



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Maggie Merla
SPECIES Feline
 hematuria ongoing ultrasound and FNA done in 2020 at their rDVM. mass at trigone area. FNA came back as hyperplastic but due to the risk of TCC, they put her on meloxicam SID. Her hematuria has been on/off but mostly managed. O missed 2 days of meloxicam and noticed her hematuria returned. straining in the litterbox as well meds: clavaseptin
 Abnormal PE/Chem/CBC/UA Results: BW not performed UA showed large amount of rods, epithelial cells

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH *Urinary System*

SEX Spayed Female
 The urinary bladder is mildly/moderately distended with anechoic urine. The Bladder wall is largely of normal thickness, but there is a focal area in the mid body region of the urinary bladder with multiple polypoid-like mass lesions over an area of approximately 1.0 cm x 2.47 cm. The trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings are concerning for underlying bladder neoplasia, although benign inflammatory masses are possible.

AGE 12 Years
 The left kidney has a normal shape and size (3.88 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.

WEIGHT 5.3 kg
 The right kidney has a normal shape and size (3.85 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.

INTERPRETED BY *Adrenal Glands*

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)
 The left adrenal gland is normal in size measuring 0.30 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.

IMAGING PERFORMED BY Kelly Reschny
 The right adrenal gland is normal in size measuring 0.27 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.

HOSPITAL NAME *Spleen*

Downtown AH
 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.

REFERRING VET *Liver*

Dr. Ahn
 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.

INVOICE 39852
 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.

DATE

7/27/22


PATIENT *Gastrointestinal*

Maggie Merla The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Feline 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.)

BREED

DLH

SEX

Spayed Female

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.

AGE

12 Years

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.

WEIGHT

5.3 kg

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.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Irregular polypoid urinary bladder mass – suggestive of a possible TCC, although an inflammatory polyp is also possible.
- Moderate ingesta within the gastric lumen – correlate with feeding history. Appearance is suggestive of a recent meal.

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple irregularities along the urinary bladder wall, most consistent with a transitional cell carcinoma, but given the history of hyperplasia on a fine needle aspirate and this originally being visualized two years ago makes a benign lesion very possible.

HOSPITAL NAME

Downtown AH

Recommend urinalysis and culture. Options moving forward include treating an infection (if present) and reevaluation with ultrasound to see if the lesion resolves, and/or continuing Meloxicam therapy with close monitoring of renal values. Additionally, a repeat fine needle aspirate could be considered (with the knowledge that this could track neoplastic cells in the abdomen), a traumatic catheterization, surgical biopsies, etc.

REFERRING VET

Dr. Ahn

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PATIENT

Maggie Merla

SPECIES

Feline

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Spayed Female

AGE

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WEIGHT

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PERFORMED BY**

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HOSPITAL NAME

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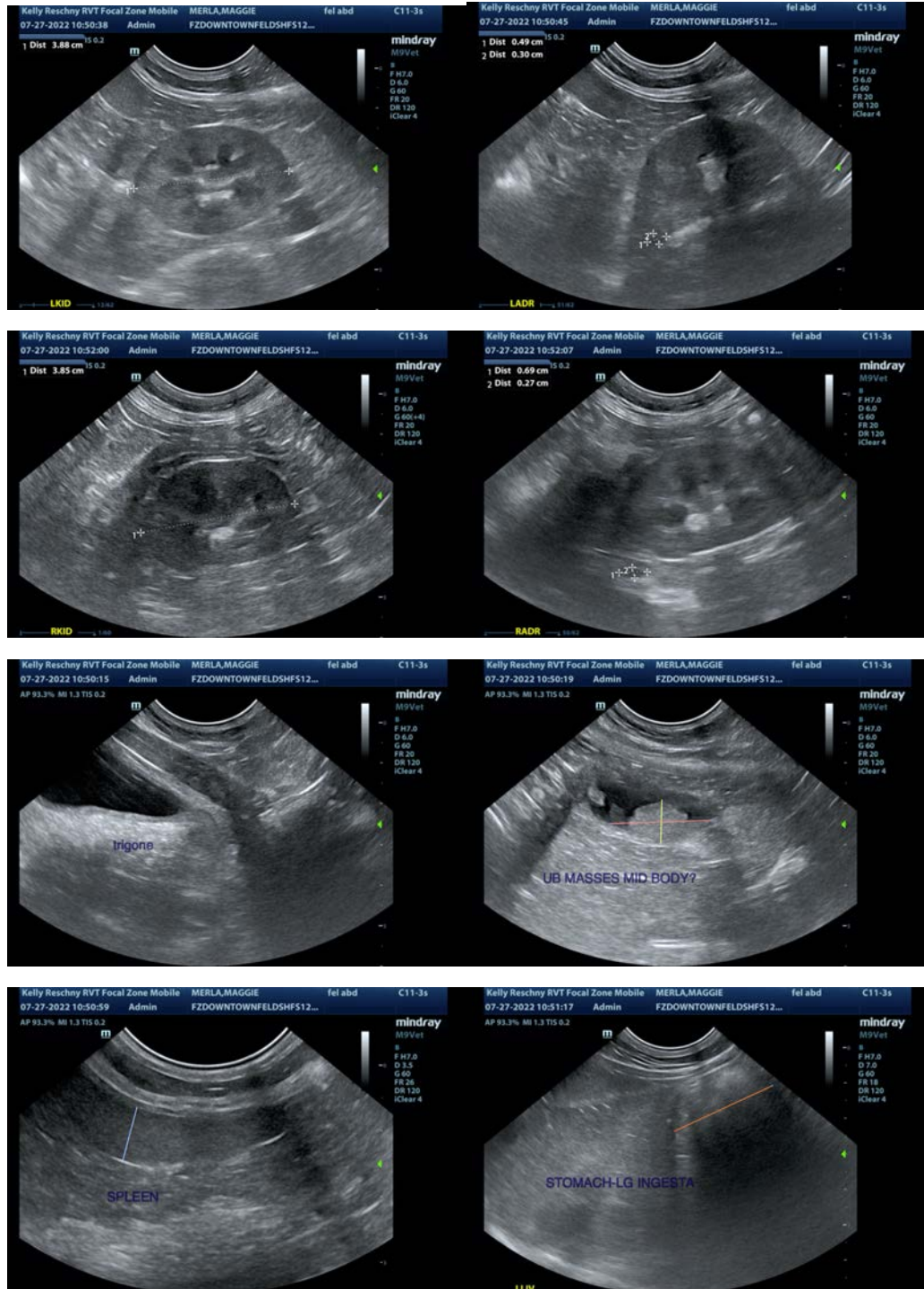
Dr. Ahn

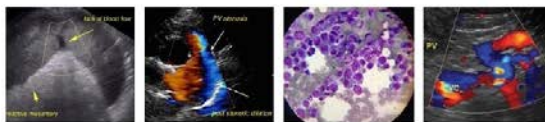
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PATIENT

Maggie Merla

SPECIES

Feline

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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)

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