



PATIENT

Maxwell Schaumberg

PRESENTING CLINICAL SIGNS

presented with recurrent urinary signs

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: calcified bladder mass noted on fast scan vs stone obese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder was normal in overall size and tone. Within the dorsoapical bladder, mineralized calculi exhibiting distal acoustic shadowing and primarily symmetric contour were present. An example of calculus measured 1.2 cm in diameter. Associated with the calculus was a primarily uniform to non-homogenous potential soft tissue dorsoapical proliferation exhibiting potential for pinpoint to focal embedded mineral with sessile based appearance extending into the bladder lumen measuring ~ 2.5 cm x 2.0 cm. Separate yet focal areas of apical to ventroapical mild bladder wall thickening with focal areas of pinpoint focally adhered mineral were present. Anechoic urine was present in the dorsal and ventral trigone extending into the area of the urinary bladder neck. The visible proximal urethra exhibited normal structure and tone to a depth of 2 cm.

SEX

FS

AGE

14yr

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. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.0 cm in length

WEIGHT

14lb

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.56 cm in width. No overt pathology in the area of the right adrenal gland.

IMAGING PERFORMED BY

Dr. Hess

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.

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Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

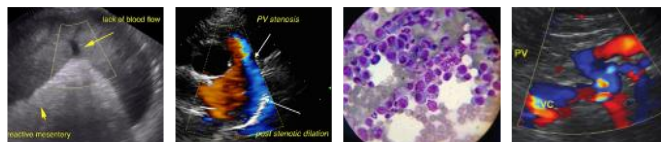
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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic non-shadowing ingesta 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.

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Pancreas

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.

BREED

DSH

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

AGE

14yr

- Dorsoapical cystic calculi with possible associated soft tissue mural proliferation/cystitis or regional congealed mucus, potential for mineralized mass/lesion possible
- Concurrent separate focal ventroapical cystitis with pinpoint to focal adhered ventroapical mineral
- Mild chronic renal changes

WEIGHT

14lb

Sonographic differentiation between possible chronic cystic calculi with associated proliferative irritative/inflammatory mural changes and congealed mucus to sediment or neoplastic criteria i.e. transitional cell carcinoma was difficult to ascertain. Both potentials are possible in light of patient of age. A biopsy is likely required for a definitive diagnosis. Given the location of the lesion, possible resection of the lesion could be a potential. The dorsoapical calculi and soft tissue proliferation did not appear to involve the bilateral ureteral papilla without evidence of left or right ureter dilation. Additional assessment with color flow Doppler to assess vascularity is suggested. No overt evidence of regional metastasis was present. Cytospin cytology of a free catch urine sample to assess for atypical transitional cells is suggested. A urine C/S on a sterile urine sample if not done is recommended to assess for or rule out underlying chronic bacterial cystitis.

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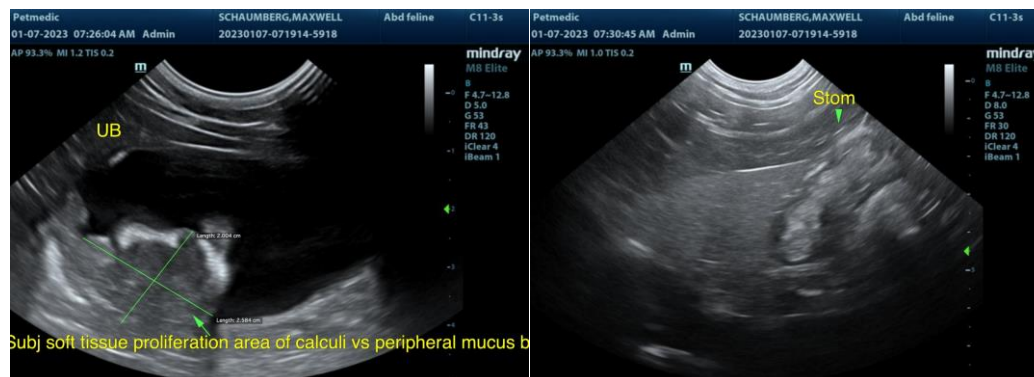
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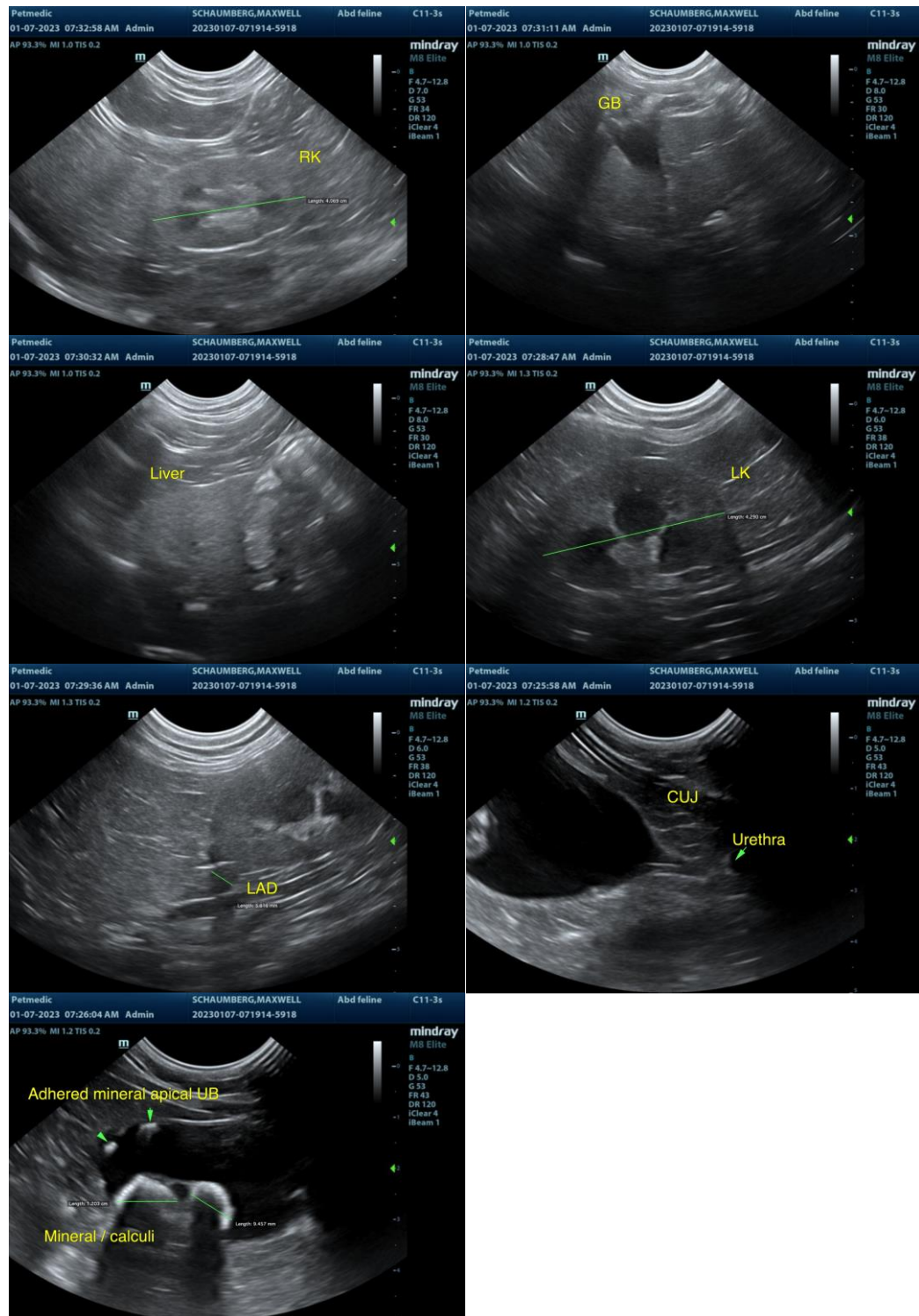
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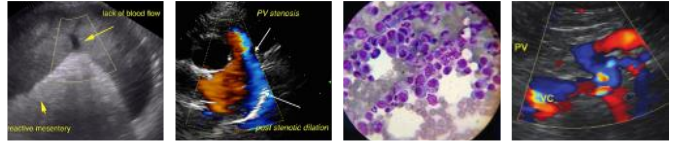
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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