



PATIENT

Lucky Terrizzi

PRESENTING CLINICAL SIGNS

Persistent hematuria + occasional stranguria. Hx of suspected asthma, responds well to steroid. Current meds: Gabapentin, prednisolone

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Crea 2.8 UA: 2+ protein, 75-100 RBCs SG: 1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall largely appears smooth and measures at a normal thickness, but there is a focal mass lesion in the dependent portion of the urinary bladder in the caudal half of the bladder, measuring approximately 1.79 cm x 1.19 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

SEX

Neutered Male

The left kidney has a normal shape and size (4.95 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

16 Years

The right kidney has a normal shape and size (4.28 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

11.58 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.29 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

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. No focal parenchymal abnormalities are visualized.

HOSPITAL NAME

Millburn Vet Hospital

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Turowsky

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. In the caudal abdomen, there are some focal areas of bowel that appear somewhat more thickened, measuring 0.30 cm with decreased detail of wall layering.

The ileocecal junction was visualized and appears surrounded by hyperechoic mesentery and some prominent lymph nodes in the region. The proximal colon revealed a focal irregularity in the wall, which is hypoechoic and irregular, but there is no loss of wall layering or detail, so the significance of this lesion is uncertain. Sections of more distal colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. 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. There are prominent mesenteric lymph nodes around the ileocecal junction measuring 0.31 cm and 0.20 cm. The omentum is hyperechoic around the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Mass effect in the mid ventral wall of the urinary bladder – Findings are concerning for a possible transitional cell carcinoma, but other differentials exist.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Occasional focal areas of small intestine with mild thickening and a prominent muscularis layer – The small intestinal wall changes could be consistent with an underlying inflammatory process. These types of changes can sometimes be seen in normal older cats. Correlate with clinical signs.
- Focal thickening and wall irregularity at the ileocecal junction – There is focal inflammation in this region and an irregularity in the wall that is of uncertain significance. Consider treatment for colitis and continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass lesion in the ventral wall of the urinary bladder, which is the likely source of the stranguria, and hematuria reported. There is a fair bit of distance between the trigone and this mass lesion, so I am hoping that this could be tolerated for a significant amount of time. Options for diagnosis would include a traumatic catheterization or a biopsy of the bladder. Additionally, you could consider a fine needle aspirate, but there is risk for tracking neoplastic cells through the body wall, so the owner



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would need to be warned. If a diagnosis can be obtained, consider consultation with a veterinary oncologist regarding prognosis and treatment options.

SPECIES

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

BREED

DSH

There are some areas of small bowel that appear somewhat thickened with reduced detail of wall layering, and the ileocecal junction is surrounded by hyperechoic mesentery and some prominent lymph nodes. The wall of the proximal colon appears slightly irregular with a focal hypoechoic region of unknown significance. I suspect the only way to obtain a definitive answer regarding these lesions would be a biopsy. Alternately, you could consider continued monitoring, empirical treatment for colitis (probiotics, deworming, etc.), and you could consider a transition to a novel protein/hydrolyzed protein prescription diet in hopes that that may relieve some of the general inflammation associated with the GI tract. Continued monitoring of these lesions is warranted.

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.58 Pounds

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IMAGING PERFORMED BY

Jessica Miller

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REFERRING VET

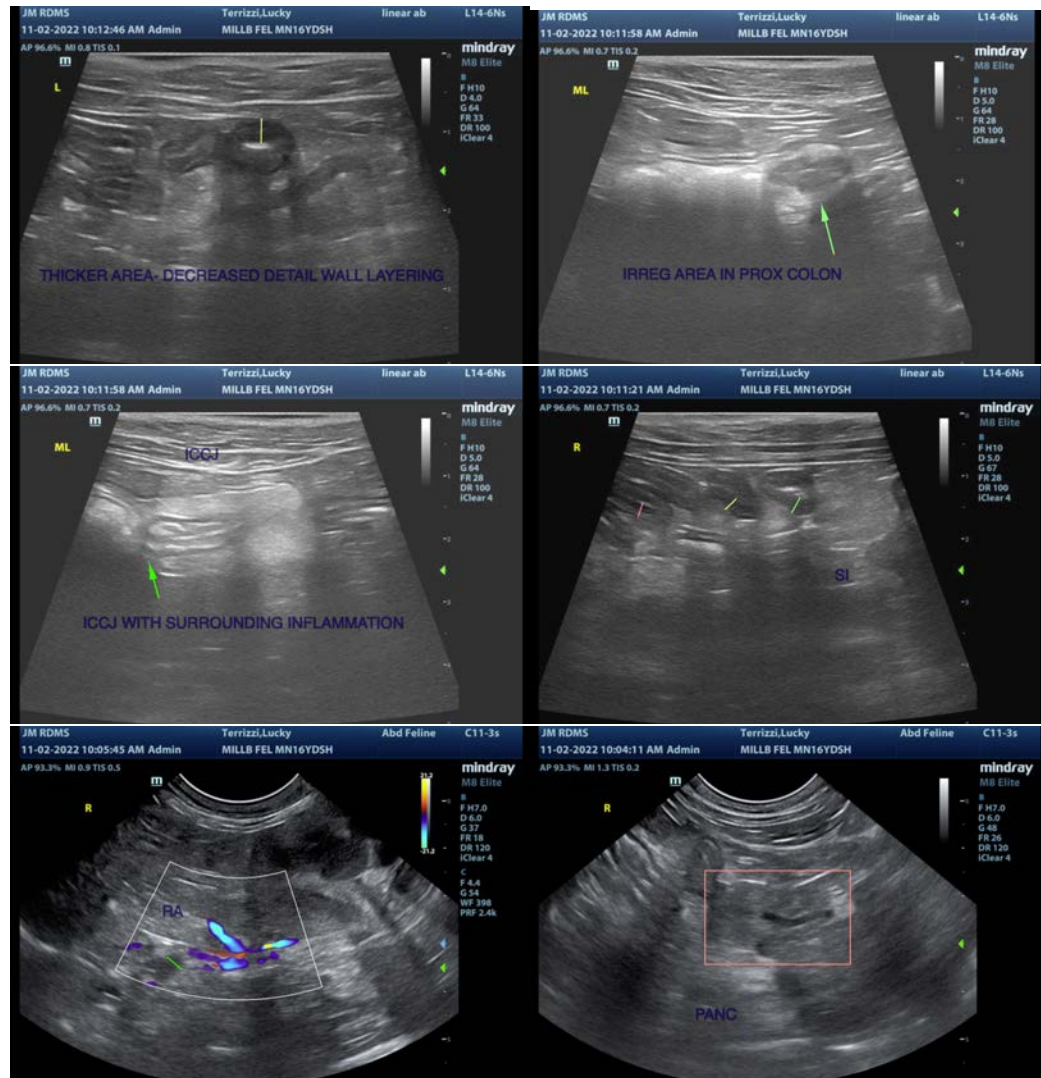
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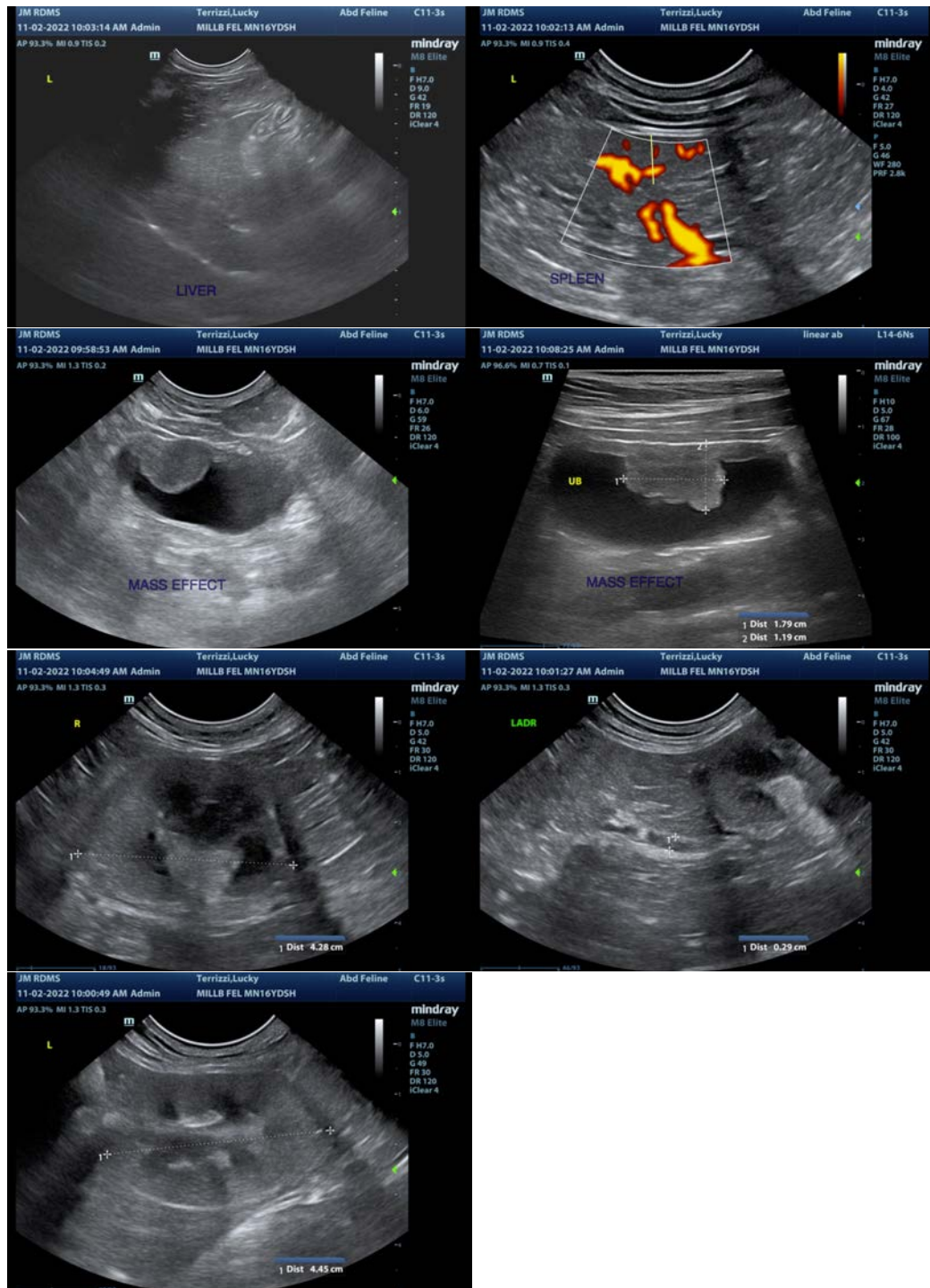
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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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