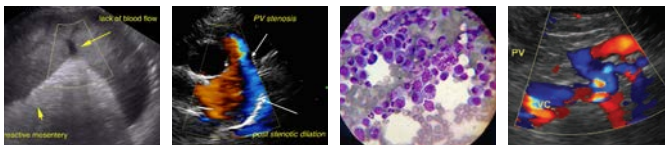
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Percy Erasmus

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on the Hudson

REFERRING VET

Dr. Zelinski

INVOICE

26400

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Patient with history of bilateral perineal hernia repair in 2020, presents for recurrent hematuria. Possible bladder mass visualized on in-house ultrasound. No current meds.
Abnormal PE/Chem/CBC/UA Results: 9/27/21: creat. 2.7, BUN 31

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination was present, primarily involving the mid to caudal dorsal urinary bladder wall and extending into the area of the cystourethral junction, potentially into the proximal urethra to a depth of 1.0 cm. The mass was mineralized and measured approximately 3.0 cm x 2.0 cm. The mass was likely involving the area of the ureteral papillae. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with no uroliths or sediment. The ureters were not visible which is normal. The proximal urethra exhibited subjective prominent size, measuring 0.53 cm in diameter.

The left kidney was normal in size and contour with moderate fluid dilation in the area of the pelvis and extending into the lateral diverticuli. The fluid was anechoic. Concurrent mild left proximal hydroureter noted. Mild loss of corticomedullary border demarcation noted. The left kidney measured 4.2 cm.

The right kidney was normal in size and contour with mild fluid dilation in the area of the pelvis and extending mildly into the lateral diverticuli without evidence of concurrent right hydroureter. The fluid was anechoic. Mild loss of corticomedullary border demarcation noted. The right kidney measured 4.5 cm.

The area of the aortic trifurcation was free of pathology. No overt evidence of regional metastasis.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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 0.66 cm in width.

Liver

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.

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.

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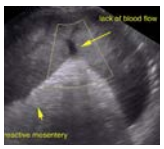
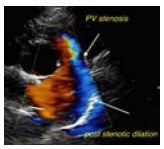
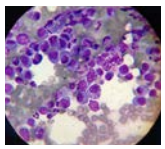
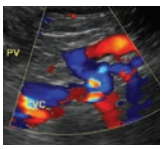

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Pancreas

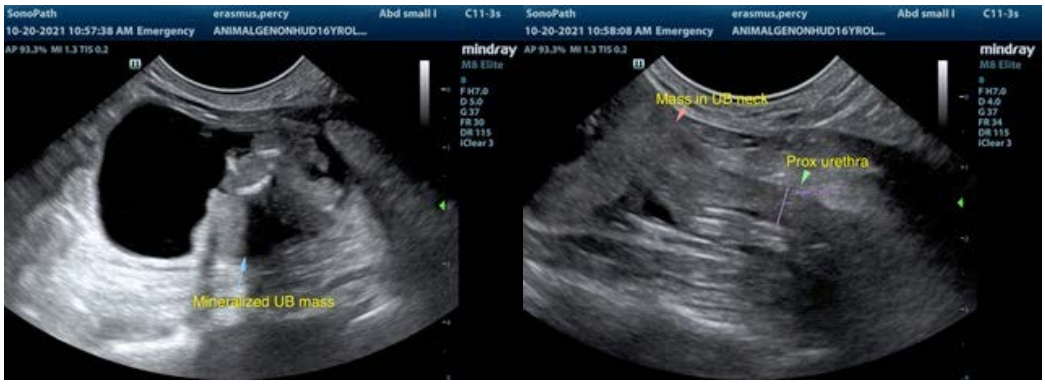
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

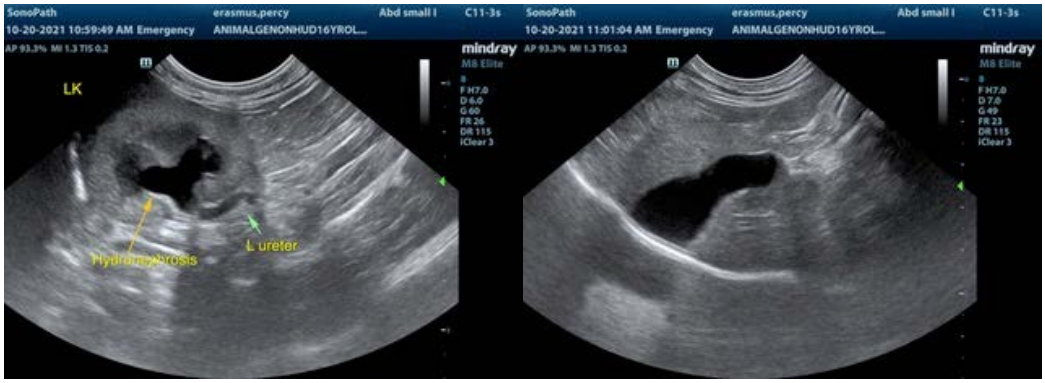
ULTRASONOGRAPHIC FINDINGS

- Mineralized urinary bladder mass extending into the area of the cystourethral junction and potential extension into the proximal urethra
- Left kidney moderate hydronephrosis with concurrent proximal mild left hydroureter
- Right kidney mild hydronephrosis without overt proximal right hydroureter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is most consistent with neoplasia such as transitional cell carcinoma versus other neoplastic etiologies. Although the left hydroureter was mild and not definitively traced to the level of the bladder, at least left ureteral obstruction owing to the mass with secondary left hydronephrosis may be present. The left kidney hydronephrosis may be owing to non-obvious right ureter obstruction, although chronic renal changes, potential pelvic scarring, or other non-obvious causes of right ureter obstruction are possible. The urinary bladder mass (given its location) is not amenable to surgical resection. Empirically, NSAID/analgesic therapy may be considered, yet given the presentation of the kidneys in the face of azotemia, may be precluded in this case. Overall, probable unfavorable long-term prognosis indicated.





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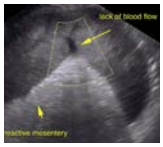
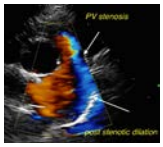
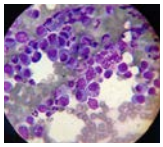
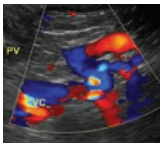

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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