

**PATIENT**

Faith Radliff

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

15yr

WEIGHT

9.9lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VETDr. Bittner
Mukwonago AH**INVOICE**

11967ag

DATE

10/20/2022

PRESENTING CLINICAL SIGNS

Presented today for hematuria. History of being a diabetic. Suspect possible bladder mass.

Abnormal PE/Chem/CBC/UA Results: UA: WBC and small amount of crystals. Elevated BUN, amylase, Alk Phos.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was normal in size and tone. The urinary bladder lumen was occupied by a moderately sized non-homogeneous mass measuring ~2.8 cm x 1.5 cm. Potentially focal cystic component within the mass is possible. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

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. Pinpoint medullary mineral was present bilaterally. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

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 uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width.

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

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.

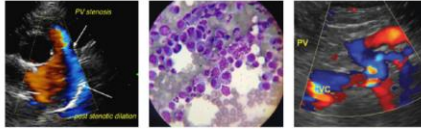
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

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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 left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. Variable moderate pancreatic duct dilation measuring 0.4 – 0.6 cm in width. No overt evidence of neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal free fluid was present.

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ULTRASONOGRAPHIC FINDINGS**AGE**

15yr

- Mild chronic renal changes
- Urinary bladder mass-suggestive of neoplastic criteria i.e. transitional cell carcinoma
- Chronic active pancreatitis pattern with pancreatic duct dilation
- Non-specific subjective benign hepatopathy-no evidence of hepatic neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**WEIGHT**

9.9lb

No evidence of regional urinary bladder lymphatic metastasis was observed. Minor potential for significant congealed sediment or mucus considered less likely.

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL is suggested.

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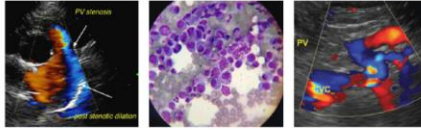
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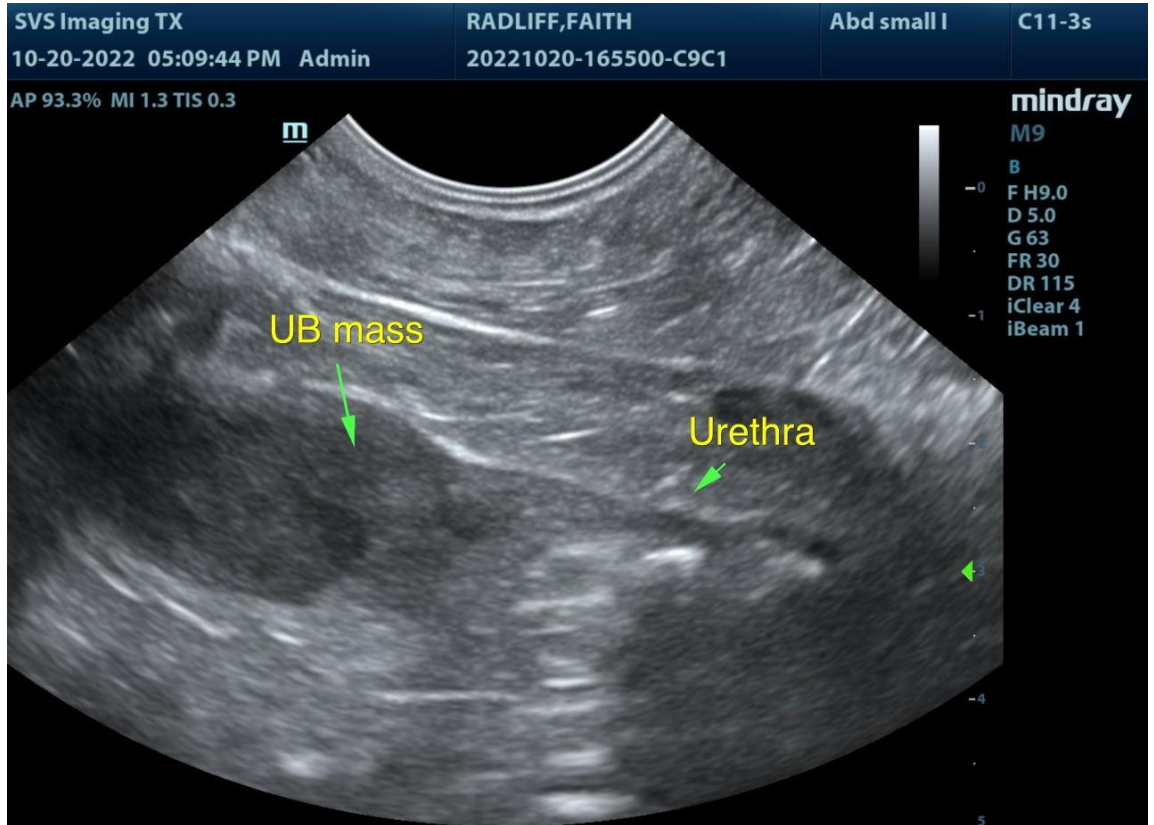
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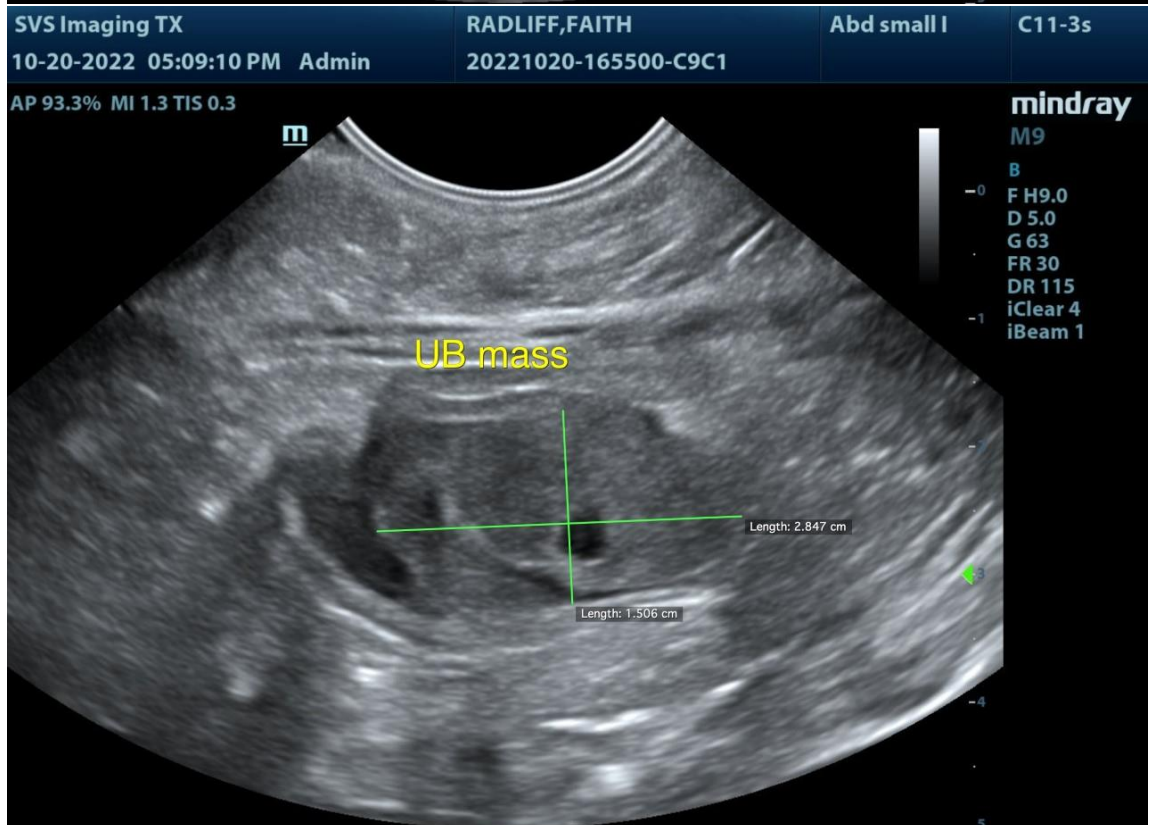
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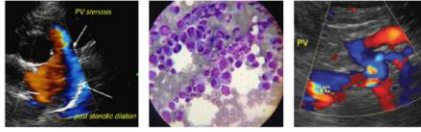
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AP 93.3% MI 1.3 TIS 0.3			

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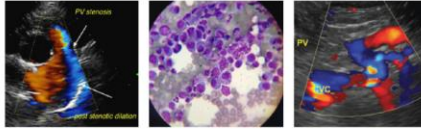
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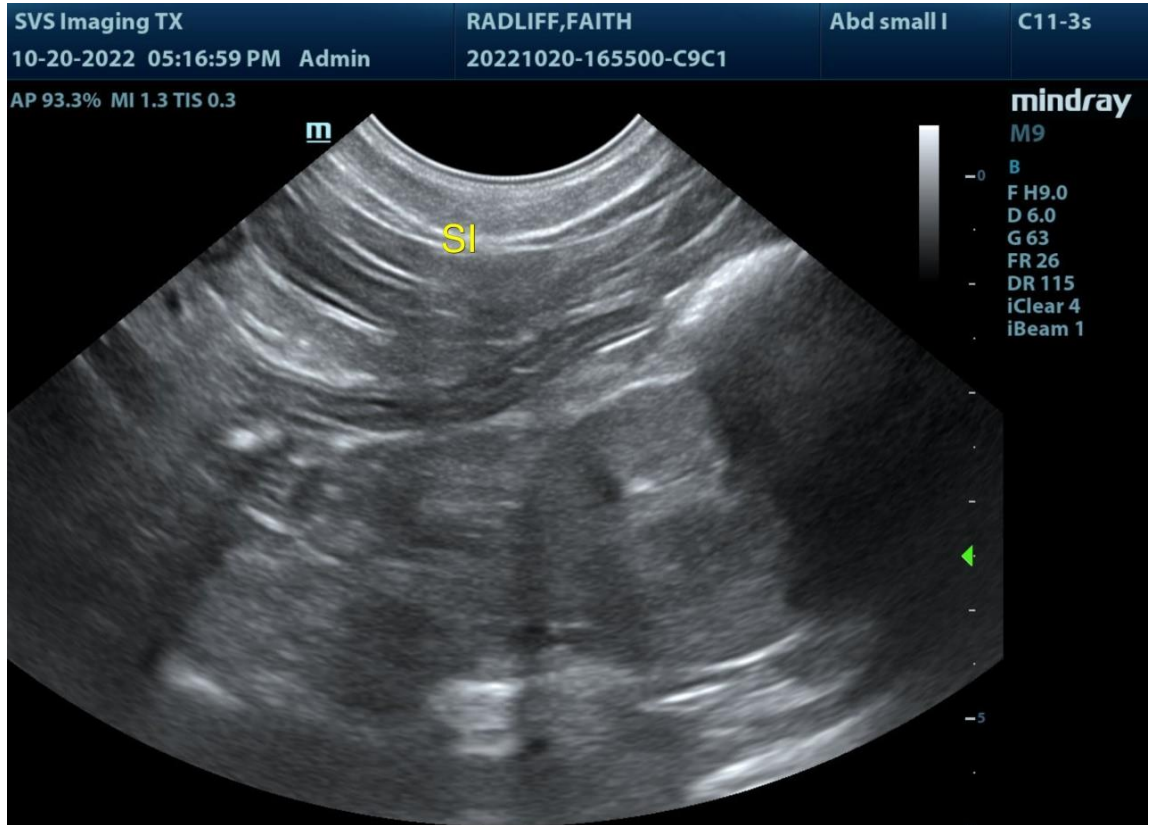
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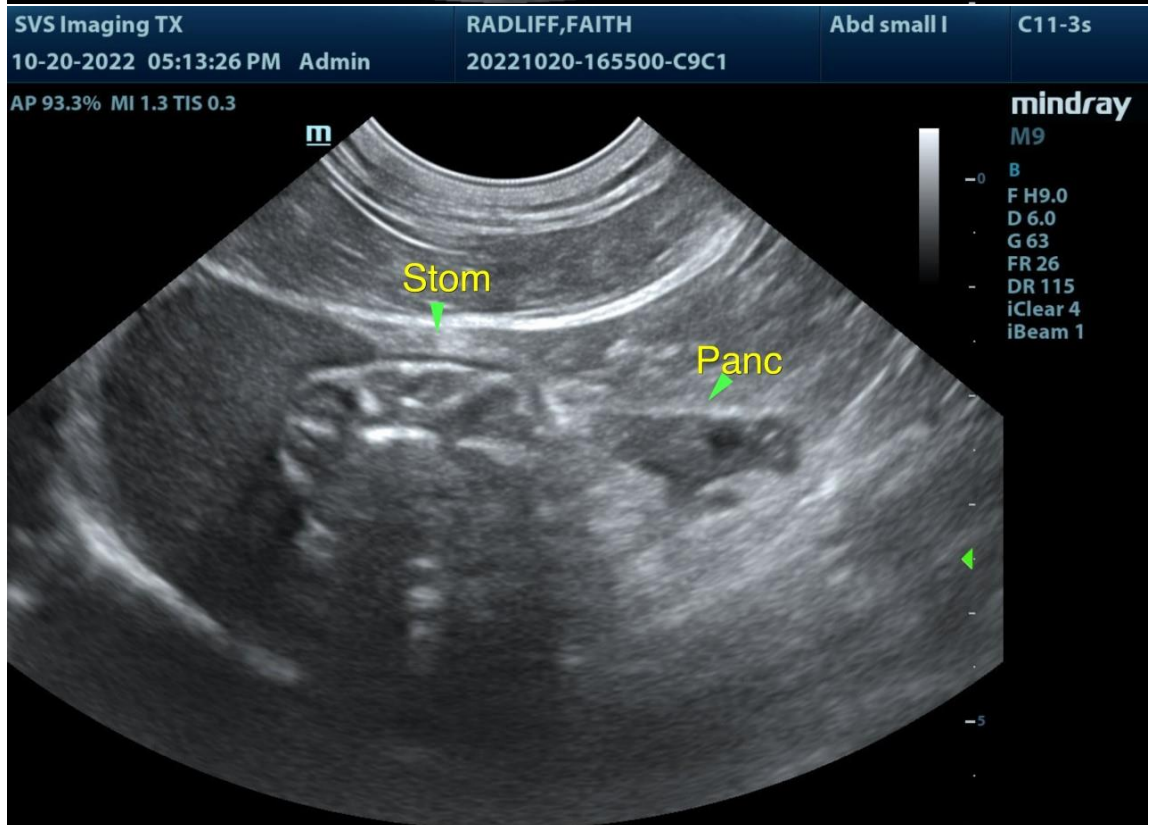
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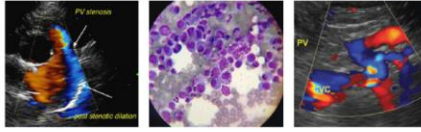
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			mindray M9 B F H9.0 D 4.0 G 63 FR 34 DR 115 iClear 4 iBeam 1

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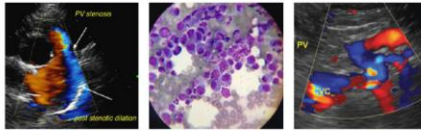
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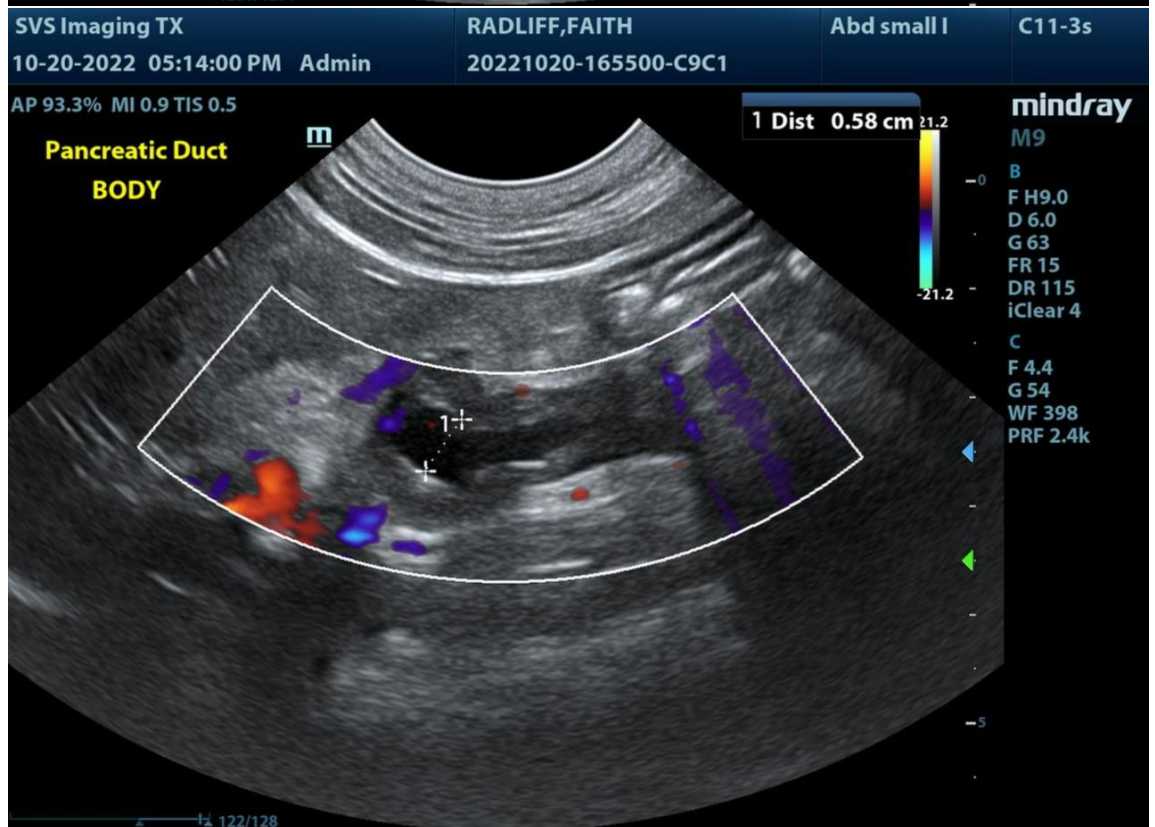
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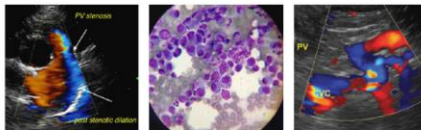
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The information and recommendations provided are based on the images presented by the referring

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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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