



PATIENT

Kitty McGahan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

8.55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Striano-Kaplan

INVOICE

74607

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Pet recently diagnosed with bladder mass at ER vet, Gabapentin 50mg Transdermal BID

Abnormal PE/Chem/CBC/UA Results: ~5cm firm caudal abdominal mass, pale pink mm HCT 25.4, HGB 8.8, MCV 29.4, MCH 10.2, RDW 29.4, NEU 10.40, MONO 0.97, ALT < 10, K 3.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder exhibited an asymmetrically extensive, non-homogeneous mass occupying the majority of the urinary bladder lumen with central mass mineralization to calculus. The mass measured 4.5 cm x 2.8 cm. Minimal anechoic urine present in the cystourethral junction and proximal urethra with normal proximal urethra structure to a depth of 3.0 cm. Regional pericyclic hyperechoic omentum noted with pericyclic to peritoneal effusion.

Multiple variably enlarged, non-homogeneous medial iliac or possible sublumbar lymph nodes noted. Example measured 3.1 cm x 1.7 cm.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild medullary mineral noted in both kidneys. No evidence of pyelectasia or left or right hydroureter. Left kidney measured 3.9 cm. Right kidney measured 4.1 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

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

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.

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 borderline prominent yet intact wall with maintained wall layer ratio. Small intestinal wall measured 0.26 cm. 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.



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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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

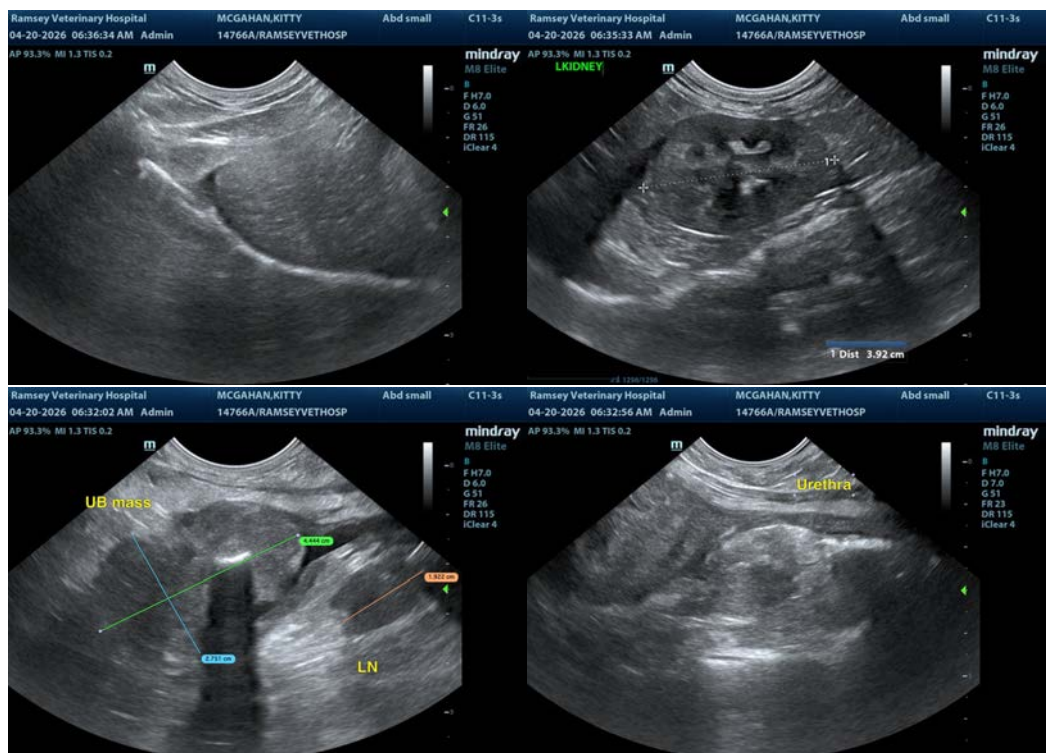
ULTRASONOGRAPHIC FINDINGS

- Extensive urinary bladder mass exhibiting central mass mineralization versus small calculus.
- Pericystic hyperechoic omentum and multifocal medial iliac/sublumbar lymphadenopathy.
- Mild peritoneal effusion.
- Mild chronic renal changes exhibiting mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed urinary bladder mass is consistent with neoplastic criteria with sonographic evidence of regional lymphatic metastasis. Potential for pericystic omental seeding not definitively excluded. No current evidence of left or right ureter obstruction.

Assuming normal clotting status and using 25-gauge needle, urinary bladder mass FNA cytology could be considered for further clarification, with consideration for potential complicating factors including seeding of needle tract. Cytospin free catch urine sample to assess for neoplastic transitional cells also warranted. Oncology consult could be considered.





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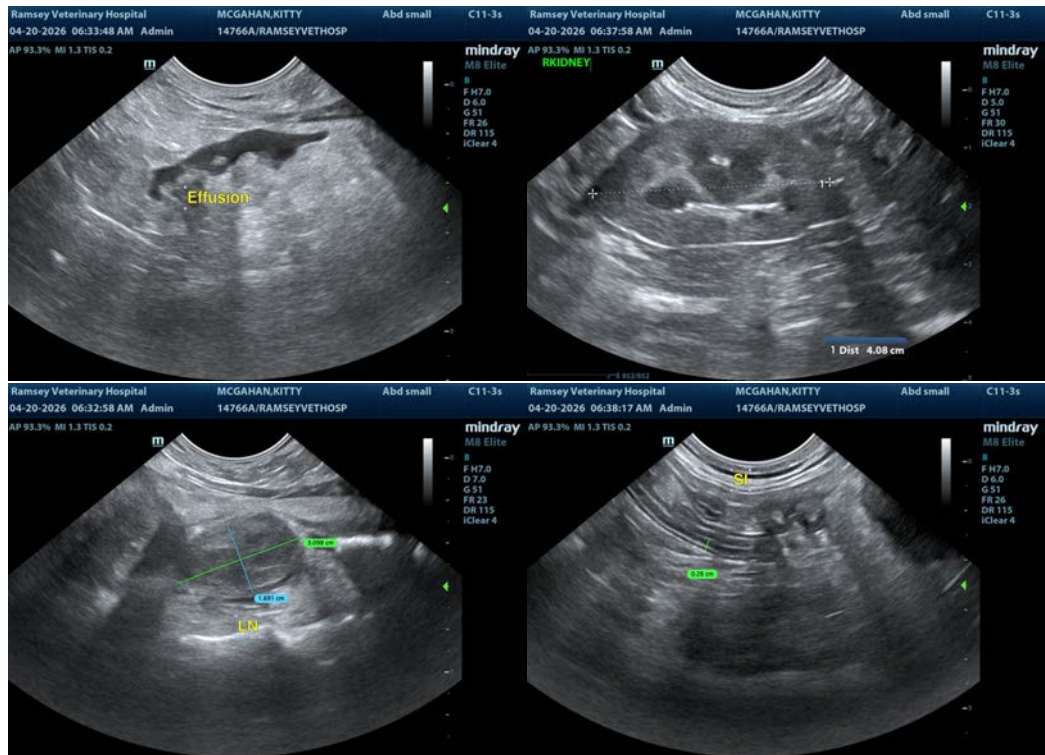
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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