

**PATIENT**

Callie Russell

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years

WEIGHT

5 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Kristine Mulloy

INVOICE

13651

DATE

4/13/22

PRESENTING CLINICAL SIGNS

-Presented for urinating in her sleep and using litterbox less. Palpated 2 inch diameter firm mass in caudal abdomen on 4/2/22. Received Convenia inj. 4/12 was back for blood tinged urine, mass feels the same. On buprenex for pain management. Rads showed possible soft tissue mass near urinary bladder that pushes up distal colon.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Moderately sized, primarily spherical, nonhomogeneous mass occupying the apical urinary bladder was present measuring approximately 2.6 cm x 2.6 cm. The adjacent ventral and dorsal urinary bladder walls extending into the area of the trigone and urinary bladder neck appeared to be mildly thickened yet the urinary bladder was not overtly distended with urine, which prohibited full evaluation of the ventral and dorsal urinary bladder walls not associated with the apical mass. The proximal urethra exhibited decreased subjective tone to a depth of 2.0 cm with subjective mild retained urethral urine.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. 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 pyelectasia was present. The left kidney measured 3.3 cm in length.

The right kidney presented moderate hydronephrosis exhibited by replacement of medullary parenchyma with anechoic fluid extending into the lateral diverticuli. The right kidney measured 3.2 cm in length. Concurrent proximal mild right hydroureter was present which was not overtly visualized extending caudally from approximately 1.0-2.0 cm distal to the right kidney. The right ureter dilation measured approximately 0.35 cm diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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.

Liver/ Gallbladder

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.

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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 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

The left pancreas was normal in size with mild irregular contour and nonhomogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Nonspecific mid to caudal abdominal hyperechoic mesentery and small pockets of scant free fluid were present.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Nonhomogeneous apical urinary bladder mass - consistent with neoplastic criteria
- Left kidney moderate chronic renal changes - no evidence of pyelectasia
- Right kidney moderate hydronephrosis with concurrent proximal mild right hydroureter
- Nonspecific mid to caudal abdominal reactive mesentery and scant free fluid

Secondary Findings

- Nonhomogeneous to mildly hypoechoic left pancreas - age-related or patient variant suspected, potential for low-grade to chronic inflammation possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary findings of the apical urinary bladder mass and moderate right kidney hydronephrosis with concurrent proximal right hydroureter indicate primary urinary bladder neoplasia, i.e., transitional cell carcinoma, squamous cell carcinoma, smooth muscle tumor, or other.

Although not definitively visualized, concurrent right ureter obstruction with secondary moderate hydronephrosis is suspected which may be non-visualized at the level of the urinary bladder, while the possibility of other obstructive pathology, i.e., stricture, concurrent mass, or non-visualized calculi, could be possible.



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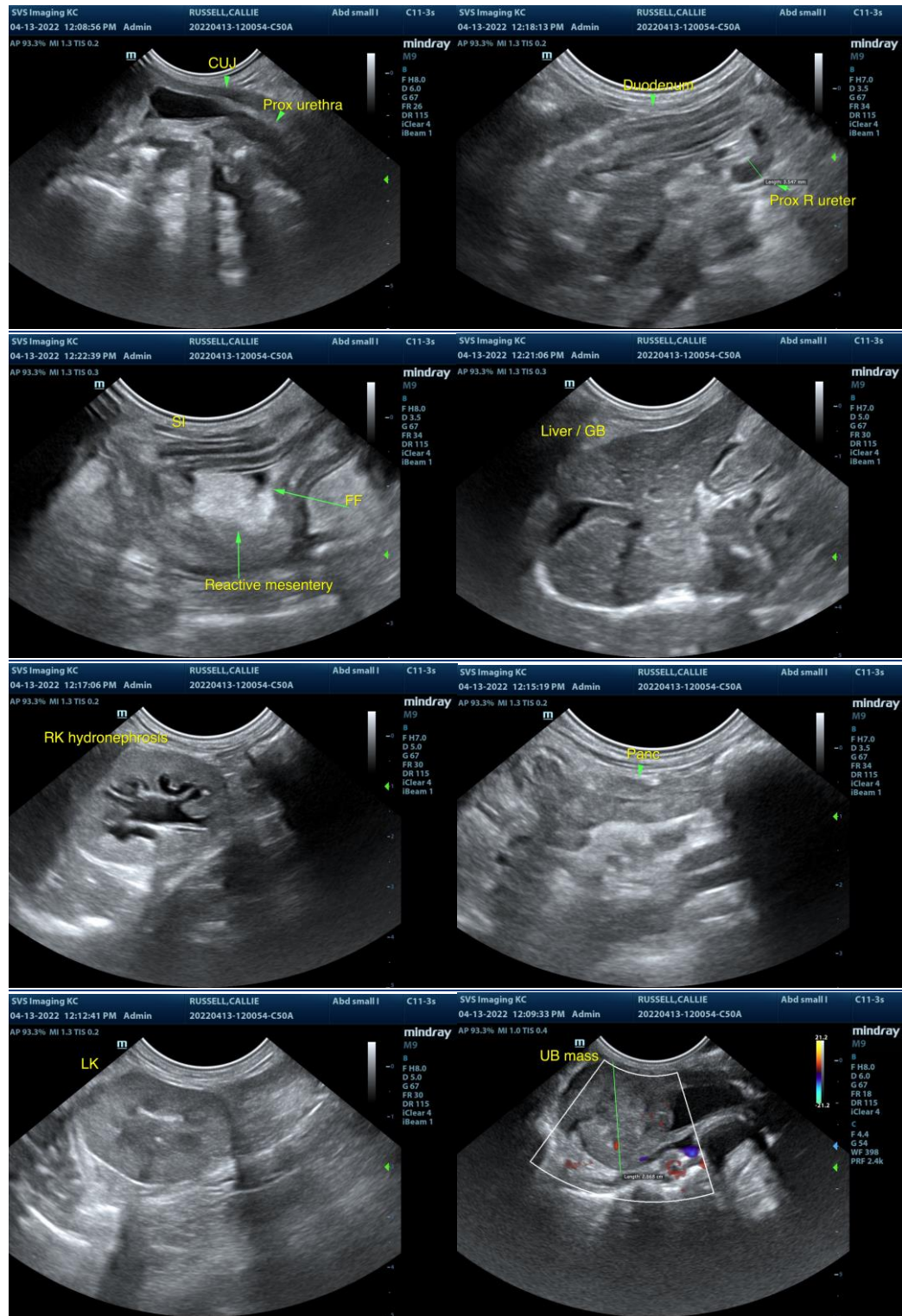
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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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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.

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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.

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