



DATE PRESENTING CLINICAL SIGNS

12/17/25

Patient History: Hx of hyperT4, currently on to 5 mg in the morning and 2.5 mg in the evening (increased to this dose at the end of October). Early renal disease was becoming evident prior to increase to this methimazole dose, Hazel was transitioned to a prescription renal diet in anticipation of unmasking of further kidney disease.

PATIENT

Hazel Gort

Hazel presented to Urgent Care for new anorexia/ vomiting/ inappropriate and frequent urination on 12/12. At that time she was administered Convenia, Cerenia, and sent home with Mirataz. Since this visit, appetite has improved, no further vomiting, still urinating frequently, and very vocal/needed. At her recheck, she urinated on the floor and the red and white blood cell response seen on 12/12 has persisted. Owner agreed to moving forward with u/s, will do blood work when mild sedative administered for u/s.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12/8/08

WEIGHT

5.73 lbs

INTERPRETED BY

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

HOSPITAL NAME

Lutherville Animal
Hospital

REFERRING VET

Dr. Morgan

INVOICE

72668

Current Medications: Initial methimazole 2.5 mg PO BID, about 10/20/25 increased to 5 mg methimazole in AM, 2.5 mg methimazole in PM. Convenia 12/12/25 (urgent care), Cerenia 12/12/25 (urgent care) Mirataz SID since 12/12/25.

Labwork Results: Labwork submitted and reported as--UA from 12/15 (free catch)- USG 1.014, 2+ protein, 4+ blood, 10 WBCs/HPF, >50 RBCs/HPF, >10 non-squamous epithelial cells, negative crystals/casts. UA from 12/12 at urgent Care: 10/15: CBC unremarkable (no morphology concerns), SDMA 17, Crt 1.6, BUN 41, ALT 41, ALP 125, Total T4 5.8.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears of normal thickness with a smooth mucosal surface. In the trigone region there is a large, rounded, solid mass effect measuring 2.63 cm x 1.88 cm. The proximal urethra appears within normal limits. No calculi are visualized.

The left kidney has a normal shape and size (2.76 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.14 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 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 0.50 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.

Spleen

The spleen is subjectively normal in size (0.72 cm), 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.

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. There is a hyperechoic nodule visualized in the parenchyma measuring 0.51 cm.

The gallbladder has a duplicate conformation. The gall bladder lumens are moderately distended. The walls of the gall bladders are not thickened and have a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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. Duodenum wall measures 0.21 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 normal and isoechoic to surrounding 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, 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.

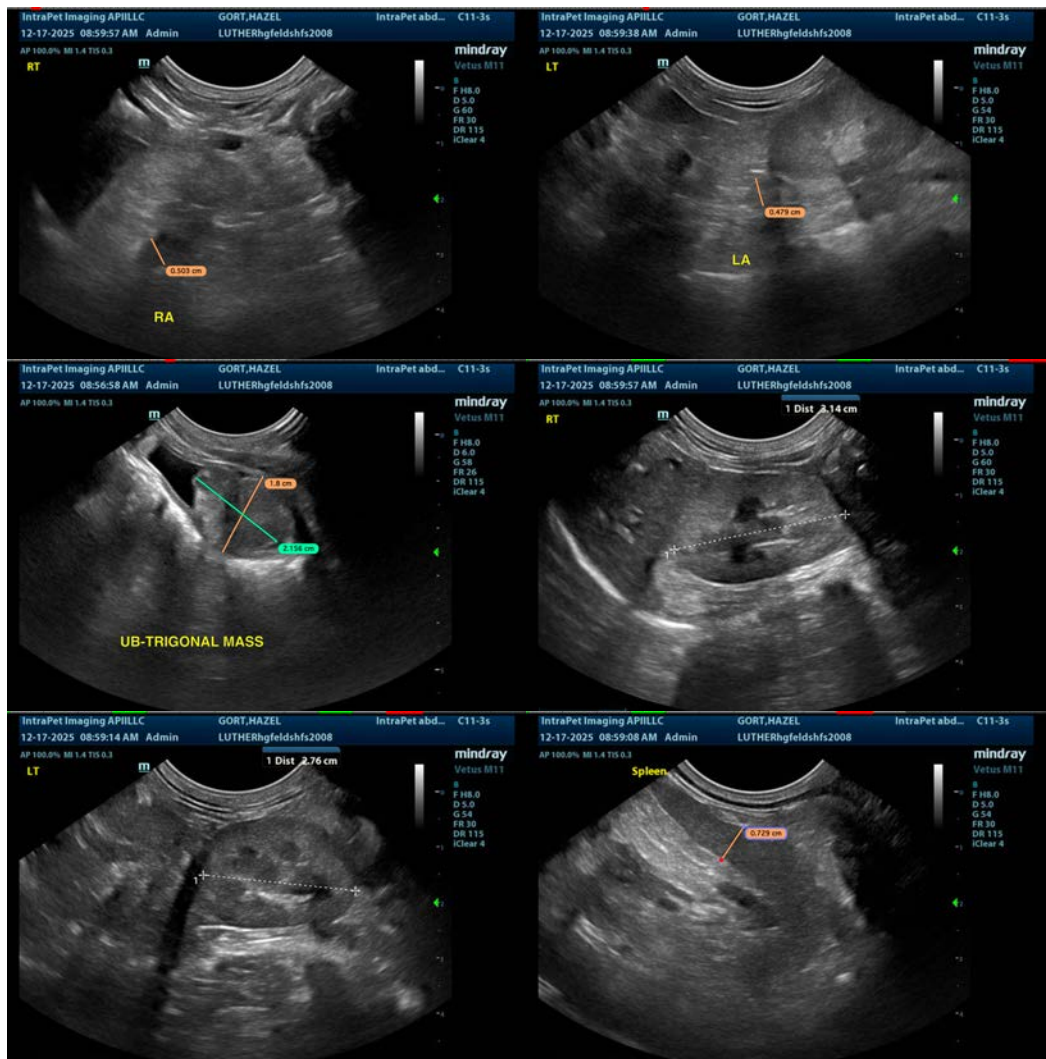
ULTRASONOGRAPHIC FINDINGS

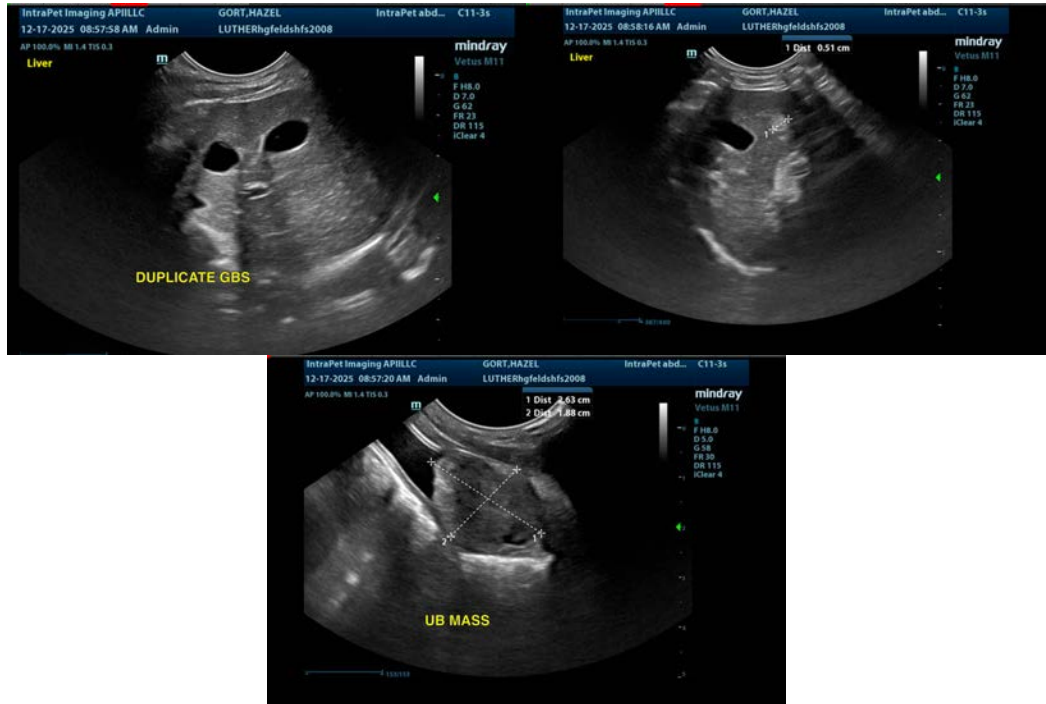
- Large mass effect visualized in the trigone region of the urinary bladder – Primary differential is a transitional cell carcinoma. Other differentials (leiomyoma, leiomyosarcoma, other) are possible.
- Age related changes visualized associated with both kidneys.
- Hyperechoic nodule in the liver – This has the appearance most consistent with a benign lesion. Recommend continued monitoring.
- Duplicate gallbladder – This is likely an incidental finding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect visualized in the trigone region of the urinary bladder. This is likely responsible for the hematuria reported. If a urine sample is highly cellular, you could consider cytologic evaluation of a free catch urine sample. Ultimately, a traumatic catheterization could be considered, or fine needle aspirate of the mass lesion with the knowledge that neoplastic cells can track along the needle path. If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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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