SonoPath
Clinical Sonography & Telecytology
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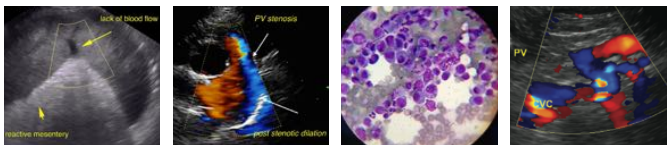

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Callie Nathanson

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

8 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

New Bridge VH

REFERRING VET

Dr. Glennon

INVOICE

32111

DATE

8/3/22

PRESENTING CLINICAL SIGNS

History: Cystotomy several weeks ago, frequent urinating and inappropriate urination is not resolving. During cystotomy bladder was fully inspected and tiny granular urates were found.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical dorsal mural thickening with areas of mineralization measuring up to 1.6 cm. The pelvic urethra and the body of the urinary bladder was unremarkable. Regional inflammation was noted around the apex.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Minor pinpoint renal mineralization. The right kidney measured 3.8 cm. The left kidney measured 3.81 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 left adrenal gland measured 0.43 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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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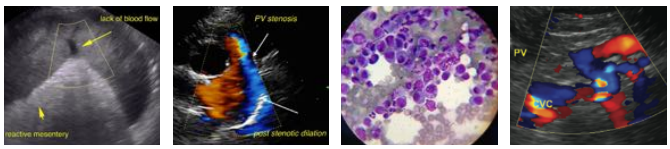

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach revealed progressively shadowing material. 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

Apical dorsal bladder thickening mass. May be non-neoplastic given the age of the patient. Granulomatous or interstitial cystitis thickening is entirely possible. Transitional cell carcinoma is also possible.

Focal mineralization within the bladder wall.

Trace bladder sand noted likely form passage form kidneys post surgery.

Possible interstitial cystitis on top of underlying uracocele.

Hairball density in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The apical bladder pathology appears to be resectable with partial cystectomy of the cranial dorsal third of the bladder. Underlying uracocele may also be an issue. Surgical intervention with surgical removal of the cranial third of the bladder is indicated. I strongly recommend benefit of the doubt of non-neoplastic lesion in this patient. The excessive polypoid tissue is likely due to suture reaction and the hyperechoic area in the middle of the bladder lesion is likely residual suture reaction along with underlying mural disease such as interstitial cystitis. I recommend removal of the cranial third of the bladder with tissue culture. No evidence of calculi noted.

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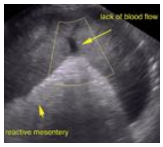
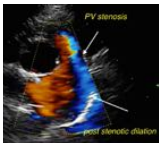
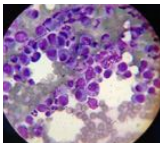
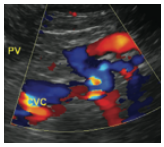

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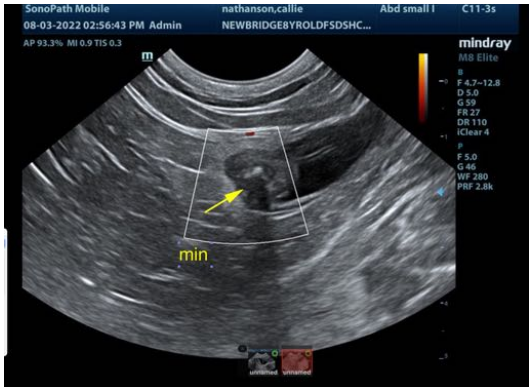

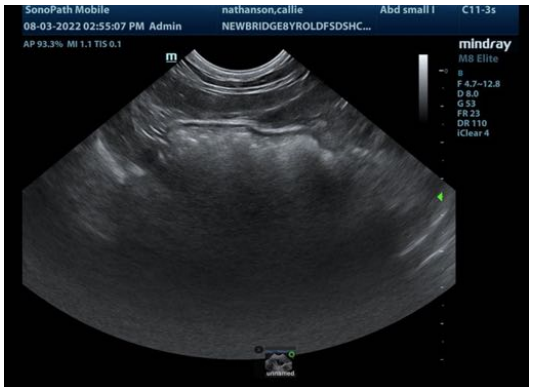

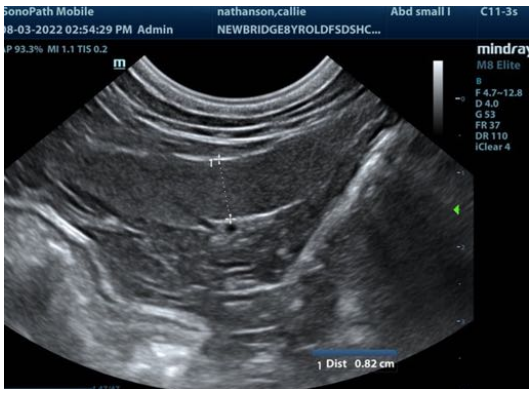

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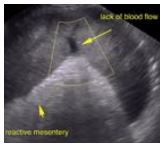
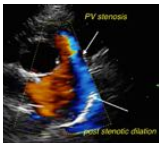
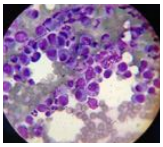
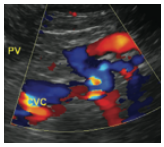

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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