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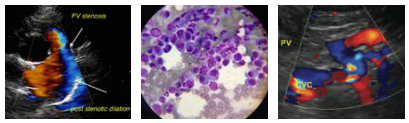

SonoPath
Clinical Sonography & Telecytology
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DATE
9/14/21

PATIENT
Rocky Cross

SPECIES
Feline

BREED
Domestic Longhair

SEX
Neutered male

AGE
4/10

WEIGHT
20.7 lbs

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

HOSPITAL NAME
Fullerton AH

REFERRING VET
Dr. Stock

INVOICE
91800

PRESENTING CLINICAL SIGNS

History: Patient is now urinating blood more with nearly every attempt; owner believes the problem is worsening.
Current Medications: Prazosin 0.5mg (1 PO SID) and Feliway diffusers started following last ultrasound.
Lab Results: Urinalysis via cystocentesis with urine culture and sensitivity will be performed the same day as the ultrasound. Nothing new from previous.
Radiographs: Not provided by the veterinarian.
Date of Previous IntraPet Ultrasound: 7-14-2021.
Sedation: Sedation not required for scan.
Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with primarily suspended echogenic debris present. The bladder wall appears thickened especially focally in the dependent region of the urinary bladder measuring up to 1.0 cm in thickness involving approximately 2.69 cm length of the bladder wall. This abnormality presents as a much more convincing focal mass effect and a more apical and dorsal aspects of the urinary bladder wall appear normal. The urethra appears normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.14 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. Pinpoint, non-obstructive nephroliths. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.98 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. Occasional, pinpoint, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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.

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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Focal area of bladder wall thickening. The lesion appears progressive. There is concern for neoplastic lesion. The most likely differential would be a TCC. I cannot rule out a focal, dependent cystitis.

SECONDARY FINDINGS:

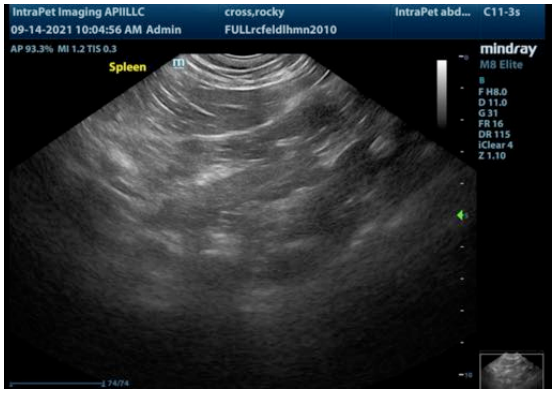
- Occasional, non-obstructive nephroliths in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidneys are consistent with small, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened of the bladder wall is much more prominent and focal on today's scan. I am concerned that it appears more mass like. Sterile cystitis or bacterial cystitis can have flare ups, so that cannot be excluded, but there is concern for a mass here. Options moving forward include:

- Cytology on a urine sample if cells are exfoliating well, a traumatic catheterization of the bladder wall (would be more diagnostic) or surgical biopsy of the bladder wall (would be most diagnostic).

I am concerned that the clinical course of this lesion is consistent with progressive disease, but more information would be necessary to know definitively.


IntraPet Imaging APIILLC
cross,rocky
IntraPet abd... C11-3s
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FULLrcfeldlhmn2010
AP 93.3% MI 1.2 TIS 0.3
Spleen
mindray
M8 Elite


IntraPet Imaging APIILLC
cross,rocky
IntraPet abd... C11-3s
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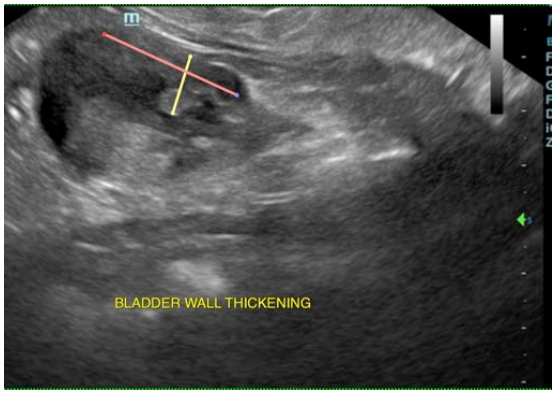
FULLrcfeldlhmn2010
AP 93.3% MI 1.2 TIS 0.3
Liver
mindray
M8 Elite


BLADDER WALL THICKENING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09-14-2021 10:02:46 AM Admin
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AP 93.3% MI 1.2 TIS 0.3
mindray
M8 Elite
ECHOGENIC URINE


IntraPet Imaging APIILLC
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IntraPet abd... C11-3s
09-14-2021 10:02:46 AM Admin
FULLrcfeldlhmn2010
AP 93.3% MI 1.2 TIS 0.3
mindray
M8 Elite
BLADDER WALL THICKENING


IntraPet Imaging APIILLC
cross,rocky
IntraPet linear L14-6Ns
09-14-2021 10:07:06 AM Admin
FULLrcfeldlhmn2010
AP 96.6% MI 0.6 TIS 0.1
BLADDER
Dist 1.09 cm
mindray
M8 Elite
THICK BLADDER WALL

The information and recommendations provided are based on the images presented by the referring veterinarian. 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