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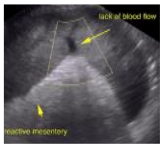
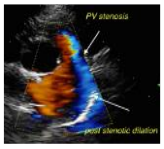
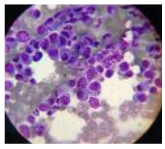
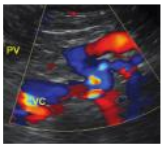

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sweetie Holbrook

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

10.46

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

15954

DATE

1/25/23

PRESENTING CLINICAL SIGNS

P is straining to urinate 30-40x a day and is leaking bloody urine constantly. Possible bladder mass. She is diabetic and is on insulin. Sent off urine culture and waiting for results

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A non-homogeneous mass involving the mid to cranial urinary bladder was present resulting in mild asymmetrical bladder contour without overt evidence of associated parenchymal mineralization, measuring approximately 2.3 cm x 1.9 cm. The mass appeared to primarily occupy the majority of the mid to cranial urinary bladder with only minor discernable caudal mildly prominent variably thickened wall layering extending into the area of the trigone and urinary bladder neck. Minimal anechoic urine was present with no sediment or calculi. The urethra exhibited normal structure and tone to a depth of 2.0 cm. The ventral trigone urinary bladder wall width measured 0.37 cm.

No overt medial Iliac or sublumbar lymphadenopathy/masses.

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver presented mild to possibly moderately enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Intermittent nondisruptive discrete hypoechoic hepatic nodules were noted with an example measuring 1.3 cm in diameter. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor, echogenic, luminal debris. The cystic and common bile ducts were normal.

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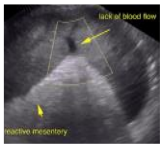

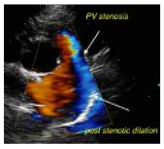

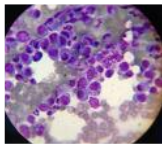
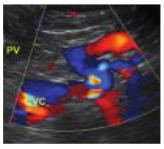

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental jejunal ileus was noted to the level of the ileocolic junction.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent benign / reactive colic lymph nodes, not consistent with inflammatory or neoplastic criteria, were present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass with concurrent variably thickened dorsal and ventral trigone walls extending into the cystourethral junction
- Mild chronic renal changes - no evidence of pyelectasia / hydronephrosis
- Likely diabetic hepatopathy pattern with benign discrete intraparenchymal nodules - nodules suggestive of hyperplasia, hematopoiesis, or similar, infiltrative hepatic parenchyma or nodular neoplastic criteria thought less likely
- Minor gallbladder debris
- Heterogeneous pancreas
- Normal gastrointestinal tract with gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is most suggestive of neoplastic criteria i.e., transitional cell carcinoma, epithelial, or mesenchymal tumor with non-neoplastic i.e., inflammatory or granulomatous, etc., etiologies possible yet thought less likely.

Biopsy would be required for a definitive diagnosis, yet the urinary bladder mass does not overtly appear to be amendable to complete surgical resection. Early extension of neoplastic criteria into the trigone and urinary bladder neck cannot be definitively excluded. No overt evidence of regional metastasis. An oncology consultation may be considered.

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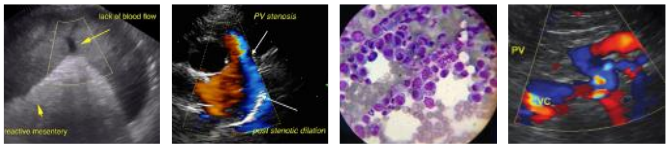

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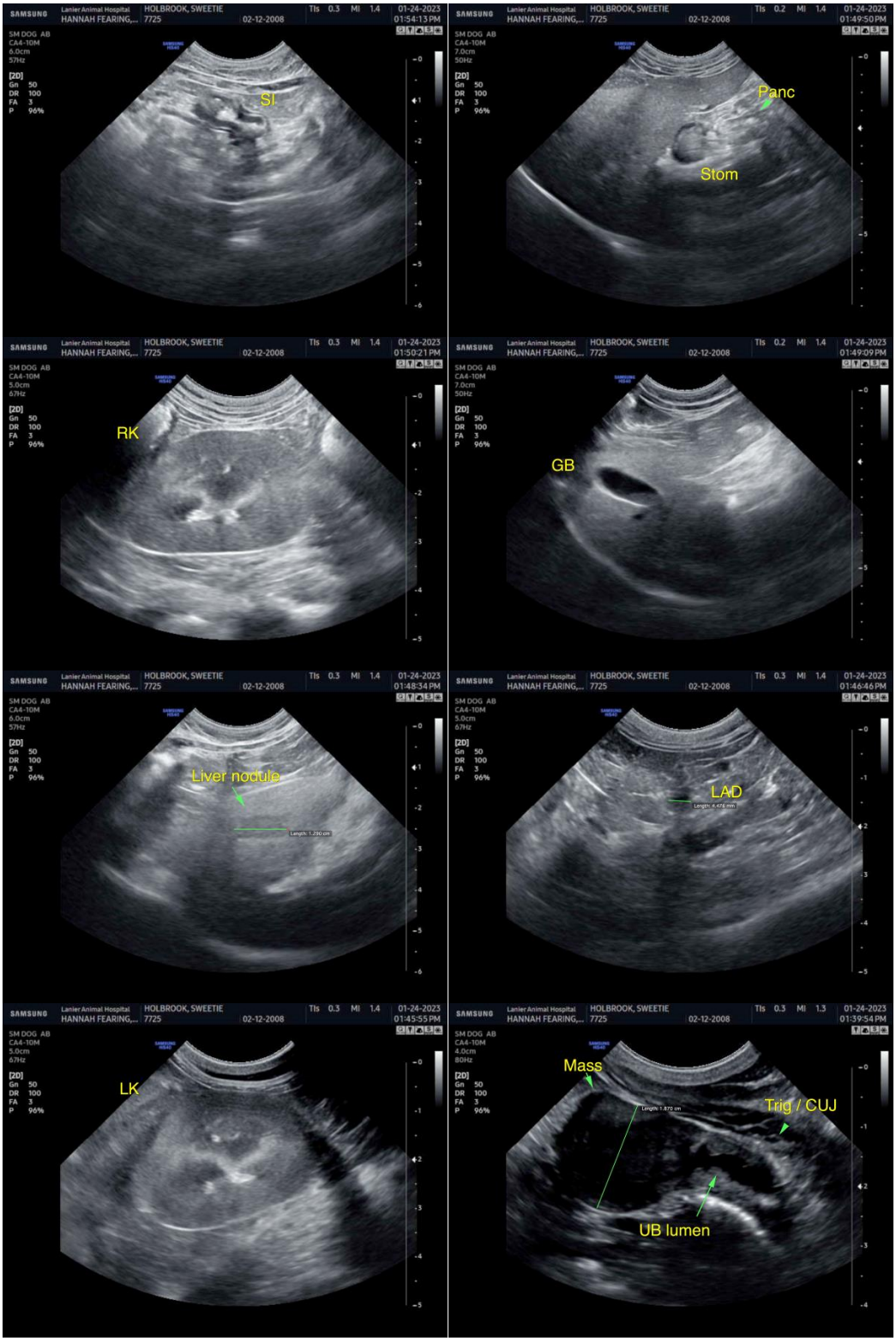

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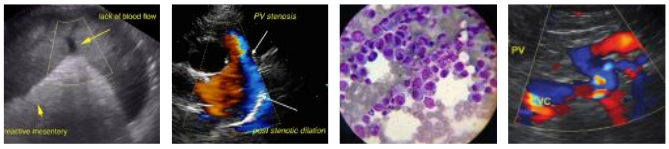

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com