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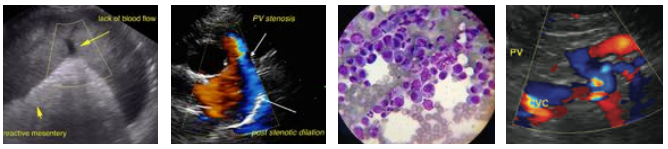


PATIENT

Star McGrath

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

18 years

WEIGHT

7.16 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Ridge Road AH

REFERRING VET

Dr. Pathak

INVOICE

95044

DATE

1/6/22

PRESENTING CLINICAL SIGNS

Chronic hematuria. Had Convenia injection.
Abnormal PE/Chem/CBC/UA Results: Elevated BUN, rest mostly WNL. U/A: hematuria, USG 1.012.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears thickened. There is a large, rounded mass effect involving the ventral portion of the urinary bladder and measured > 1.95 x 1.5 cm. There is a second portion to this mass which is a mobile, elongated area that measured approximately 3.0 cm. This could be a polypoid portion of this mass effect or represent blood clot. The area of the proximal urethra and cystourethral junction appear relatively normal with no evidence of a mass effect or cystic calculi. The findings are most consistent with a bladder mass.

The left kidney has a normal shape and size (2.93cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (2.84 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

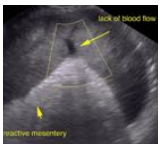
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

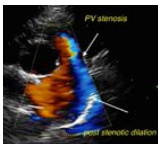
Spleen

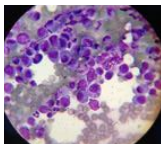
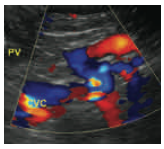
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a focal, 0.28 cm hyperechoic nodule visualized in the splenic parenchyma.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a 1.4 x 0.7 cm cystic structure in the caudal portion of the liver. The gallbladder lumen is moderately distended. The wall of the gallbladder is not





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thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The jejunum measured 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. The pancreatic duct was prominent and measured 0.25 cm. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, irregular bladder mass. There is a concern for neoplasia, but I recommend confirmation.
- Hypoechoic pancreas with prominent pancreatic duct. The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogenous liver with cystic lesion. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Thickened small intestine with prominent muscularis layer. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.

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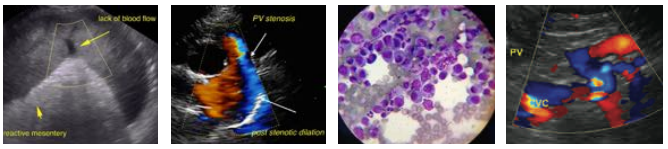

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SECONDARY FINDINGS:

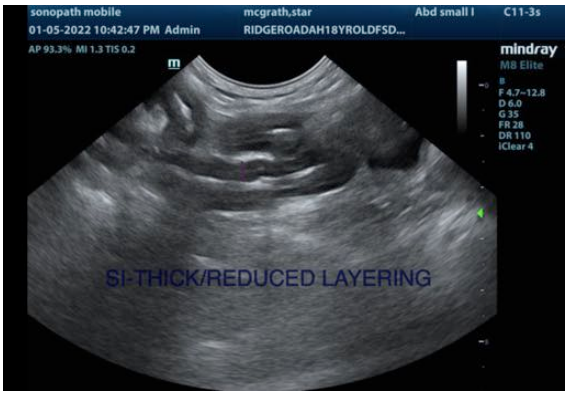
- Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are consistent with age-related change.
- Small, hyperechoic splenic nodule visualized. This could be a benign or cancerous lesion. The appearance favors a potentially benign lesion, but continued monitoring is warranted.

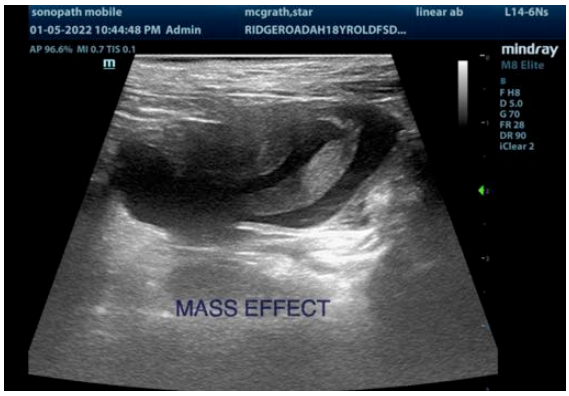
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

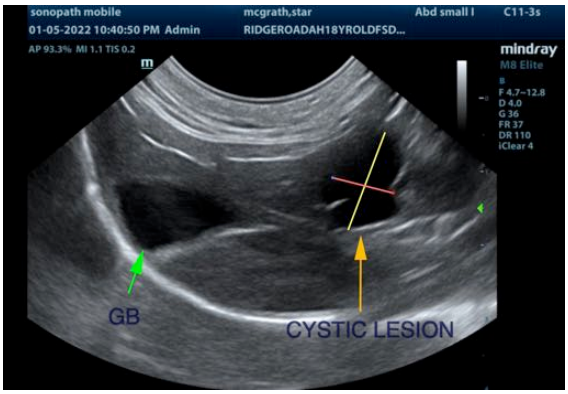
A large mass is visualized in the urinary bladder. This is the source of the hematuria reported. Options to try and confirm a diagnosis include cytologic analysis of a free catch urine sample, traumatic catheterization, cystoscopy or surgical biopsy. Additionally a FNA is possible, but this risks seeding the abdomen with neoplastic cells. Once a diagnosis is obtained I recommend consultation with a veterinarian oncologist regarding treatment options and prognosis. I recommend three view thoracic radiographs.

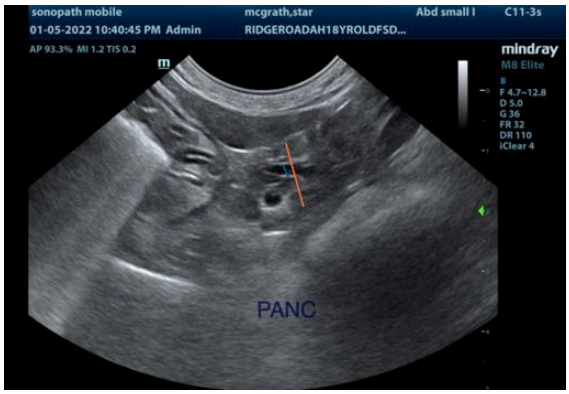
The changes observed in the liver, spleen, and pancreas are non-specific and relatively mild. Correlate with blood work. If liver enzyme elevations are present consider a FNA of the liver.

The small intestine is thickened and has a prominent muscularis layer. If there is current weight loss or GI signs this could be an indicator of small intestinal disease. This could include IBD, dietary sensitivities or a neoplastic change. A biopsy of the small intestine would be necessary to differentiate.









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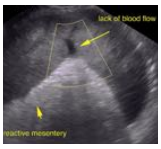
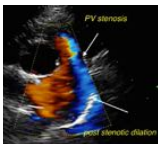
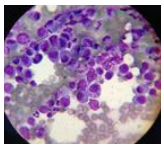
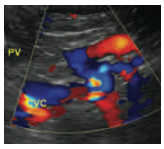

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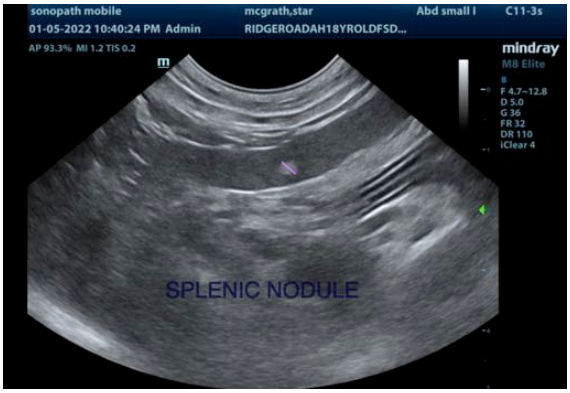

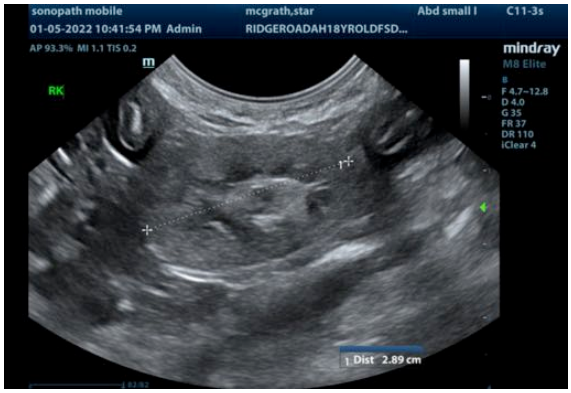

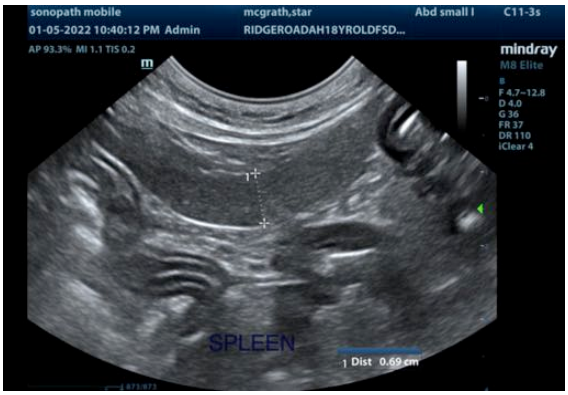

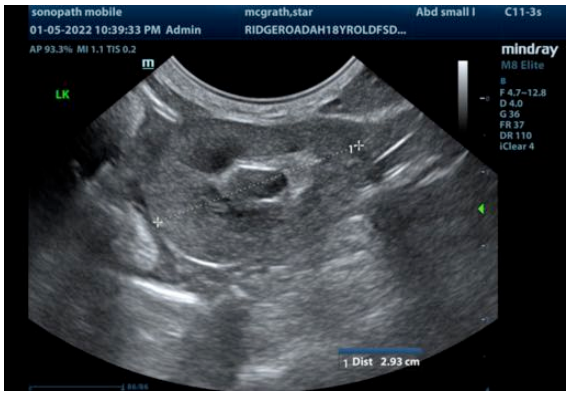

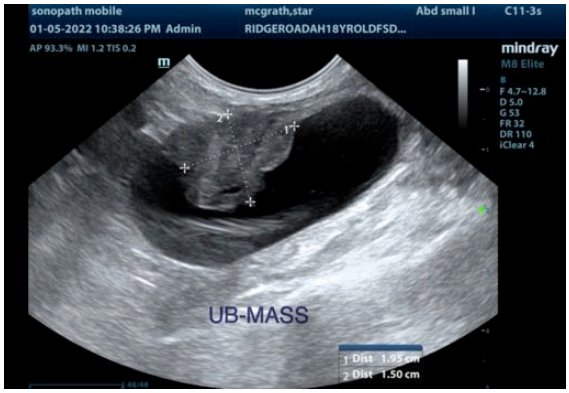

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com