



PATIENT PRESENTING CLINICAL SIGNS

Sadie Eyen Hematuria, no improvement with antibiotics, history of overgrooming.

Abnormal PE/Chem/CBC/UA Results:

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED An irregular non-homogenous pinpoint hyperechoic mass occupying the majority of the mid to cranial urinary bladder and occupying ~ 50% of the urinary bladder lumen was present measuring 2.0 x 1.6 cm. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild anechoic urine was present in the lumen with no uroliths or sediment.
DSH Confirmed vascularity within the mass on color Doppler.

SEX

FS

AGE

2006

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Scant left kidney pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

10

A solitary mildly prominent hypoechoic medial iliac lymph node was present measuring 0.7 cm in diameter.

Adrenal Glands

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP
 (Canine and Feline)

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm.

Spleen

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

The spleen exhibited normal size and primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

HOSPITAL NAME

Maple Hills VH

Liver/Gallbladder

REFERRING VET

Dr. Eckman

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and minor non-dependent echogenic luminal debris. Minor non-obstructive proximal common bile duct dilation was present measuring 0.2 cm in diameter. No evidence of post hepatic obstructive criteria was present.

INVOICE

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Gastrointestinal

DATE

01/02/2023



PATIENT

Sadie Eyan

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

DSH

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No omental masses or peritoneal effusion was present.

Potential concurrent minor isoechoic mesenteric lymphadenopathy was present, not overtly consistent with inflammatory or neoplastic criteria.

AGE

2006

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Irregular to non-homogenous pinpoint mineralized urinary bladder mass-consistent with neoplastic criteria
- Focal medial iliac lymphadenopathy-nonspecific yet suspicious for early metastatic criteria
- Bilateral chronic renal changes with scant left kidney pyelectasia-no evidence of left or right ureter obstruction

Secondary

- Minor gallbladder debris with minor non-obstructive proximal common bile duct dilation-suspect age related variant

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the urinary bladder mass may include transitional cell carcinoma although alternative neoplastic etiologies i.e. squamous cell carcinoma, leiomyosarcoma, lymphoma or other are possible. Potential for significant chronic mid to cranial cystitis possible yet thought less likely. Biopsies would be required for a definitive diagnosis yet subjectively the urinary bladder mass does not appear to be amendable to surgical resection. A screening FNA cytology of the solitary medial iliac lymph node could be considered however long term prognosis is unfavorable.

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Sadie Eye

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BREED

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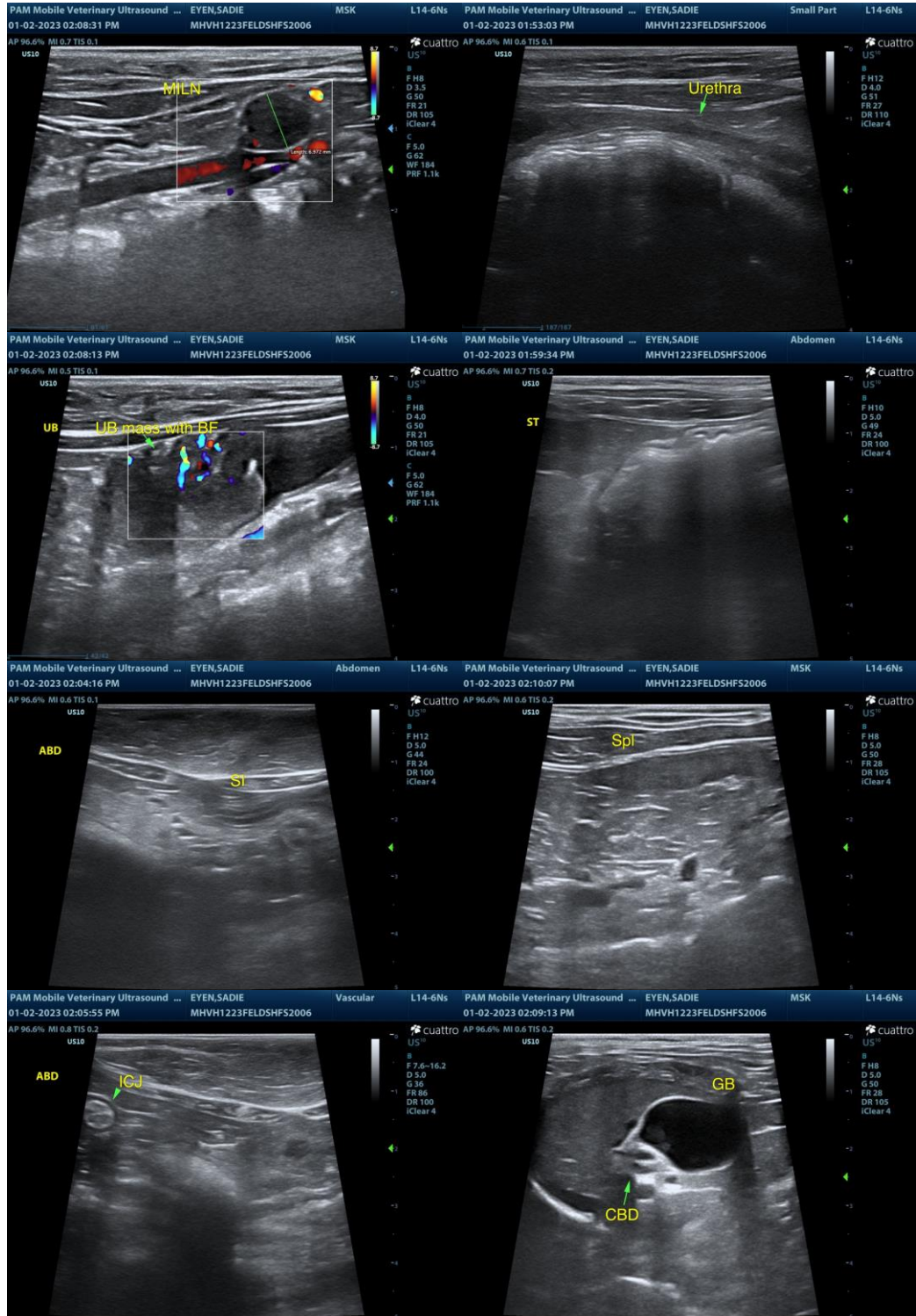
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Sadie Eye

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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.

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