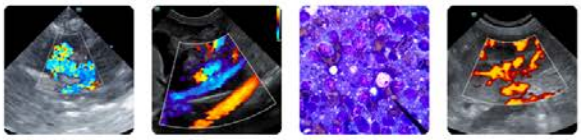


DATE

4/30/26

PATIENT

Grace Walsch

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11/1/14

WEIGHT

8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Beltway Animal Hospital

REFERRING VET

Dr. Smith

INVOICE

74867

PRESENTING CLINICAL SIGNS

Patient History: Chronic hematuria

Current Medications: 50mg Amoxicillin sid (10), Baytril 22.7 1/2sid (5), 1OOmg Cefpodoxime sid (10)
Labwork Results: Not attached, reported as: Xray: Urinary bladder appears abnormal.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears diffusely thickened and irregular, particularly along the ventral wall, measuring up to 0.35 cm in thickness. In the mid caudodorsal aspect of the bladder there is a focal irregular vascular mass effect attached at the dorsal wall measuring 1.38 cm x 1.33 cm with small hyperechoic foci suggestive of mild mineralization.

The left kidney is small and irregular in appearance, measuring 1.75 cm in length. The parenchyma is hyperechoic and there is minimal corticomedullary distinction. Vascularity appears diminished.

The right kidney is normal in size and shape at 3.95 cm with mildly reduced corticomedullary distinction. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

- Diffusely irregular/thickened bladder wall with a mildly mineralized vascular mass effect attached to the mid caudodorsal bladder wall – Findings are most concerning for a transitional cell carcinoma. Other differentials are possible.

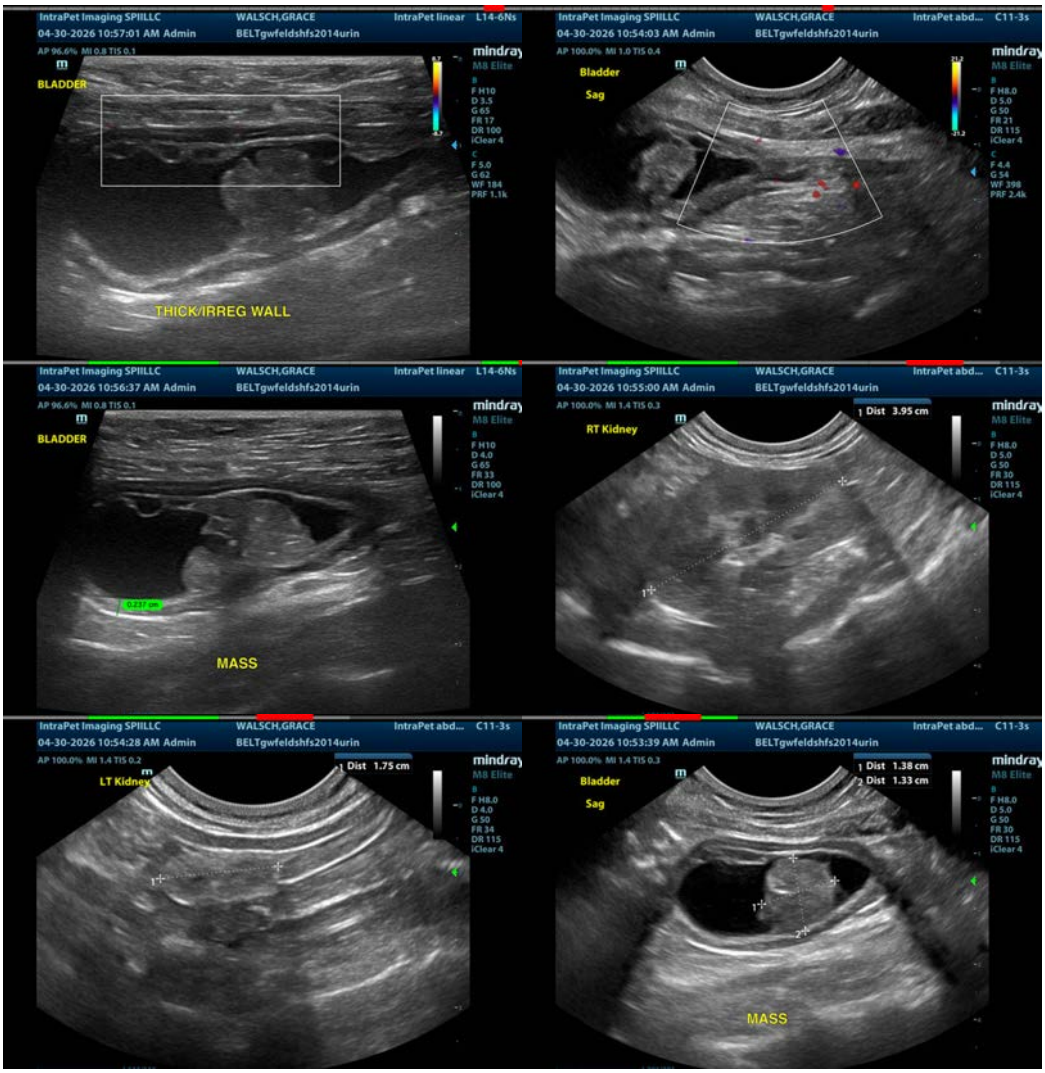
- Atrophied/shrunken left kidney with minimal architecture – Findings are most consistent with an atrophic kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a dorsal mass effect visualized associated with the urinary bladder most consistent with a transitional cell carcinoma. Consider cytology on a free catch urine sample (if a cellular sample can be obtained). Alternately, if this is not an option, consider a traumatic catheterization or cystoscopy. Fine needle aspirate can be considered but there is significant concern for tracking neoplastic cells through the body wall. Lastly, surgical biopsies are an option. Once a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. Based on the location and the proximity to the ureters, I'm concerned that surgical options would be limited, but cystoscopy or a contrast CT scan may be necessary to definitively determine this.

The left kidney is shrunken and poorly vascular, most consistent with an atrophied kidney. The right kidney is more normal, consistent with a "big kidney/little kidney" syndrome resulting from previous damage to the left kidney.

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.

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