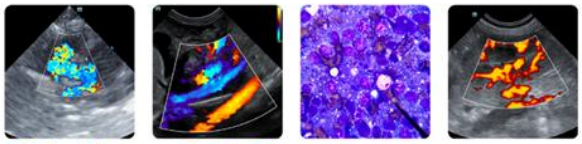

PATIENT

Elvis Boccio

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

3.72kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Julia Kerr

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23383

DATE
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PRESENTING CLINICAL SIGNS

*Has been having hematuria for approximately 5 months. Has been seen at rdvm November and mid December. rdvm history notes at times also urinating outside the litter box. August 2025 weighed 9.9 pounds (4.5 kg). today weighed 3.72 kg. was fed at 11 am today prior to getting his insulin. History of diabetes, FLUTD, hematuria. medications Humulin N 1.5 units Q 12 hours and OTC cranberry supplement. *concern for FLUTD, cystitis, cystic calculi, neoplasia, other

Abnormal PE/Chem/CBC/UA Results: PE: poor condition, cachexia, slight discomfort on caudal abdomen palpation 10/11/25 rdvm u/a: wbc 15/hpf, rbc >50/hpf, bacteria rods suspected, no crystals 11/19 rdvm rad: negative for cystic calculi rdvm u/a: blood, no bacteria rdvm c/s: no growth 12/11 rdvm cbc: plt 106 chem: BUN 38, creatinine 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination was present at the dorsal bladder wall with polyploid appearance measuring 2.2 cm x 0.95 cm. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Doppler evaluation of the mass confirmed blood flow within the mass. Anechoic urine was present in the lumen with concurrent non-dependent particulate urine sediment. Overall normal urinary bladder size and tone. No evidence of obstruction to urethral outflow.

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. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

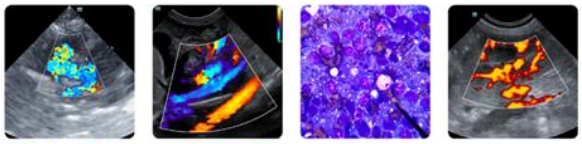
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was indistinctly visualized with no overt pathology subjectively measuring 0.47 cm width.

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. The spleen measured 0.9 cm in width at the level of the mid spleen.

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 mild non-



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organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained fluid and echogenic non-shadowing chyme. No obvious evidence of mechanical obstruction to pyloric outflow.

The small intestine presented intact mildly thickened wall, exhibiting mild segmental ileus. Within the areas of segmental ileus, segmental indistinct intestinal mural detail was present. Empty intestinal segments with concurrent segmental mild intestinal ileus to the level of the colon. The small intestinal wall measured 0.28 cm in width.

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

Pancreas

The pancreas was enlarged in size with capsule asymmetry and non-homogenous hypoechoic parenchyma. Mildly prominent pancreatic duct was present. The left pancreatic limb measured ~ 2 cm in diameter.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary

- Urinary bladder mass
- Chronic /chronic active pancreatitis with mild parenchymal remodeling
- Mild chronic renal changes, overtly normal bilateral adrenal glands
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass is consistent with neoplastic criteria, i.e. transitional cell carcinoma. No overt evidence of regional lymphatic metastasis. Chronic IBD or other inflammatory enteropathy with potential for triaditis or emerging intestinal or less likely pancreatic neoplasia all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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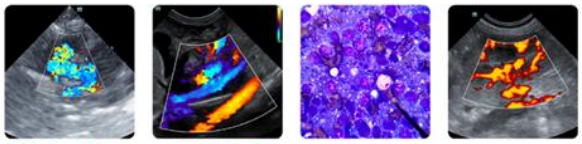

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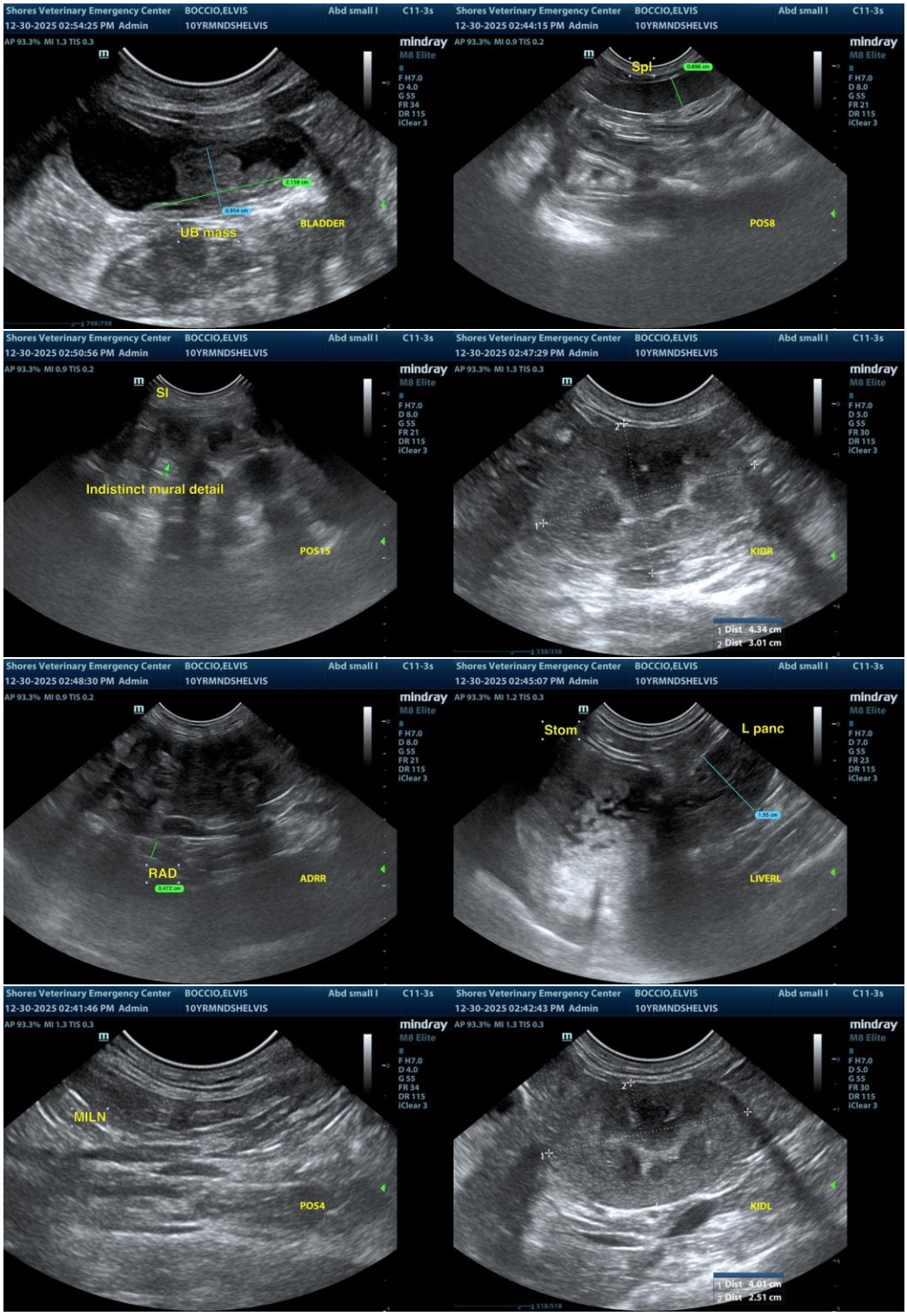

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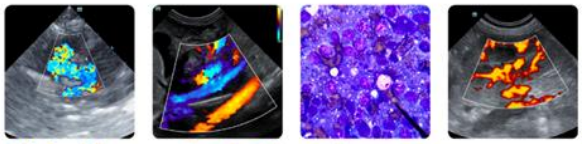

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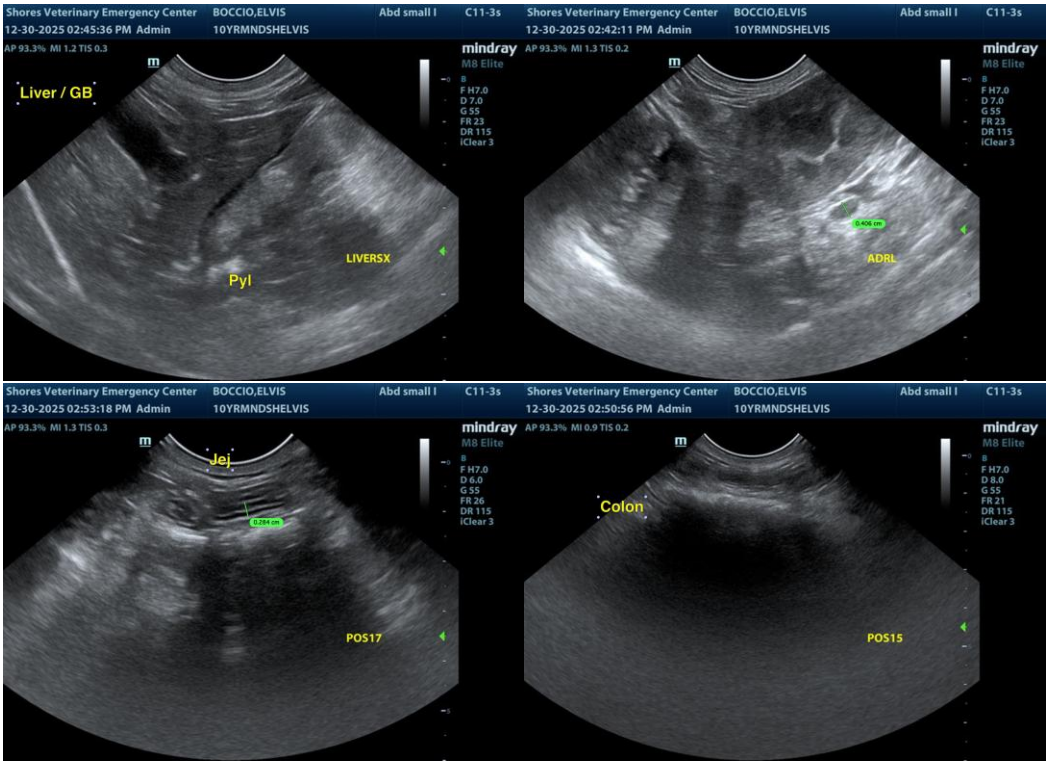

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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