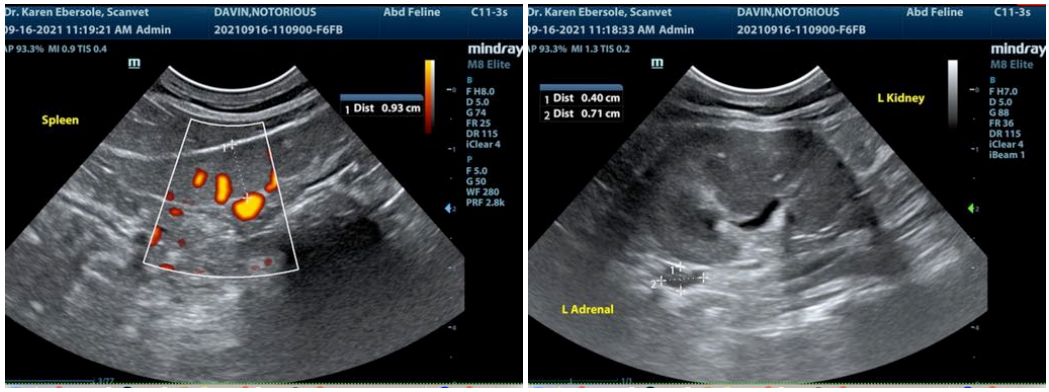

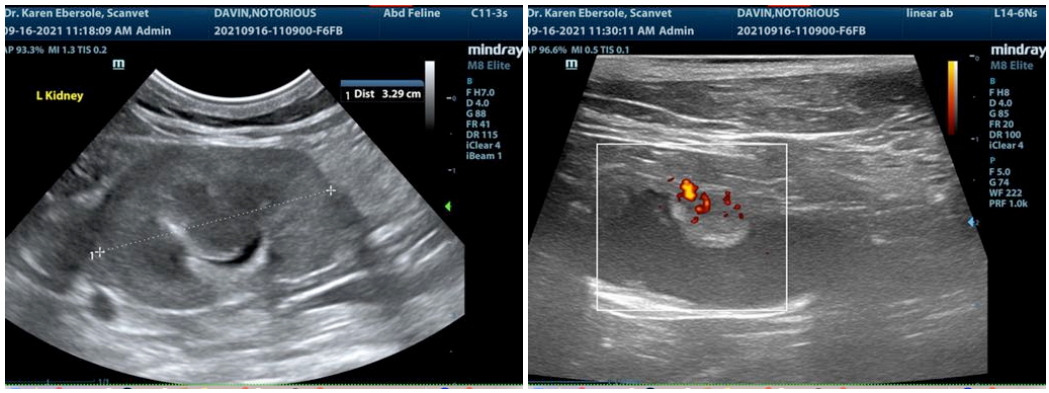

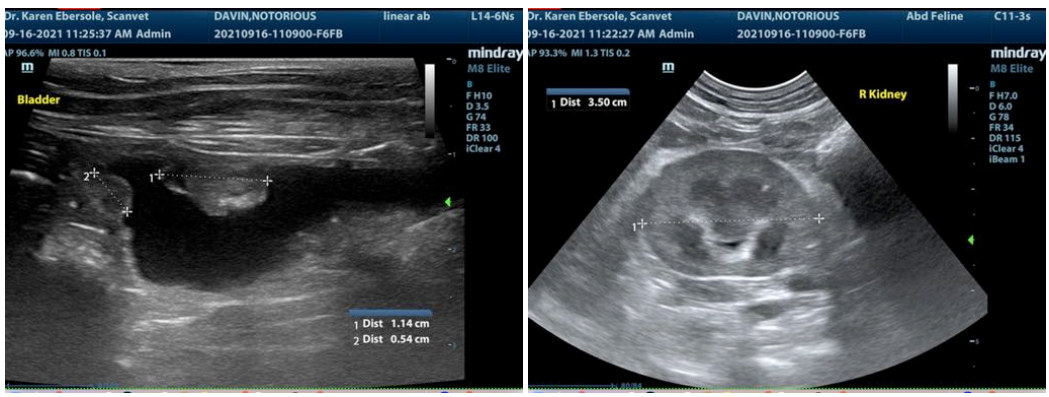

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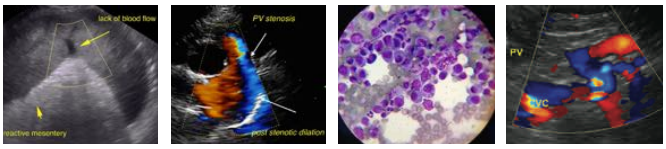

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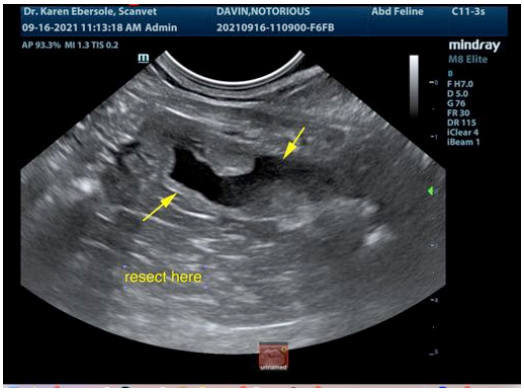

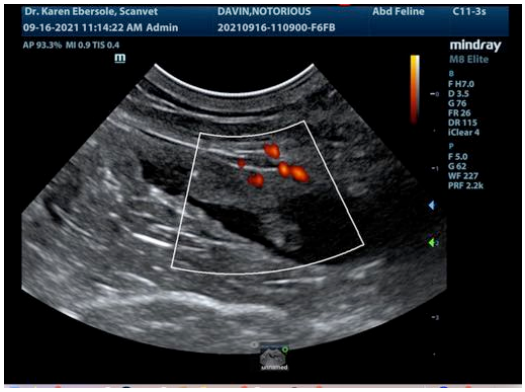

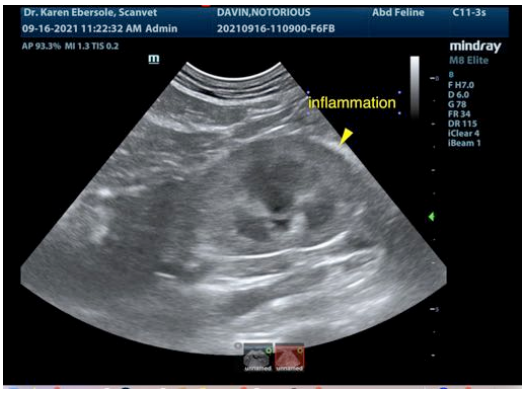

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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