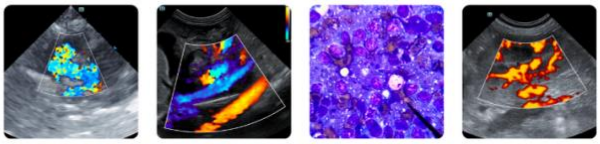


PATIENT

Lady Jane McCarthy

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 Years 11 Months

WEIGHT

4.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Montclair Animal Hospital

REFERRING VET

Dr. Stock

INVOICE

16470

DATE

06/08/26

PRESENTING CLINICAL SIGNS

Weight loss and bladder mass. meds: Methimazole 7.5 mg TD

Abnormal PE/Chem/CBC/UA Results: Monocytes 0.643, BUN 58, Creat 1.8, AST 15 Urine: not obtained due to bladder mass, waiting for owner to submit

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the cranial aspect of the urinary bladder, there's a 1.6 cm x 2.1 cm in size hypoechoic mass lesion present. Throughout the mass, there are multiple hyperechoic foci consistent with calcification. Mass does have blood flow via Doppler exam. Therefore, that is how it is determined that this is a mass and not a benign hematoma. Differentials include lymphoma versus transitional cell carcinoma versus other malignant neoplasia. At this time, the urinary bladder contains only a small amount of urine. Visible urethra appears normal and measures approximately 1.0 mm width.

Kidneys are overall small in size with normal shape and smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 2.6 cm. The right kidney measures 2.9 cm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.1 mm width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 2.2 mm width.

Spleen

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

Liver

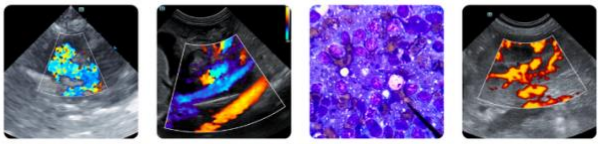
Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The common bile duct is visualized and appears normal in diameter at 1.3 mm width.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas



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The left and right limbs of the pancreas are mildly hypoechoic with no surrounding hyperechoic fat.

Free Abdomen

Mild mesenteric lymphadenopathy is present. A representative node was measured and found to be 2.5 mm in width. These nodes are most likely reactive, most likely reacting to the patient's urinary bladder mass or suspected hepatic lipidosis. Less likely these nodes are neoplastic as the cause of their mild enlargement.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass with multiple hyperechoic foci.
- Chronic kidney disease.
- Hyperechoic hepatomegaly.
- Hypoechoic pancreas.
- Mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The size of the urinary bladder mass may make it difficult for it to be surgically resected. However, a consult with a surgeon is recommended to determine if potentially this mass could be surgically resected from the apical aspect of the urinary bladder. One recommendation would be to have the patient return when the bladder is fuller of urine to determine the feasibility of surgical resection.

Given the hyperechoic foci throughout the bladder mass, this would prioritize a carcinoma as the most likely differential for this mass lesion, specifically transitional cell carcinoma. It is reported the owner is going to return with a urine sample. Submit the urine sample for cytology. If cytology is inconclusive as to the etiology of the mass lesion, consider referral to discuss either surgical resection of the mass or possible surgical biopsy of the mass to obtain a diagnosis.

Given the appearance of both kidneys, it is suspected patient has chronic kidney disease. Recommend full staging, monitoring, and managing per IRIS guidelines.

The appearance of the liver is mildly concerning for possible early hepatic lipidosis. It would be important to discuss with the owner what the patient's daily caloric intake is estimated to be. Also, recommend fine needle aspirate of the liver to help verify the suspicion of hepatic lipidosis and to rule out the remote possibility of infiltrative neoplasia such as lymphoma. No evidence of metastatic disease is seen within the liver.

Given that the pancreas is mildly hypoechoic, there is possible mild pancreatitis present, most likely reactive pancreatitis. As reactive pancreatitis is most common in the feline species, primary pancreatitis is uncommon in the feline species. Suspected mild pancreatic inflammation may be due to presence of one or both the urinary bladder mass and the suspected hepatic lipidosis.

Recommend three view chest radiographs to screen for pulmonary metastatic disease.

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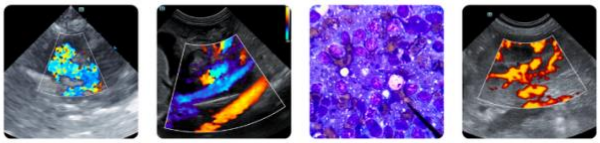

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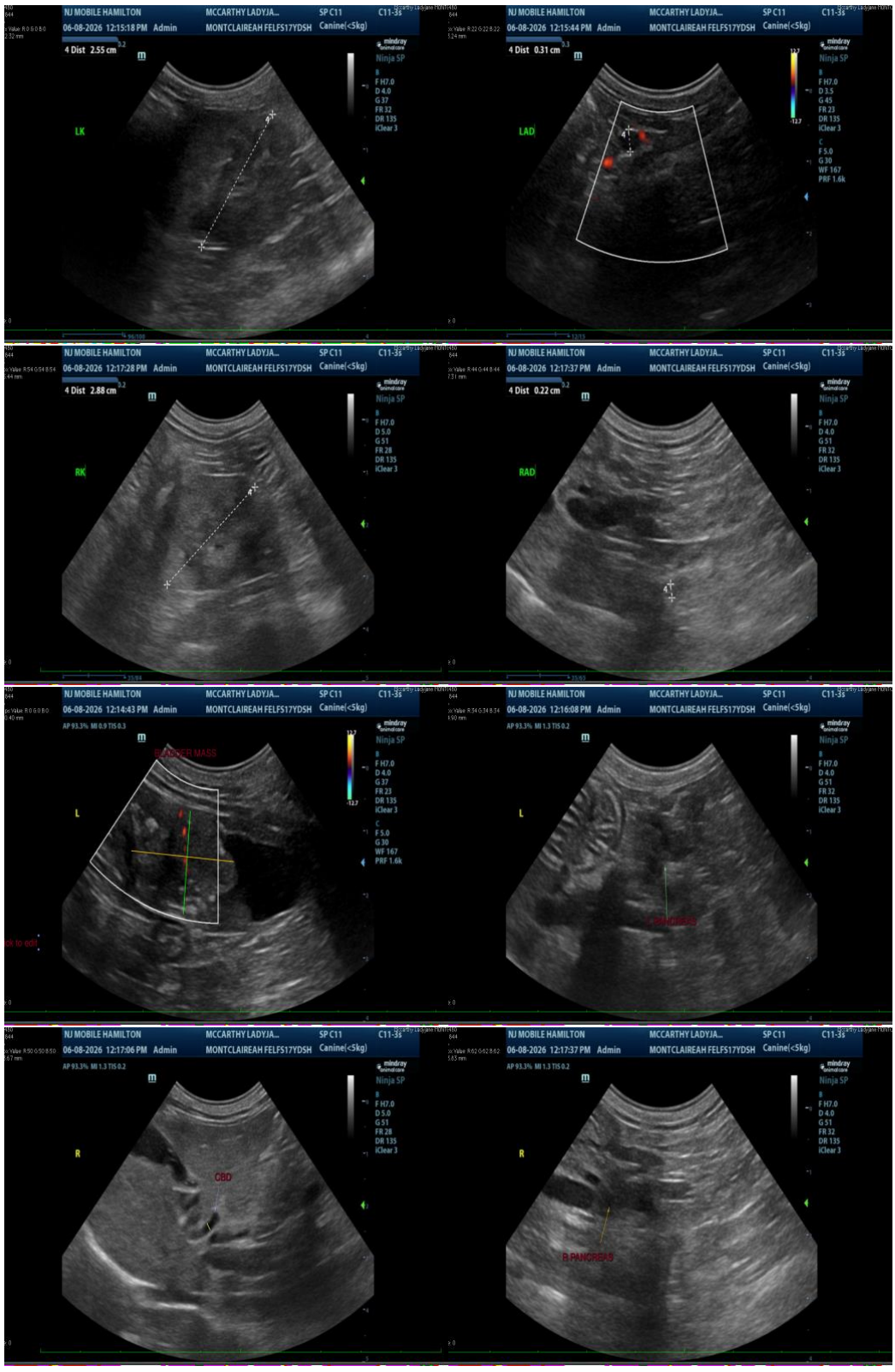

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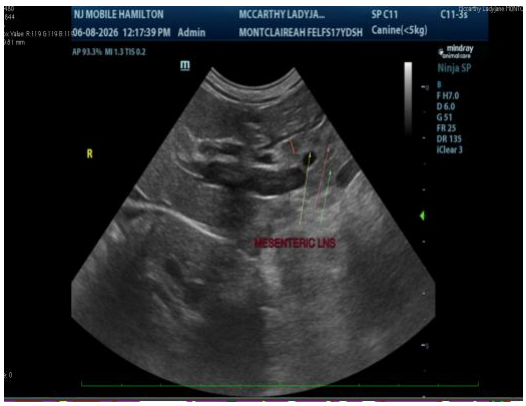

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com