



PATIENT PRESENTING CLINICAL SIGNS

Miko Gagnon History: seen at after-hours clinic for hematuria, ongoing anemia, hematuria, mass effect on palpation of bladder.

SPECIES Labs: CBC: Hematocrit 0.16, Reticulocytes 85.1, WBC 10.8, PTT >300 seconds, Calcium 1.93, Normal renal and liver parameters.

Feline

Abnormal PE/Chem/CBC/UA Results: Please see attached BW

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

Neutered Male

The urinary bladder presented mild to moderate mural hypertrophy in the ventral apical to dorsal apical urinary bladder wall, exhibiting mildly nonhomogeneous yet nonmineralized mural echogenicity. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. A moderately sized, asymmetrically marginated nonhomogeneous mass effect, occupying the majority of the urinary bladder lumen was present, measuring approximately 3.0 cm in diameter. Possible discreet hyperechoic foci noted within the luminal mass effect. Minimal anechoic urine was present with mild nondependent particulate sediment, likely consistent with cellular debris given the hematuria. No overt calculi. The proximal urethra exhibited normal structure and tone to a depth of 2.0 cm. The trigone and cystourethral junction walls extending into the proximal urethra were overtly normal. No evidence of peripheral urinary bladder inflammation or effusion. Aortic trifurcation was normal without evidence of sublumbar or medial iliac lymphadenopathy.

AGE

12 Years

WEIGHT

5.41 kg

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild increased cortex echogenicity was present. Mild loss of corticomedullary symmetry and definition present, expected for the age of the patient. No evidence of pelvic dilation was present. No evidence of retroperitoneal inflammation or effusion noted. The left kidney measured 4.1 cm in length. The right kidney measured 3.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

IMAGING

PERFORMED BY

Kelly Reschny

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

HOSPITAL NAME

East Credit VH

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

Spleen

REFERRING VET

Dr. Webster

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.

INVOICE

Liver

14233

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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.

DATE

3/8/22



PATIENT

Gastrointestinal

Miko Gagnon

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.

BREED

DSH

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SEX

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Nonhomogeneous urinary bladder luminal mass effect, exhibiting potential for discreet hyperechoic foci, subjective apical cystitis pattern
- Mild nonspecific chronic renal changes- no overt pyelonephritis or other renal pathology

WEIGHT

5.41 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The luminal urinary bladder mass effect may indicate neoplastic criteria (i.e., transitional cell carcinoma) given the potential for discreet to emerging pinpoint hyperechoic foci, which may indicate pinpoint areas of mineralization. Although given the abnormal clotting status in this patient, potential for urinary bladder blood clot or mixed etiologies could be possible. No overt evidence of urinary bladder trauma or regional urinary bladder pathology.

IMAGING PERFORMED BY

Kelly Reschny

Cytospin cytology on free catch urine sample to assess for evidence of abnormal transitional cells could be considered. Potentially, assuming clotting status can be stabilized, ultrasound guided FNA of the urinary bladder luminal mass, using a 25-gauge needle, could be considered for screening cytology. Sonographic monitoring of the urinary bladder recommended, if hematuria persists or resolves. Urine culture and sensitivity on sterile urine sample recommended, if possible.

HOSPITAL NAME

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An overt cause of the patients anemia and/or coagulopathy was not definitively evident within the abdominal cavity.

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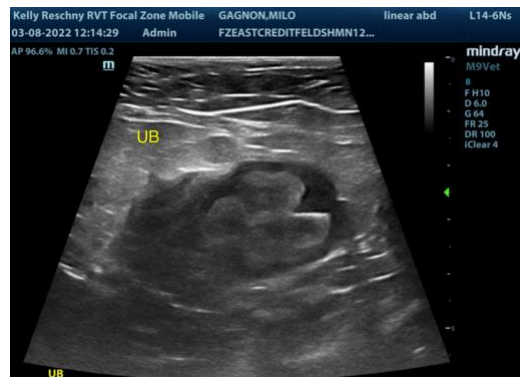
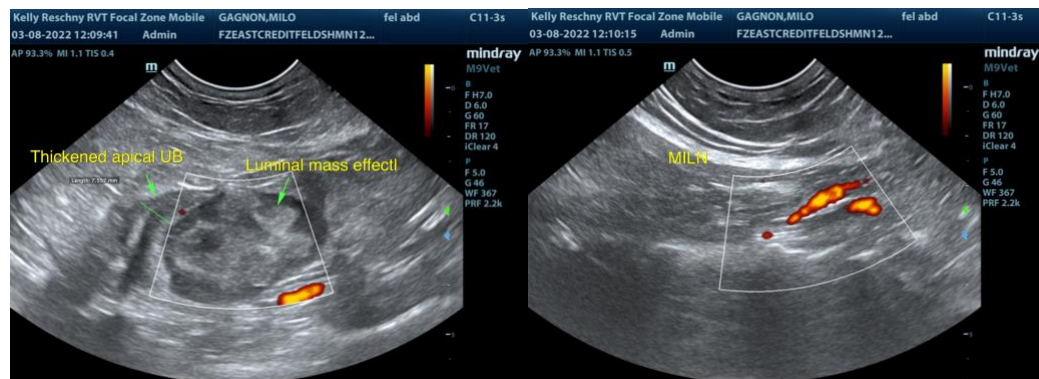
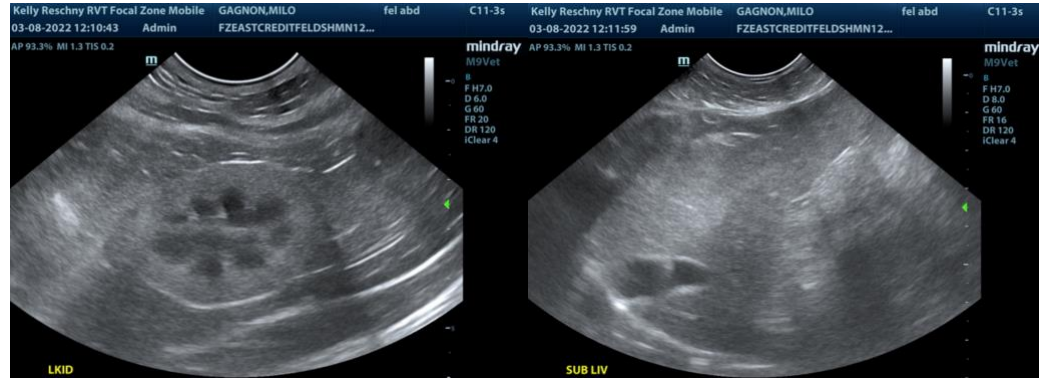
Dr. Webster

INVOICE

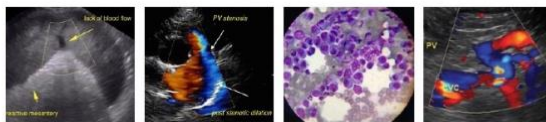
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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