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Clinical Sonography & Telecytology
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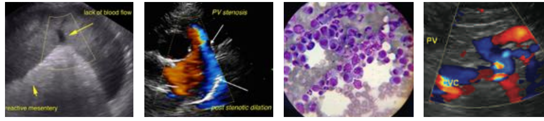


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Cheetah Bishop

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
13 years

WEIGHT
5.34 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
Creekside VC

REFERRING VET
Dr. Eggert

DATE
8/26/21

Invoice
91533

PRESENTING CLINICAL SIGNS

History: 6/25/21- Blood in stool/urine. Licking perineal area. History of hematuria. 7/7/21- Grade 2/6 apical murmur noted. Gross hematuria during preanesthetic exam. Ultrasound findings: Large suspected hematoma in bladder, no blood supply on color mode doppler. Mass is somewhat patchy/wispy in appearance, but TCC cannot be ruled out. Trigone appears clear. Easily placed urinary catheter and emptied bladder. 7/7/21- Radiograph after sedation still showed a rather full bladder even after urination. No stones noted on radiographs.
Abnormal PE/Chem/CBC/UA Results: 6/25/21- Severe hematuria. Isosthenuria w/Cr. 1.8- CKD. Otherwise CBC + Chem + TT4 WNL. 7/12/21- Urine culture results: E. Coli bladder infection. Evidence of a possible bleed into the bladder. 7/12/21- Cytology results (of clot w/urine noted in bladder): Hemorrhagic cystitis w/rafts of well-differentiated transitional epithelial cells. Possibility there is a submucosal hemorrhage and edema that is causing the bladder lumen to be obscured. No good evidence of neoplasia present on slides submitted. 7/28/21- Ultrasound revealed full bladder, wispy hyperechoic material condensed in 2-3 locations within bladder. No stones noted, otherwise normal hypoechoic fluid in bladder. Appeared to have improved, no more gross hematuria in urine. 8/20/21- O reports P is still not doing well. Constantly urinating outside the litterbox, hematuria urine. Vomiting once daily. Seems to be in pain, vocal. 7/30/21 -Urinalysis results: Hematuria still present but improved since last UA. Still isosthenuric, no bacteria.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric, space occupying mass that measured 4.6 x 2.9 cm. Multi-focal, polypoid changes and enhanced mesentery is noted around the cystourethral junction. Mass invasion into the urethra was also noted.

The iliac trifurcation was unremarkable.

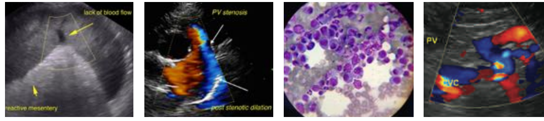
The **left kidney** revealed a cortical infarct and collapse. There was collapse of the caudal pole. Slight pyelectasia was noted and there was loss of corticomedullary definition. Minor mineralization was noted in the left kidney. The right kidney measured 4.49 cm.

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 1.2 x 0.32 cm. The left adrenal gland measured 2.0 x 0.41 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.



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Liver

The **liver** revealed a right caudal cystadenoma or carcinoma type mass that measured 3.0 cm with other nodular changes noted in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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. 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

Non-resectable, extensive bladder mass with urethral involvement. Regional inflammation.

Dystrophic left kidney with infarcts and mineralization.

Minor degenerative changes in the right kidney.

Cystadenoma type liver mass, likely benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Oncological intervention is recommended. Given that this is a male ultrasound-guided traumatic catheterization of the bladder mass could be considered to confirm suspicion of carcinoma.

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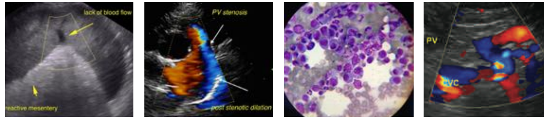

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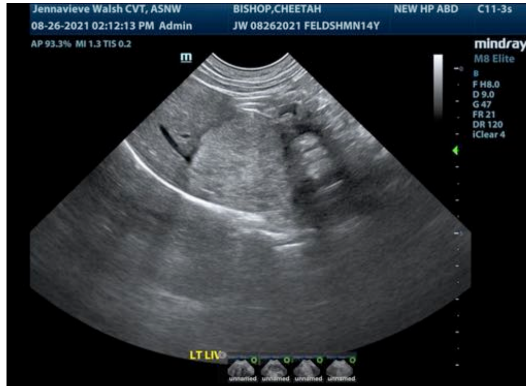

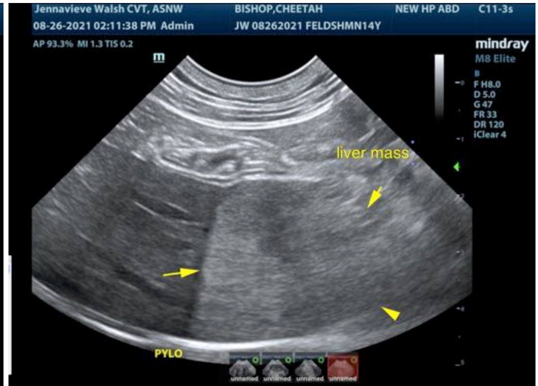

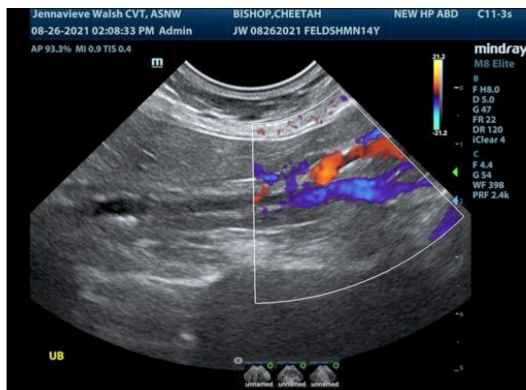

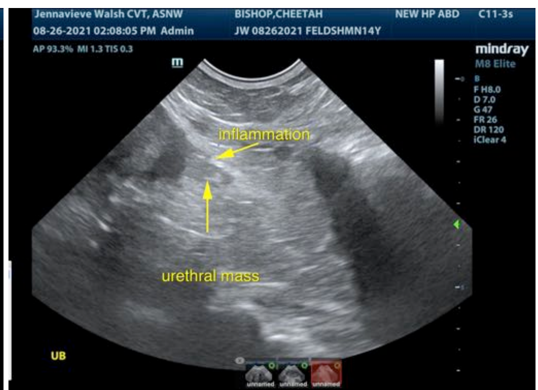

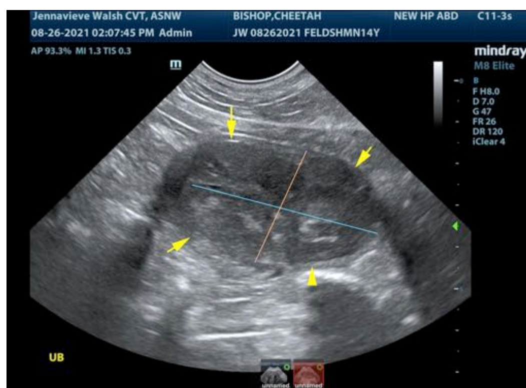

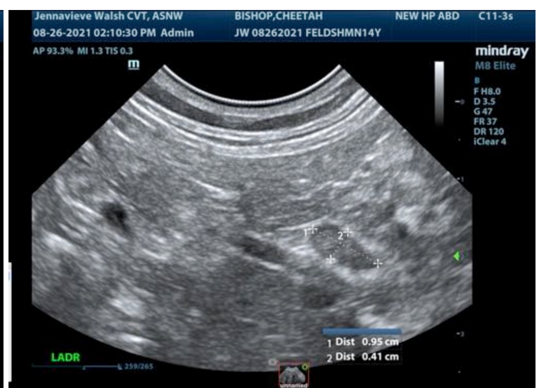

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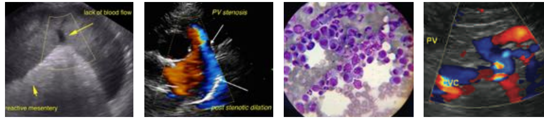

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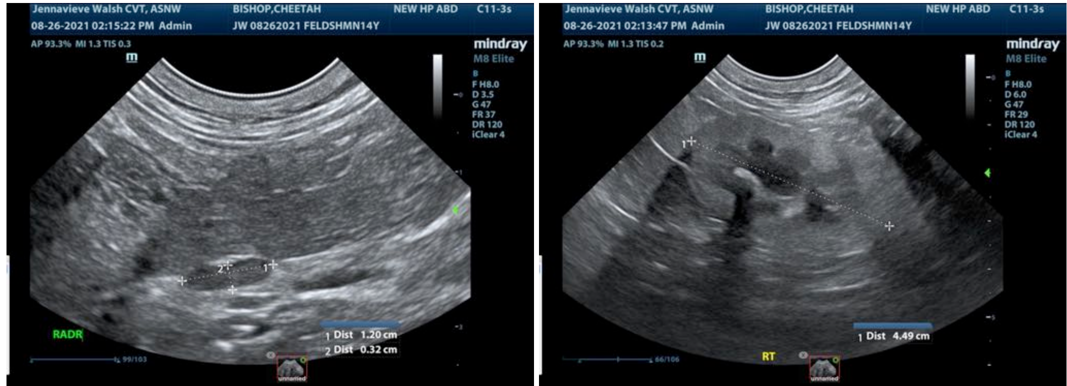

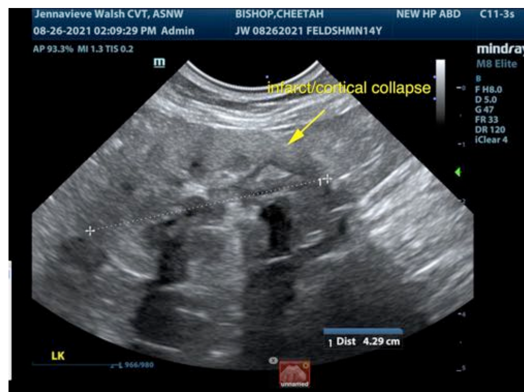

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com