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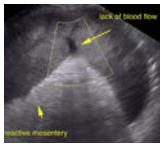
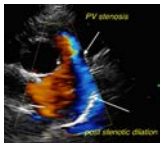
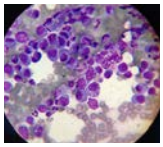
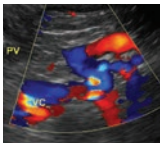

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruce Cooper

SPECIES

Feline

BREED

Sphinx

SEX

Neutered Male

AGE

17 Years

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Millburn Vet Hospital

REFERRING VET

Dr. Goswami

INVOICE

39533

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Recurring hematuria since May. Responded briefly to Convenia (given in May). Currently has hematuria, incontinence. No current meds.
Abnormal PE/Chem/CBC/UA Results: +++Bld, PH 5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is empty with minimal urine visualized. The lumen of the urinary bladder is filled with soft tissue mass effect measuring 2.14 cm x 4.39 cm. This mass appears to fill the entire urinary bladder, but I suspect lack of urine distention makes full evaluation difficult. The mass appears to involve the trigone, but no overt urethral extension is appreciated.

The left kidney has a normal shape and size (4.21). 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 (4.14 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 left adrenal gland is normal in size measuring 0.48 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 0.42 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/borderline large in size, echotexture is mildly mottled. There appears to be an irregularity in the splenic capsule, approximately midway down the spleen, with a change in conformation appearing like a “kink” or pinching of the splenic tissue. This creates the appearance of a possible mass effect, and there is a scant amount of free fluid in the region.

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

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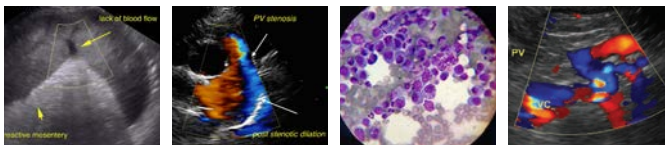

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Gastrointestinal

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. 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

There is scant amount of free fluid near the spleen. No lymphadenopathy noted. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large vascular mass effect visualized within the urinary bladder – concern is high for an underlying neoplastic lesion, although full evaluation is difficult due to lack of urine distention.
- Irregular mass effect area on the spleen – This could be a true mass effect (differentials of benign or neoplastic disease), or could represent a previous area of trauma, conformational abnormality, etc. Recommend a fine needle aspirate.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large soft tissue mass effect visualized within the urinary bladder. No lumen is visualized, so it is suspected that this pet is pollakiuric and the urinary bladder is empty, making the margins of this mass lesion difficult to evaluate. If you're able to obtain a urine sample, recommend urinalysis and culture, possibly cytology on a free catch urine sample if it appears highly cellular (?).

Other diagnostic options would include a traumatic catheterization to obtain a cytology sample (the urinary bladder could be visualized with ultrasound at the time to instill a small amount of saline and better evaluate the mass effect), or you could consider a fine needle aspirate with the nodule that this has the potential to track tumor cells through the abdomen. Once a diagnosis is obtained, recommend consultation with a veterinary oncologist.

There is an irregular area visualized in the spleen. This could be a true mass effect, but the splenic capsule appears somewhat deviated in this region, so this could also reflect a conformational abnormality, previous trauma, etc. Recommend a fine needle aspirate of this area.

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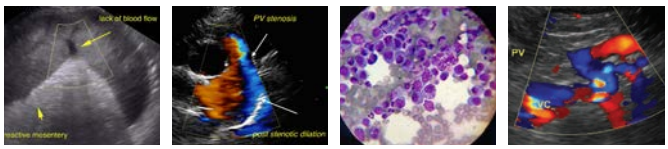

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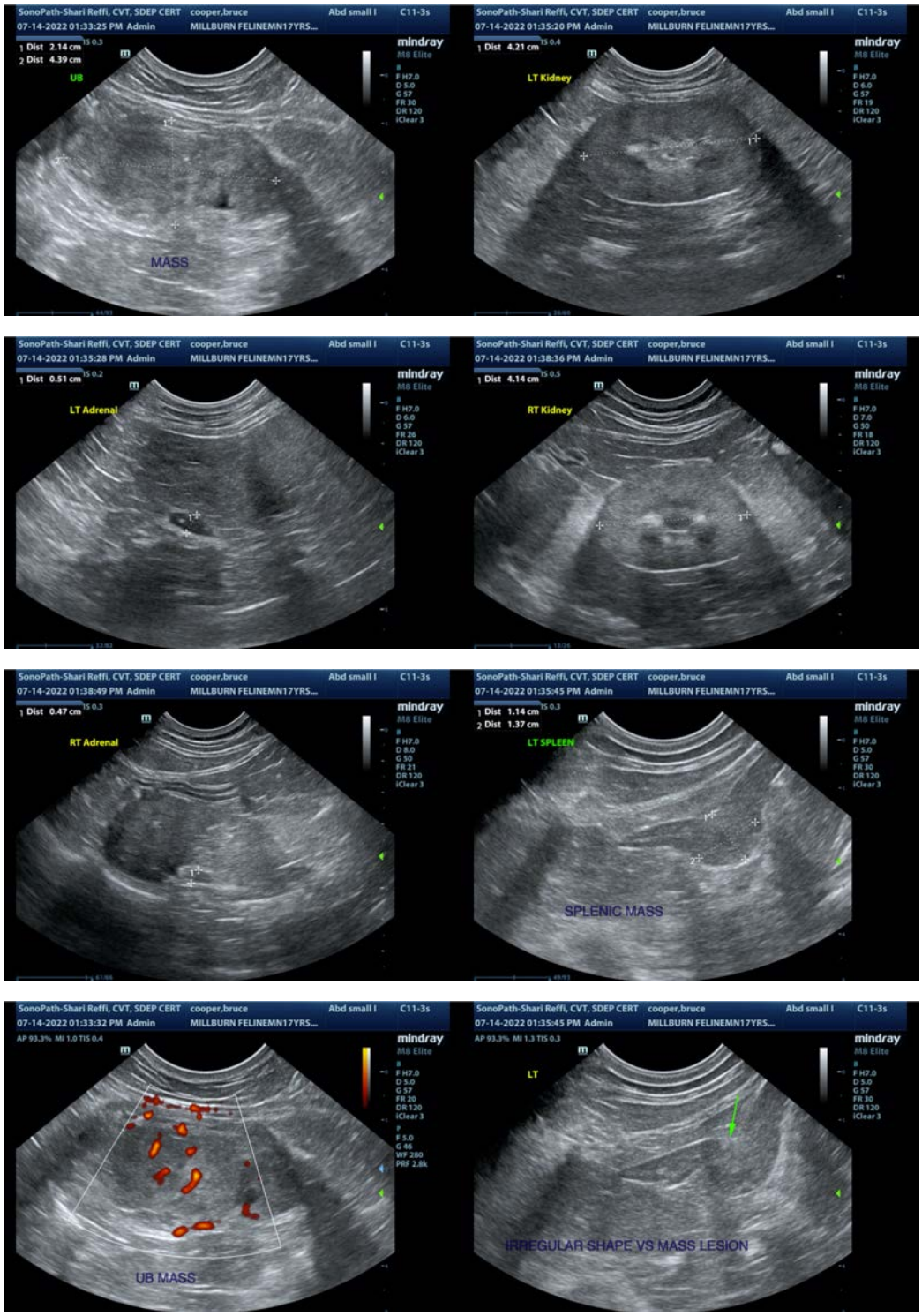
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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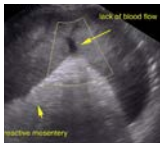
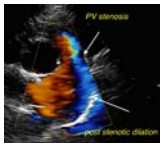
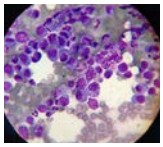
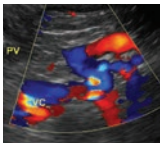

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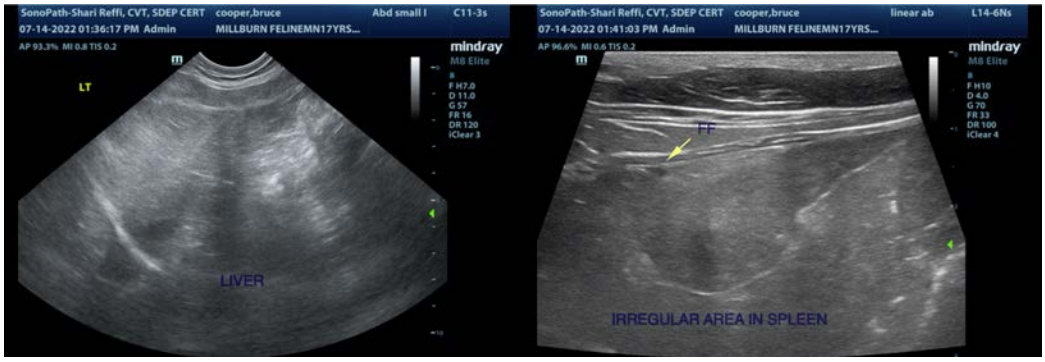

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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