



PATIENT

Topaz Miks

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

16 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

DATE

1/19/22

Invoice
95406

PRESENTING CLINICAL SIGNS

Persistent cystitis symptoms, straining to urinate
Abnormal PE/Chem/CBC/UA Results: 4-10 WBC's phf, 20-30 RBC's phf, no bacteria seen
CBC/Chem done 6 months ago and normal Current Medications convenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a concentric mass that occupied the cystourethral junction, urethra and trigone. The mass measured 2.5 x 1.5 cm. The mass was fairly vascular on color flow assessment. The mass created a cauliflower projection out of the urethra and cystourethral junction. Regional inflammatory pattern was noted. This is strongly consistent with transitional cell carcinoma. A trace amount of free fluid was noted adjacent to the urethra.

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. The left kidney measured 3.17 cm. The right kidney measured 3.59 cm with pyelectasia that measured 0.5 x 1.0 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 right adrenal gland measured 0.37 cm. The left adrenal gland measured 0.3 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. 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.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestine revealed slight muscularis thickening, yet there was no evidence of significant. Pathology.

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Pancreas

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

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ULTRASONOGRAPHIC FINDINGS

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Non-resectable bladder mass.

Moderate degenerative renal changes with pyelectasia of the right kidney.

Age related pancreatic changes.

INTERPRETED BY

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Slightly thickened muscularis.

**IMAGING
PERFORMED BY**

Sara Hansen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend referral for interventional radiology/urethral stent placement followed by chemotherapy. The pyelectasia in the right kidney may be owing to infection or pelvic scarring from prior insult. I do not recommend cystocentesis in this patient. Three view chest radiographs are warranted to assess for metastatic disease.

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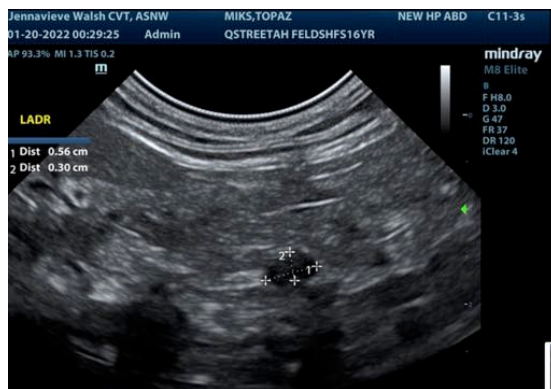
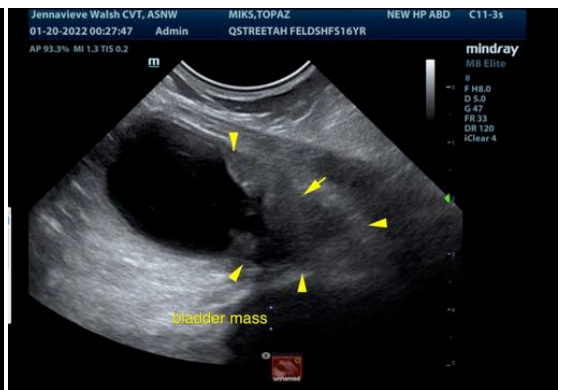
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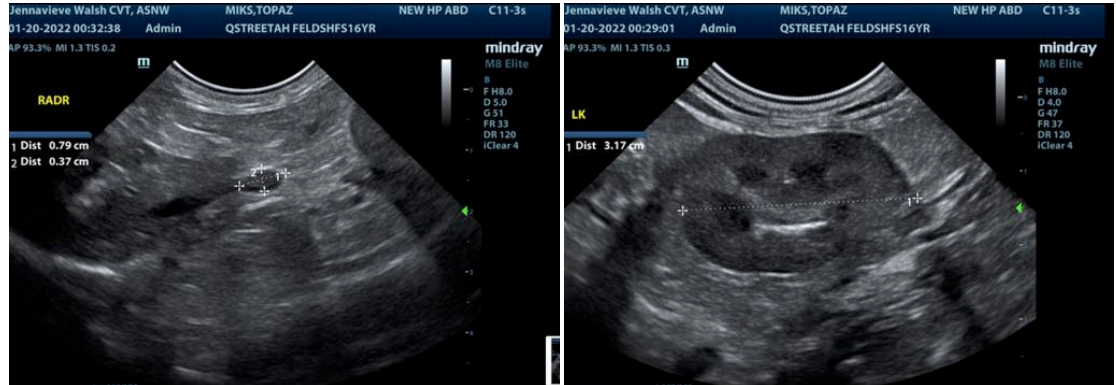
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com