



PATIENT

Patches Campo

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

19 Years

WEIGHT

9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

39525

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Hematuria with no bacteria or WBC in U/A. Current meds: Methimazole, Amoxi
Abnormal PE/Chem/CBC/UA Results: USG 1.013, Protein 2+, occult blood 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The dorsal aspect of the urinary bladder wall appears severely thickened, measuring approximately 1.11 cm in thickness and extends approximately 3.77 cm in length, involving the entirety of the dorsal wall of the urinary bladder. This abnormal tissue extends into the cystourethral junction. There is irregular tissue in the proximal urethra with a thickness of 0.33 cm. Findings are most consistent with a neoplastic process.

The left kidney has a normal shape and size (3.5 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.84 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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 0.40 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 normal/borderline small 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 appearance of the spleen is consistent with hypovolemia.

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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Gastrointestinal

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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.

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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 measured 0.26 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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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.

Other

INTERPRETED BY

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

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PRIMARY FINDINGS

- Extensive severe thickening of the dorsal aspect of the urinary bladder and proximal urethra – most concerning for a neoplastic process. Recommend sampling.

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SECONDARY FINDINGS

- Borderline small spleen – most consistent with hypovolemia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe irregularity and thickening to the dorsal wall of the urinary bladder, creating a large mass effect that extends into the proximal urethra. This is very concerning for a neoplastic process. Recommend urinalysis and culture. Recommend sampling to confirm. Options would include the possibility of fluid analysis and cytology on a free catch sample if it is extremely cellular, a traumatic catheterization (this can be tricky in a female cat). Lastly, you could consider a fine needle aspirate of the urinary bladder wall, but this does risk tracking a neoplastic process through the abdomen. If this is confirmed to be a neoplastic process, recommend consultation with a veterinary oncologist regarding treatment options.

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

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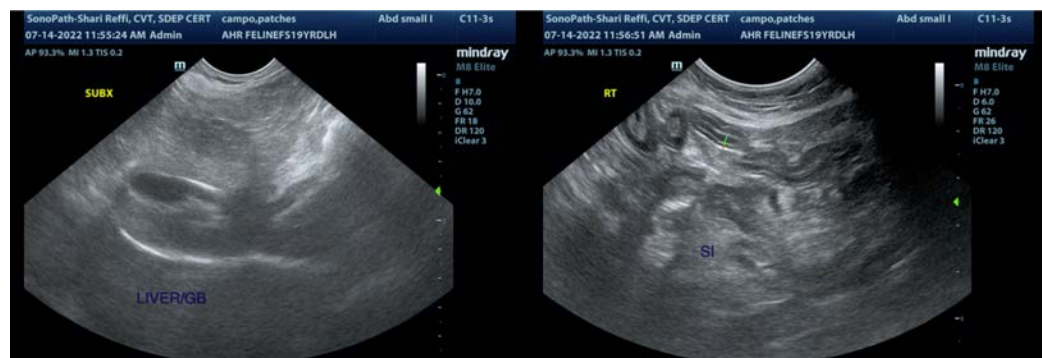
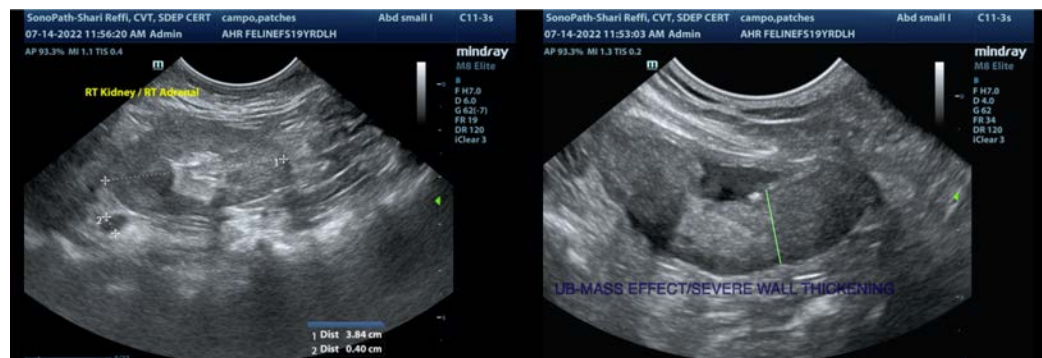
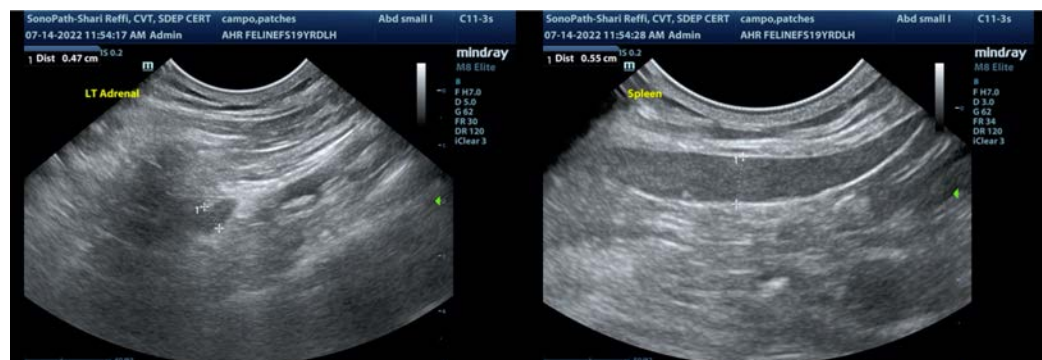
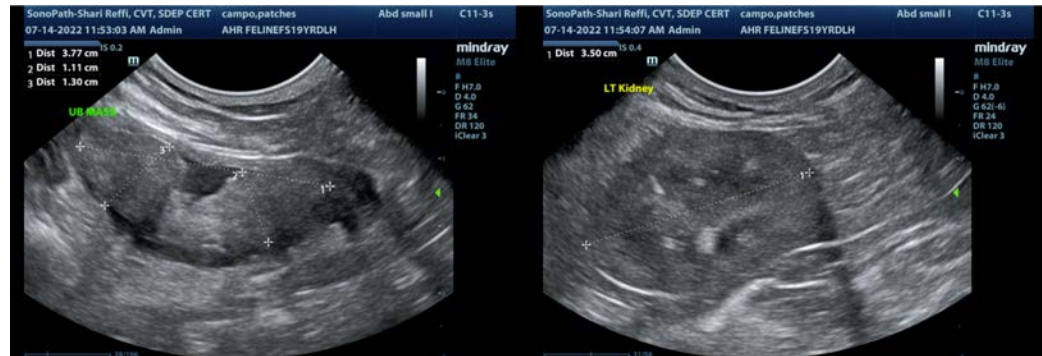
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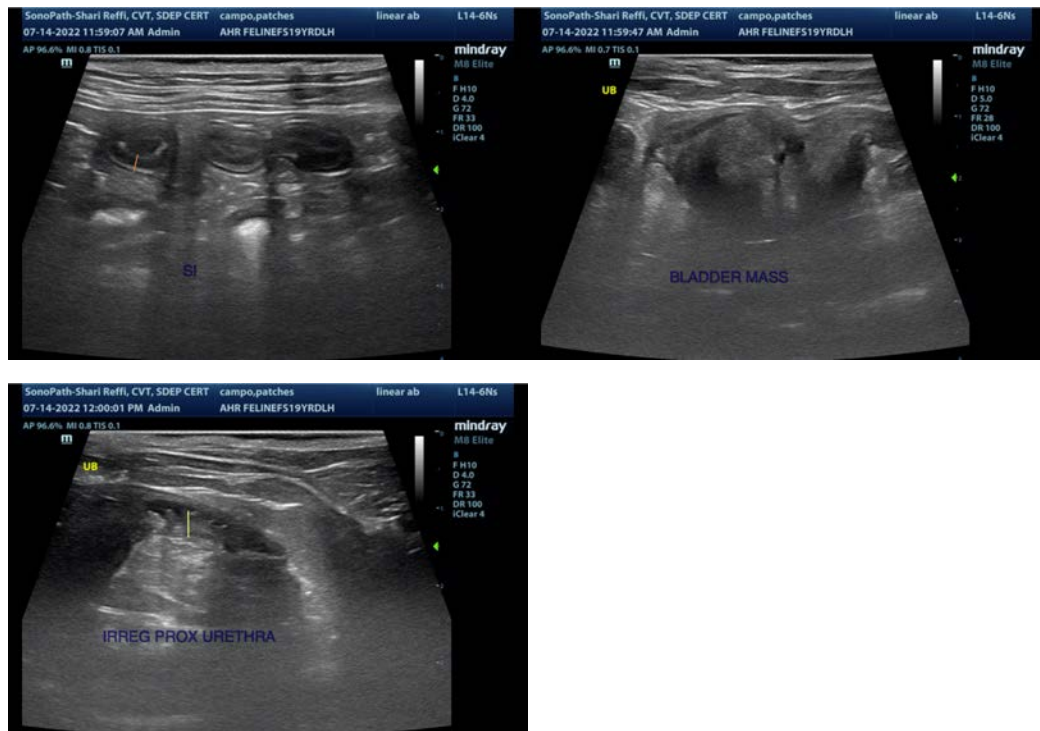
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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