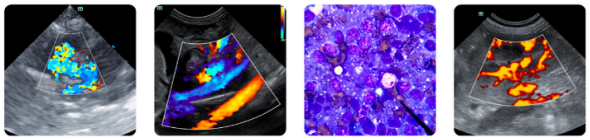


PATIENT

Roger Animals In Distress

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5 years 7 months

WEIGHT

10.03 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

11418

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Chronic diarrhea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. There is an intraluminal mixed echogenic, mainly hypoechoic, irregular shaped urinary bladder mass lesion that measures approximately 1.9 cm x 3.5 cm.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.9 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.5 cm in length.

Adrenal Glands

The adrenal glands are not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The proximal common bile duct is mildly prominent, but no significant inflammation is observed surrounding gallbladder or common bile duct.

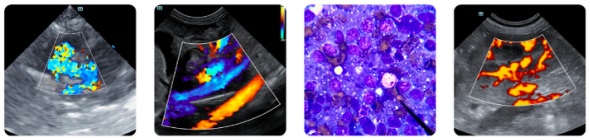
Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon, at this time, contains normal contents with normal wall thickness measuring 0.7 mm. No evidence of colonic disease is observed.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen



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There is an enlarged, hypoechoic, slightly rounded abdominal lymph node present, measuring 5.4 mm in width. This lymph node is possibly reactive secondary to the urinary bladder mass, or the lymph node possibly represents neoplasia such as lymphoma or mast cell. Possibly enlarged due to metastatic neoplasia from the urinary bladder mass.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogencity, mainly hypoechoic bladder mass lesion. Differentials including neoplasia such as lymphoma, or transitional cell carcinoma are possible. It is possible this mass represents a hematoma.
- Mildly prominent proximal common bile duct. This is most likely an incidental finding.
- Enlarged, hypoechoic, slightly rounded abdominal lymph node. This lymph node is possibly reactive secondary to the urinary bladder disease. This could also represent neoplasia such as lymphoma or mast cell. Possibly enlarged due to metastatic neoplasia from the urinary bladder mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider doppler exam of the urinary bladder mass to determine if blood flow is present to differentiate between mass and hematoma, although appearance is that of a mass lesion. If it is determined, after doppler, that this lesion is most likely a mass then recommend fine needle aspirate for cytology. If cytology is inconclusive as to the cause of the mass, then recommend surgical biopsies. If this is a hematoma, monitor every 2 weeks for resolution after treating the underlying cause or hematoma.

The proximal common bile duct is mildly prominent. If evidence of cholangitis is present on lab work, consider treatment with ursodiol and antibiotics.

For the enlarged abdominal lymph node, if possible, with patient sedated, an ultrasound guided FNA of the lymph node and submission for cytology to determine underlying etiology of this lymph node. Given its size and location, this may be challenging for aspiration. No obvious cause for the patient's reported diarrhea is seen on today's exam.

It is possible that patient is having reactive cholangitis in that the colon is reactive to the inflammatory process going on within the urinary bladder. Recommend ruling out parasites (Tritrichomonas or other GI parasites) with a fecal pathogen PCR. If these are ruled out, I suspect treatment for urinary bladder mass will most likely resolve patient's diarrhea. If not, consider colonoscopy for colon biopsies.

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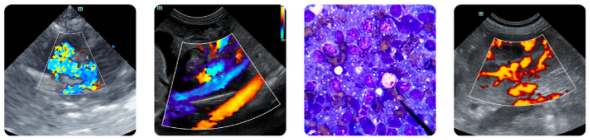

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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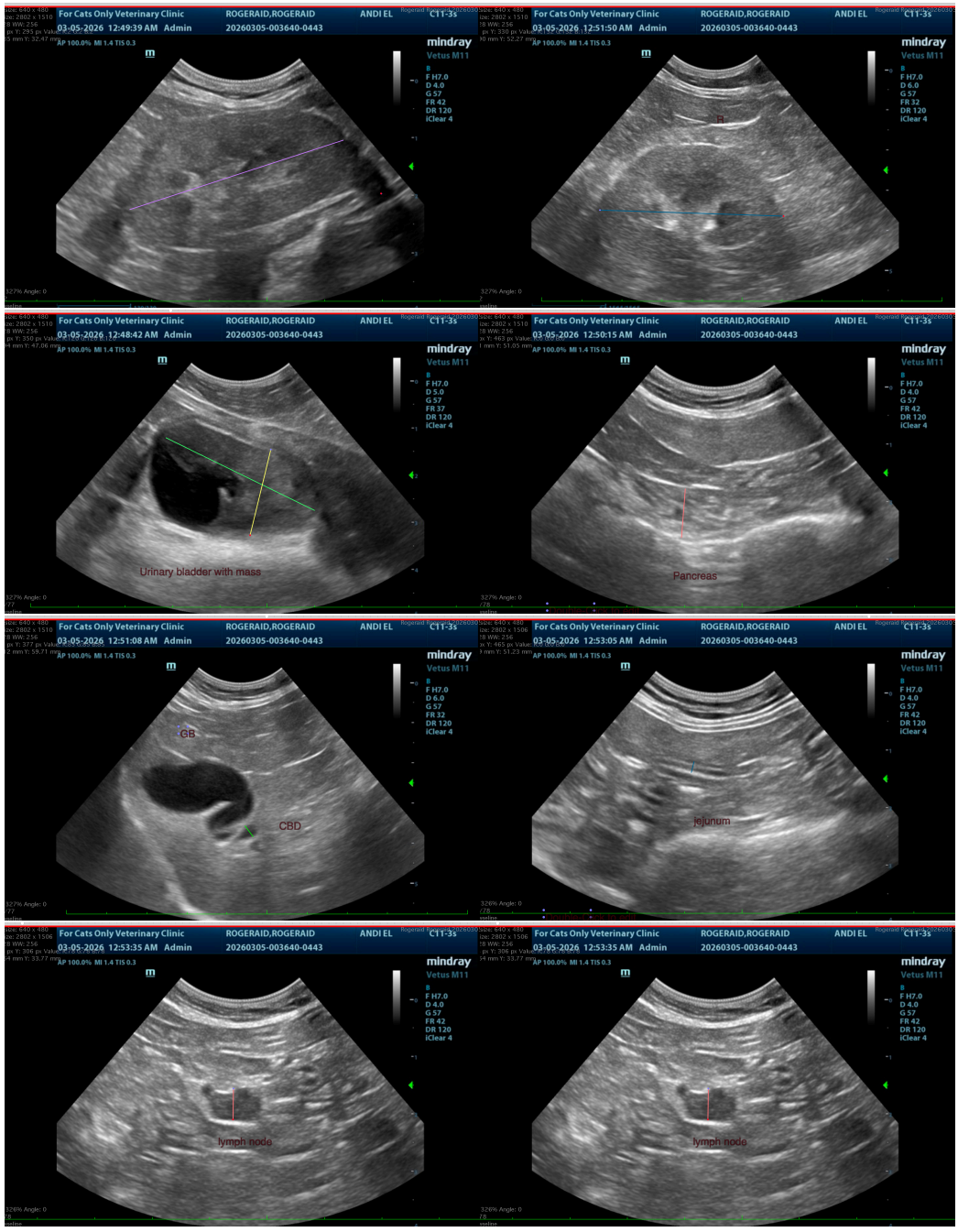

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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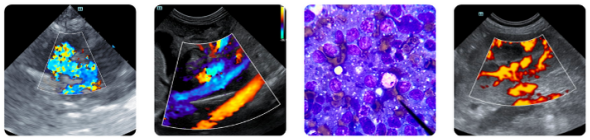

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Veterinary Internal Medicine Specialist
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