



PATIENT

Fatso Rynkiewicz

SPECIES

Feline

BREED

DSH

SEX

Male/Neutered

AGE

15

WEIGHT

13.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

15184

DATE

10/11/22

PRESENTING CLINICAL SIGNS

MILD URINARY INCONTINENCE

Abnormal PE/Chem/CBC/UA Results: BW- MILD AZOTEMIA, ELEVATED SDMA UA- PROTEIN 3+, RBCS, WBCS, LOW SPGR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with subjective normal tone. Several separate sessile-based urinary bladder masses extending mildly into the urinary bladder lumen were present along the ventroapical, apical, and dorsal trigone luminal surface with concurrent mild dependent luminal mineral, as well as mild to moderate, non-dependent, particulate sediment which may indicate cellular debris / protein, crystalline debris, or concurrent mucus. An example of an apical urinary bladder mass measured 2.1 cm in diameter. An example of a dorsal trigone mass measured 1.6 cm in diameter. The urinary bladder masses exhibited mild mixed echogenicity with pinpoint hyperechoic foci, suggestive of mineralization. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint to focal medullary mineralization was noted in both kidneys with nonobstructive left kidney medullary renolith. No evidence of pyelectasia was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. The spleen measured 0.59 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.



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Gastrointestinal

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.

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

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Several separate sessile-based apical and dorsal trigone urinary bladder masses - consistent with probable transitional cell carcinoma
- Bilateral moderate chronic renal changes exhibiting medullary mineral to nonobstructive left kidney renolith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cytospin cytology of free catch urine sample to assess for evidence of atypical and transitional cells +/- screening urine C/S and/or UPC level if no evidence of significant inflammatory cells, given the proteinuria, for renal staging may be considered.





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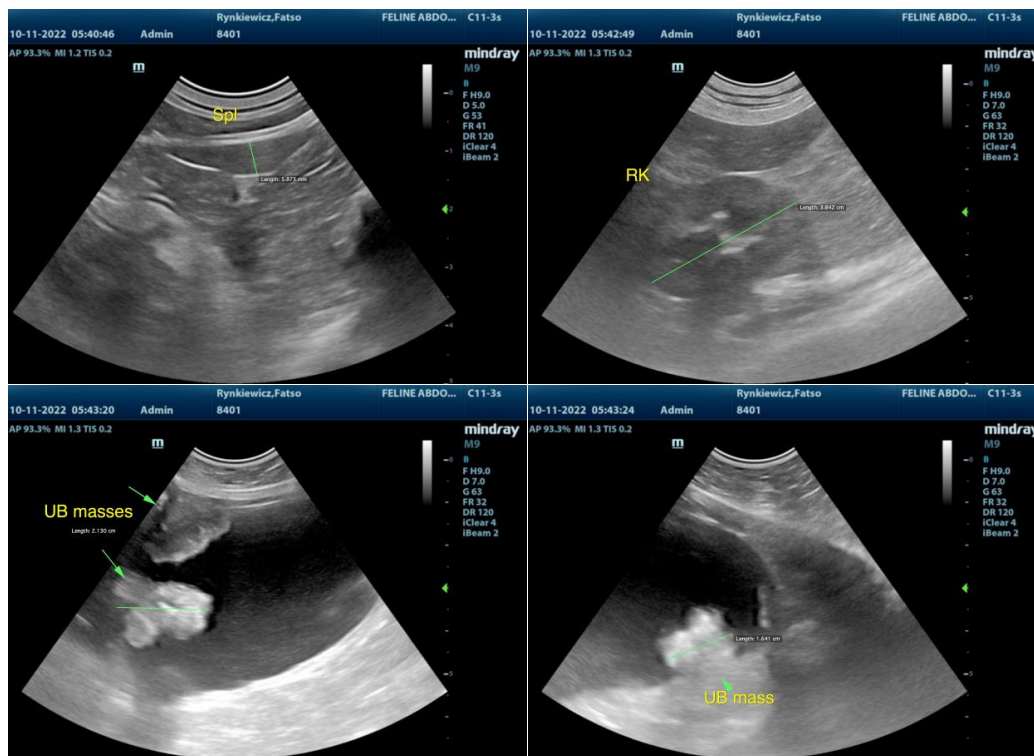
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com