



PATIENT

Jazebel Voland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18

WEIGHT

2.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Animal Clinic
Downtown

REFERRING VET

Dr. Waldman

INVOICE

14346

DATE

3/17/22

PRESENTING CLINICAL SIGNS

Patient is diagnosed and managed hyperthyroidism. Patient is under weight and has recurrent hematuria and stranguria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination was present, primarily involving the majority of the ventral urinary bladder wall, extending into the urinary bladder lumen. The parenchyma of the mass was heterogeneous with focal echogenic foci and mineralization. Additional smaller polypoid to sessile based masses noted in the apical and dorsal urinary bladder as well as in the area of the trigone. The primary mass measured 3.2 cm x 1.0 cm, exhibiting pinpoint mineralization and positive blood flow on color doppler. 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. No overt evidence of regional metastasis, although cannot be excluded.

The area of the aortic trifurcation was free of pathology.

The left and right kidneys were mildly subnormal in size compared to normal renal size for the species. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineral present in both kidneys. The left kidney measured 2.9 cm. The right adrenal gland measured 2.8 cm.

Adrenal Glands

Both adrenal glands were mildly prominent in size with pinpoint left adrenal dystrophic mineralization. The right adrenal gland measured 0.81 cm. The left adrenal gland measured 0.58 cm in 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/ 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 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 gastric body wall measured 0.25 cm.



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The small intestine exhibited intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.24 cm. The ileocolic wall measured 0.32 cm. The duodenum wall measured 0.2 cm.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. Mild pancreatic duct dilation was noted.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Extensive urinary bladder mass
- Bilateral moderate chronic renal changes
- Chronic to chronic active pancreatitis
- Possible inflammatory enteropathy
- Bilateral prominent adrenal glands with pinpoint left adrenal dystrophic mineral- nonspecific, pinpoint dystrophic adrenal mineralization considered an age-related finding in a cat and generally thought of as incidental

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extensive urinary bladder mass is consistent with neoplastic criteria and indicative of probable transitional cell carcinoma. This may be the primary cause of the weight loss, although contributing factors, including chronic to chronic active pancreatitis or structurally insignificant enteropathy cannot be excluded. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. However, given the presence of the urinary bladder mass, a likely unfavorable long term prognosis is unfortunately indicated.





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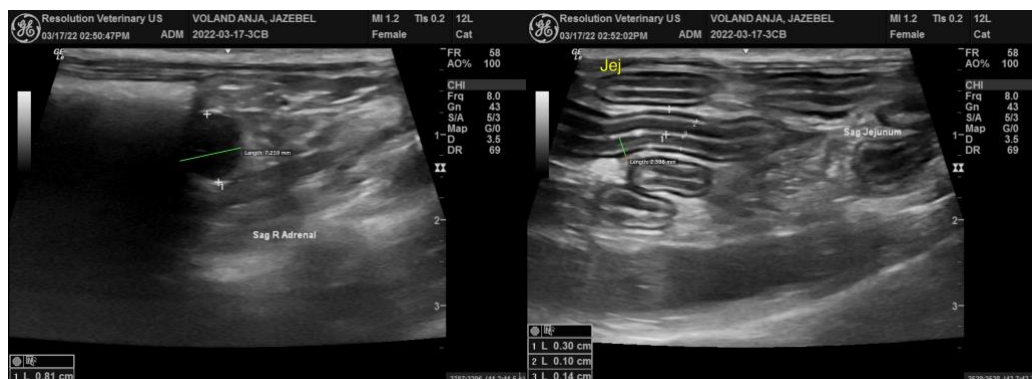
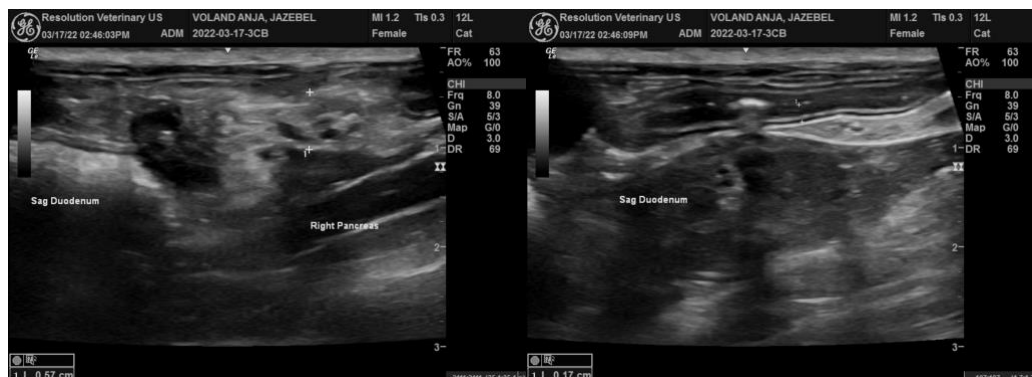
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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