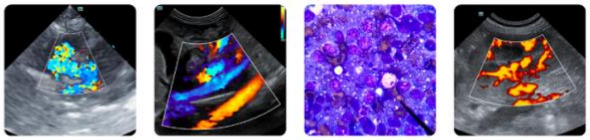

PATIENT

Mina Flynn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.12 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Danni Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Morgan Busby
Cats Exclusively

INVOICE

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DATE

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PRESENTING CLINICAL SIGNS

Possible mass within the bladder. mineralization of bladder wall seen on xray Presumed TCC but FNA for cytology requested" CLINICAL SIGNS: Significant weight loss; increased frequency of urination with only small amounts of urine produced (spotting). The owner has observed pinkish, tissue-like deposits in her urine. MEDICATIONS: Prednisolone 5mg PO SID Clavamox PO BID x 7d Gabapentin 50mg SID – BID

Abnormal PE/Chem/CBC/UA Results: Proteinuria, hematuria, pyuria, crystalluria Renal values WNL, No fever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with an extensive urinary bladder mass occupying a majority of the ventral, apical and dorsal apical wall. The mass exhibited nonhomogenous mural echogenicity with luminal surface or luminal mural mineralization. Minimal anechoic urine was present. The mass measured approximately 3.2 cm x 1.2 cm. The urethra was overtly normal in structure and tone to a depth of 2.0 cm.

Normal size and margination was 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 pyelectasia was present. The left kidney measured 3.2 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with minor nonorganized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

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The stomach presented with normal intact visible wall. The stomach was nondistended containing mild retained fluid and mild progressively shadowing content. No evidence of obstruction to pyloric outflow.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty lumen.

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

Pancreas

Indistinctly marginated nonhomogenous hypoechoic mass lesion was visualized in the area of the mid abdomen and left pancreas measuring approximately 3.0 cm in diameter. Regional to surrounding hyperechoic nonuniform omentum.

Free Abdomen

Possible indistinct mildly enlarged hypoechoic to swollen mesenteric lymph nodes and a mild volume of peritoneal effusion were present.

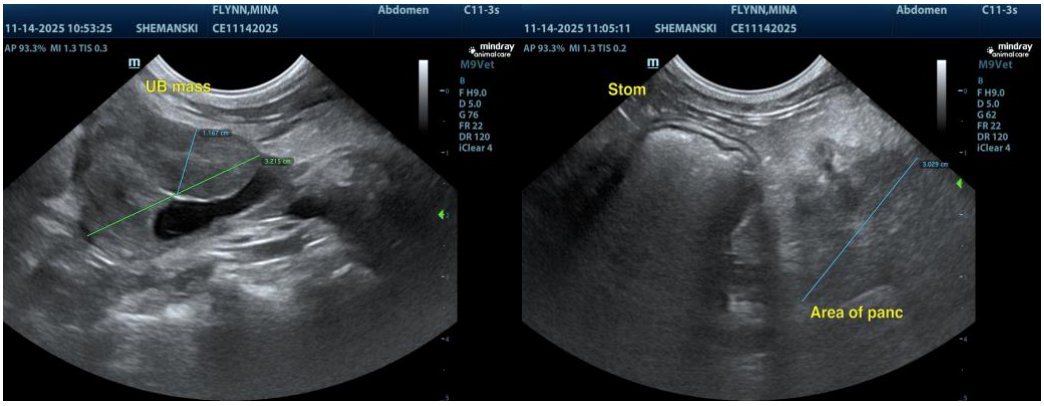
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass with luminal surface to mural mineralization.
- Unspecified to ill-defined mass lesion in the mid abdomen/area of left pancreas, regional nonuniform hyperechoic omentum and suspect mesenteric lymphadenopathy.
- Mild hypomotile stomach with retained fluid and nonspecific progressive shadowing content.
- Mild chronic renal changes.
- Mild peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria i.e. transitional cell carcinoma. Multicentric neoplastic criteria i.e. carcinomatosis given unspecified mid abdomen to pancreatic mass, omental changes, probable associated mild hypoechoic to swollen mesenteric lymphadenopathy and concurrent peritoneal effusion is probable.

Further assessment may include (assuming normal clotting status) FNA cytology of the unspecified mass and effusion analysis. Unfortunately, an unfavorable prognosis is probable.



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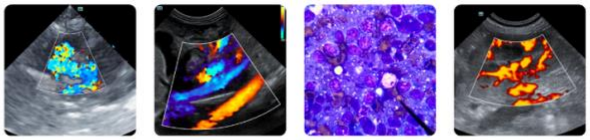

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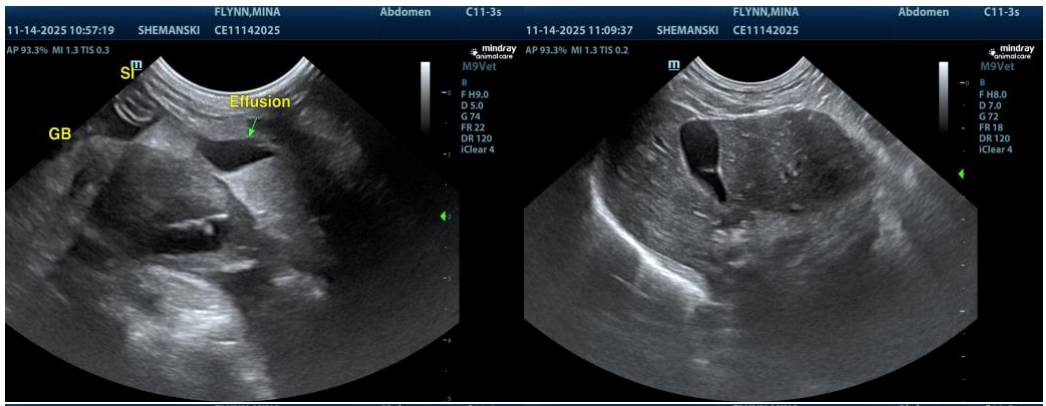

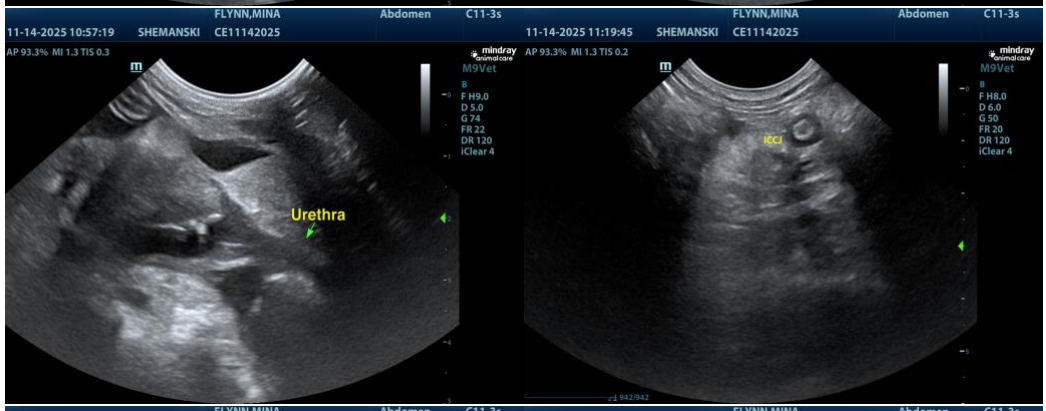

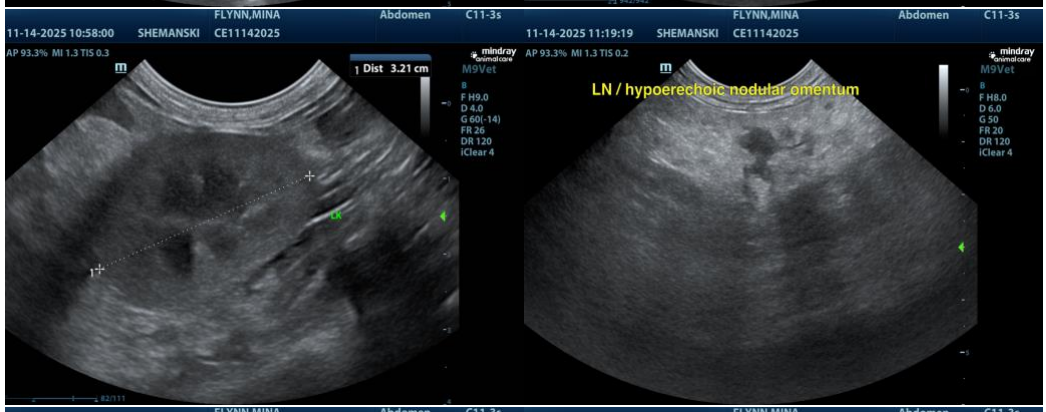

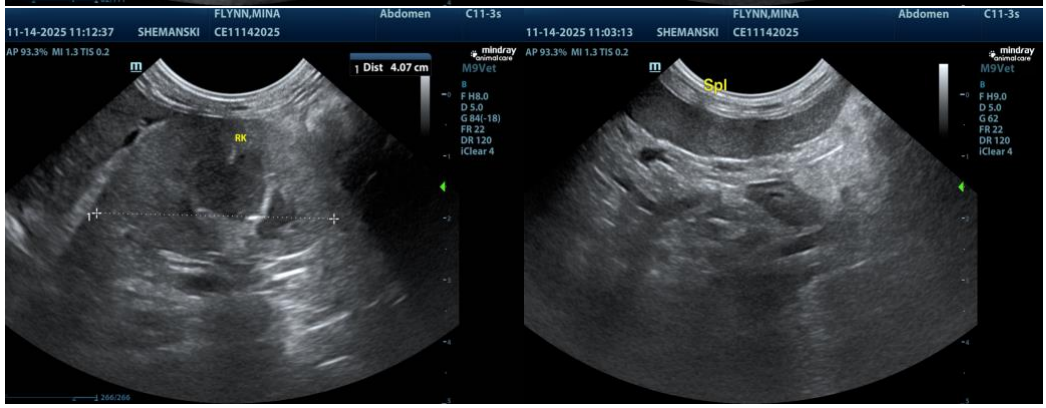

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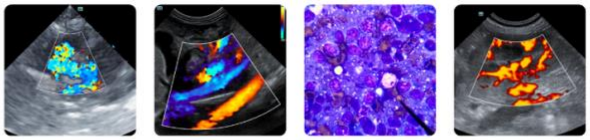

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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