



**PATIENT PRESENTING CLINICAL SIGNS**

Juliet Zurkos History of renal disease and UTI. On Orbax.

Abnormal PE/Chem/CBC/UA Results: SDMA 21; Crea 3.7; BUN 64. Urine culture; Enterococcus faecalis.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder was overall normal in size and tone. A small sessile based mass appearing to arise from the dorsal trigone extending into the caudal bladder lumen measuring 0.94 cm in diameter was present. No evidence of mineralization. The mass lesion appeared to be immobile in several videos. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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.

**SEX**

FS

**AGE**

16yr

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. Bilateral pinpoint medullary mineral was present. A small caudal cortical cyst was present in the left kidney measuring 0.36 cm in diameter. The left kidney measured 3.1 cm in length. The right kidney measured 3.2 cm in length

**WEIGHT**

9.06lb

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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**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 0.94 cm in width at the level of the hilus.

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**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. Intermittent non-expansive discrete hypoechoic nodules were present, an example measuring 0.80 cm in diameter. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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**Gastrointestinal**



**PATIENT**

Juliet Zurkos

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.

**SPECIES**

Feline

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**

**BREED**

DSH

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

**SEX**

FS

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

16yr

- Small sessile based dorsal trigone mass/lesion
- Non-specific chronic renal changes with pinpoint dystrophic mineral-no overt pyelonephritis
- Mild hepatic parenchymal remodeling included non-disruptive likely benign nodules-suspect benign to discrete hematopoiesis, hyperplasia or other
- Mild proximal non-obstructive proximal CBD dilation-likely incidental, suspect age-related changes assuming no evidence of cholestasis

**WEIGHT**

9.06lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The small sessile based mass/lesion is concerning for emerging neoplastic criteria i.e. transitional cell carcinoma although benign etiologies are possible. Cytospin cytology of a free catch urine sample to assess for atypical transitional cells and sonographic monitoring of the mass/lesion for evidence of progression is recommended. Potential higher dose shorter frequency antibiotic regiment which may prove more effective at eliminating enterococcus infection may be considered if tolerated. CRD therapy and monitoring of systemic BP would be appropriate.

**IMAGING PERFORMED BY**

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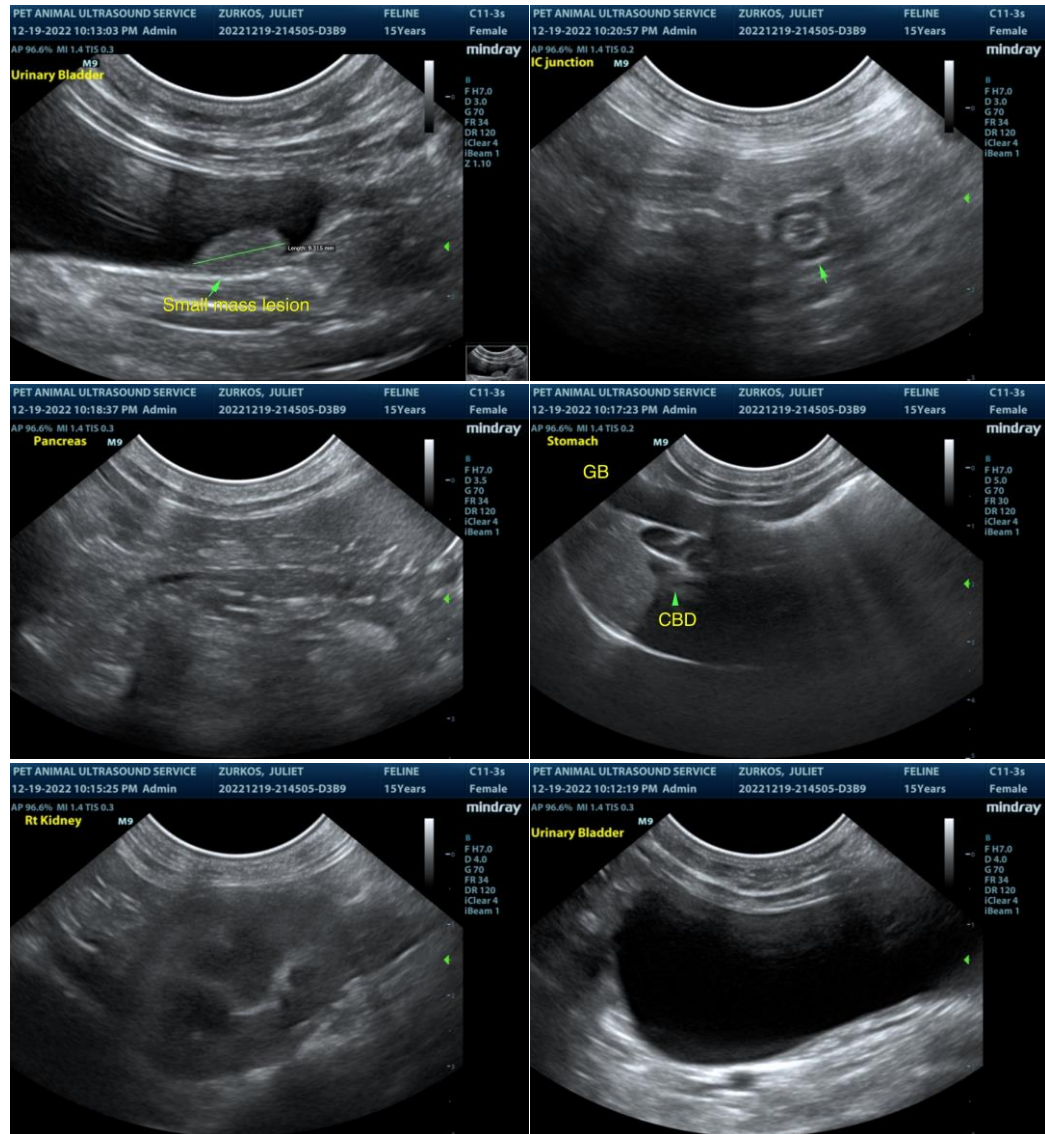
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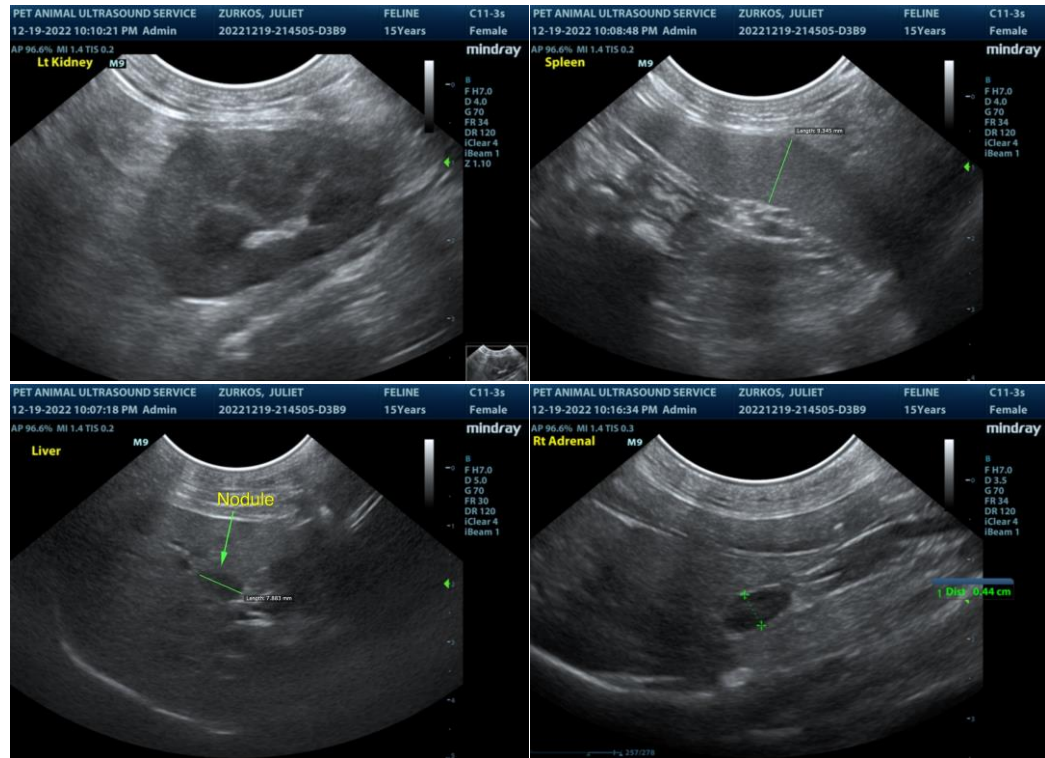
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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