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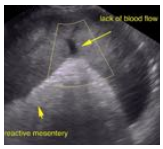
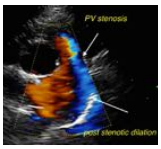
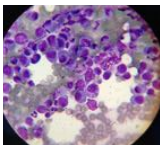
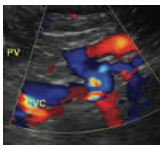

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1-800-838-4268 info@sonopath.com

PATIENT
Squeak Reeves

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Neutered male

AGE
7 years

WEIGHT
13.9 lbs

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

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Tranquility VC

REFERRING VET
Dr. Blackman

INVOICE
96482

DATE
3/1/22

PRESENTING CLINICAL SIGNS

Suspected bladder mass/polyp.
Abnormal PE/Chem/CBC/UA Results: chem unremarkable/cbc (missing), 3+ protein, WBC 2-3/hpf, 2+ blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. Within the lumen of the urinary bladder there lies a hyperechoic, largely non-shadowing material. This is most consistent with debris, possibly partially mineralized in areas. There is a large, hyperechoic structure that measured 0.84 x 0.56 cm, which I suspect is an accumulation of debris, but an atypical polyp or mass effect cannot be completely excluded. The urinary bladder appears slightly irregular and thickened in the apical portion measuring 0.53 cm. The area of the trigone, proximal urethra and ureteral papillae appear normal with no evidence of mass lesions or calculi.

The left kidney has a normal shape and size (4.13 cm). Overall echogenicity is normal with adequate 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 (4.08 cm). Overall echogenicity is normal with adequate 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 left adrenal gland is normal in size measuring 0.37 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.

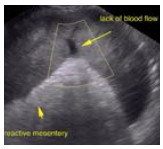
The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

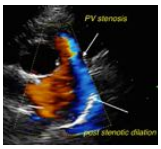
Spleen

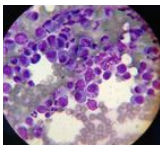
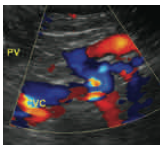
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized. The spleen measures 0.85 cm in height at the level of the hilus.

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. The gallbladder lumen is moderately distended.





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The wall of the gallbladder is not 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 <0.36cm 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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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 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.

Heart

A brief view of the heart was submitted. No pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Diffusely irregular and thickened urinary bladder wall with focal, hyperechoic mass effect. This lesion is most consistent with an accumulation of hyperechoic debris. It is non-shadowing so a stone is unlikely and a clear attachment to the urinary bladder wall is not visualized. The findings are suggestive of severe cystitis with debris, but an underlying polypoid mass lesion or neoplastic mass lesion cannot be ruled out.

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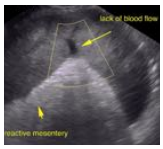
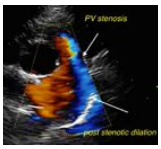
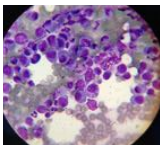
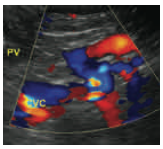

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

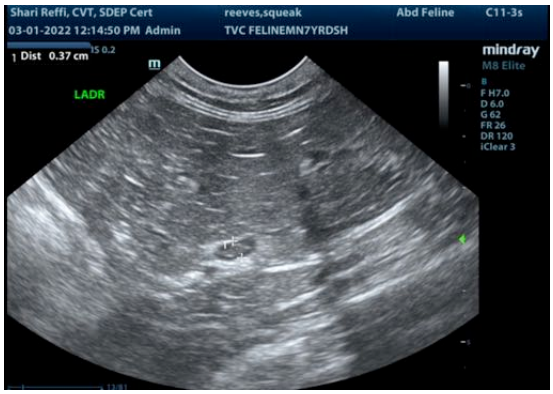
The urinary bladder wall appears mildly thickened and slightly irregular, which would be most consistent with diffuse cystitis. Additionally there is a mass effect within the lumen. A clear attachment of this mass effect to the wall is not visualized. Color flow and visualization with agitation would potentially help to clarify the nature of the lesion.

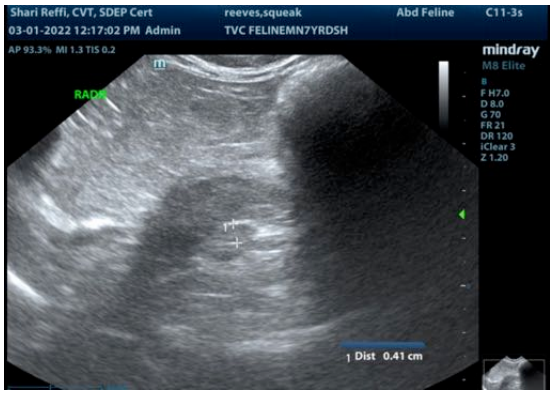
- Recommend urinalysis and culture (culture should be at least 7 days after cessation of any antibiotics).
- If urine culture is positive then treat according to sensitivity results and recheck urinary bladder with ultrasound in 2 weeks while still on antibiotics to ensure that the lesion has cleared prior to discontinuing antibiotics.
- If culture is negative then consider catheterization with ultrasound-guidance to try and aspirate some urine/tissue from the mass lesion and submit it for cytologic evaluation, culture, etc.

Additionally these findings can be consistent with sterile cystitis and a mature blood clot.

As a last resort surgical evaluation of the urinary bladder could be considered with biopsy of the bladder wall with culture and evaluation of the intraluminal material.

Correlate these findings with abdominal radiographs.





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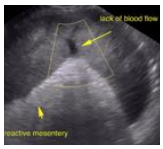
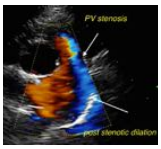
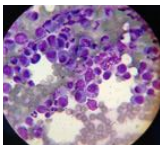
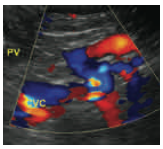

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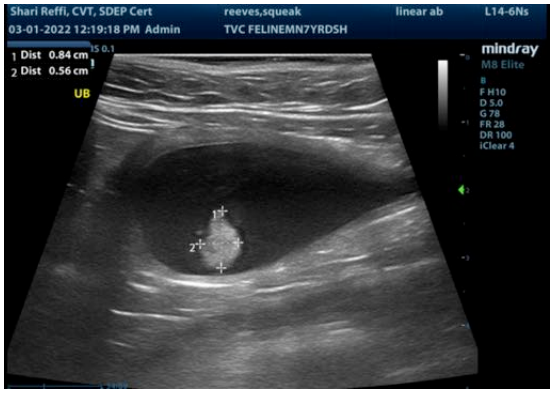

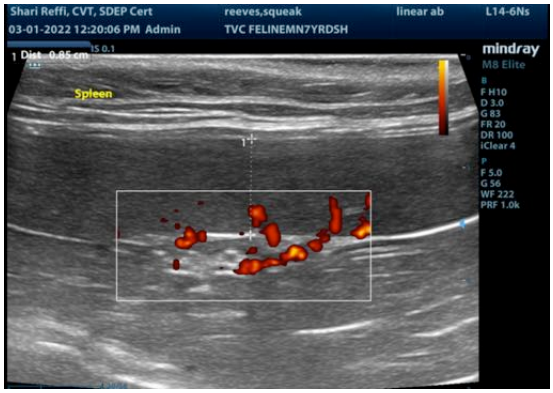

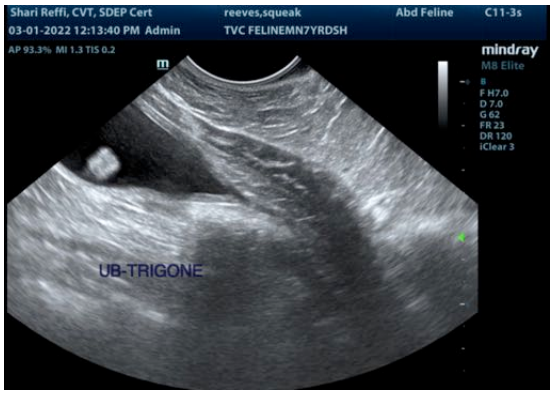

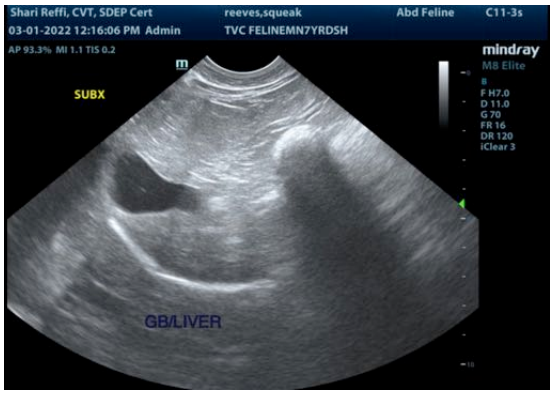

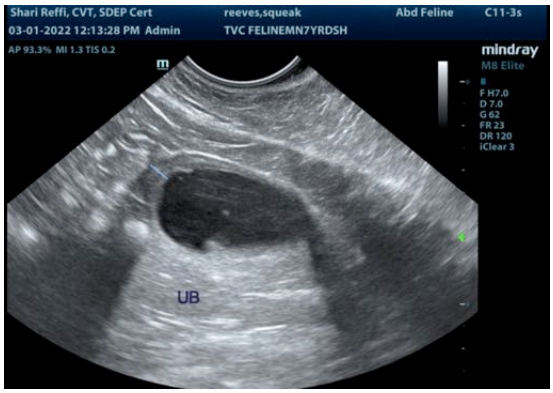

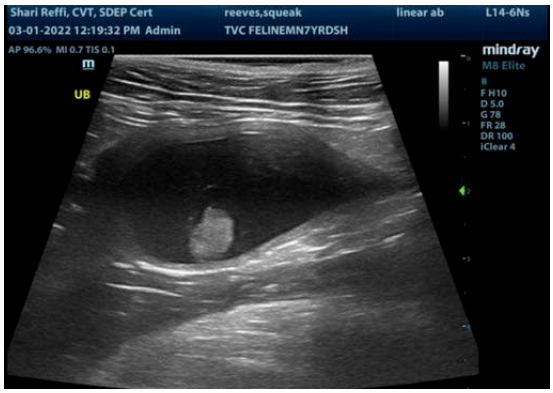

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com