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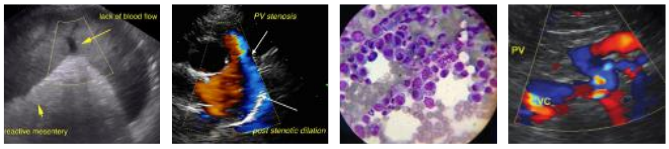


PATIENT
Jig Bomgarden

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
17 Years

WEIGHT
12 Pounds

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

IMAGING PERFORMED BY
Kim Leidberg

HOSPITAL NAME
SVS Imaging WI

REFERRING VET
Dr. Betty Lee, Madison Road VC

INVOICE
14601

DATE
4/4/22

PRESENTING CLINICAL SIGNS

History: Hematuria Radiographs reveal crystals or small stones in bladder.
Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

A sessile based mass with asymmetrical margination, appearing to occupy the majority of the ventral urinary bladder wall, extending into the urinary bladder lumen, subjectively occupying approximately 50% of the urinary bladder lumen. Color doppler assessment of the mass confirmed the presence of blood flow. Nonhomogeneous mass parenchyma, exhibiting pinpoint to focal areas of parenchymal mineral. The mass measured approximately 2.6 cm x 2.3 cm. The mass did not appear to obstruct the urinary outflow. The urethra exhibited potential for mild decreased tone to a depth of 2.0 cm. Aortic trifurcation was normal without evidence of medial iliac or sublumbar lymphadenopathy. No overt evidence of regional metastasis.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present. The left kidney measured 3.3 cm in length. Focal lateral cortical infarct was present in the right kidney. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

Spleen

The spleen was overall normal in size and contour. Subtle generalized splenic parenchyma heterogeneity was noted with a solitary subtly expansive discreet hypoechoic cranial splenic nodule. The nodule measured 1.1 cm in diameter.

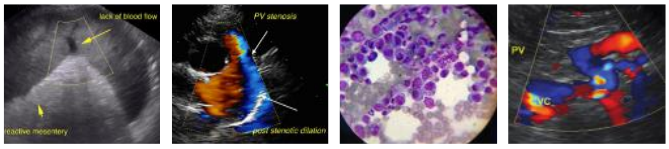
Liver

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 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.



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

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.

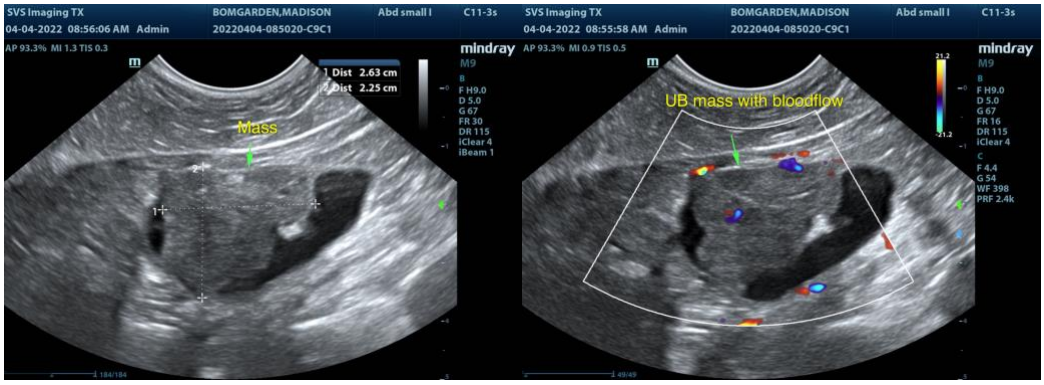
ULTRASONOGRAPHIC FINDINGS

- Mineralized urinary bladder mass, consistent with neoplastic criteria
- Bilateral chronic renal changes with pinpoint medullary mineral and lateral right kidney infarct
- Nonspecific cranial splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder mass was suggestive of transitional cell carcinoma, although other neoplastic etiologies are possible. The mass does not appear to be amendable to surgical resection, as it appears to occupy the majority of the ventral urinary bladder wall.

Potential etiologies for the cranial splenic nodule may include nodular hyperplasia, hematopoiesis, small hematoma, infarction, primary versus metastatic neoplasia. Assuming normal clotting status and using a 25-gauge needle, ultrasound guided FNA of the cranial splenic nodule could be considered for screening cytology. Otherwise, sonographic monitoring of the nodule for evidence of progression, given the presence of the urinary bladder mass, would be reasonable.



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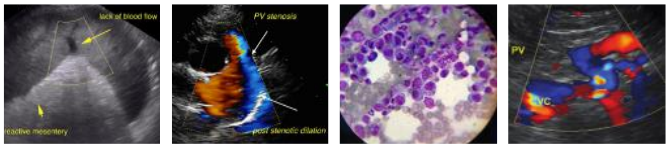

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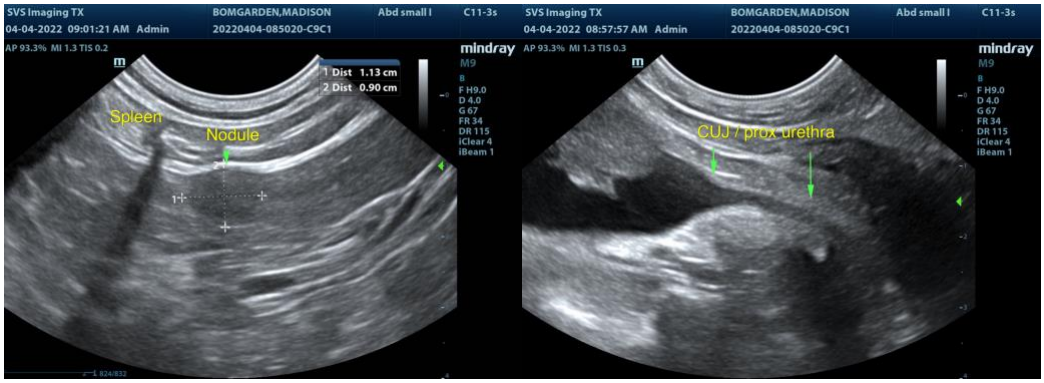

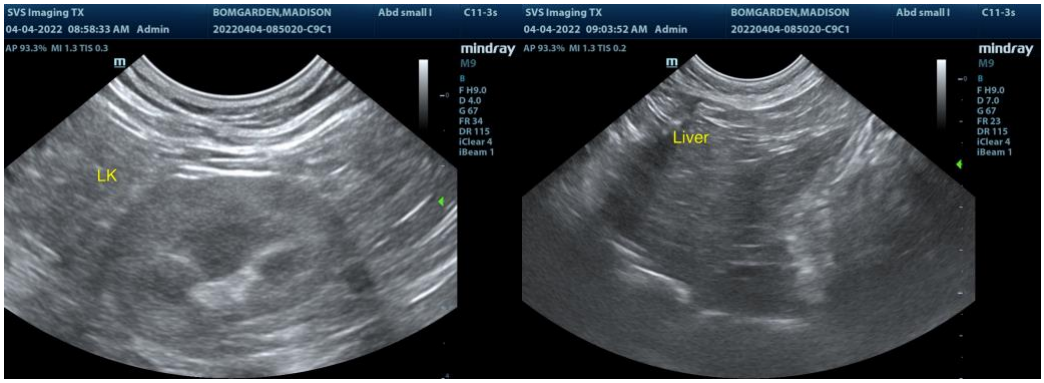

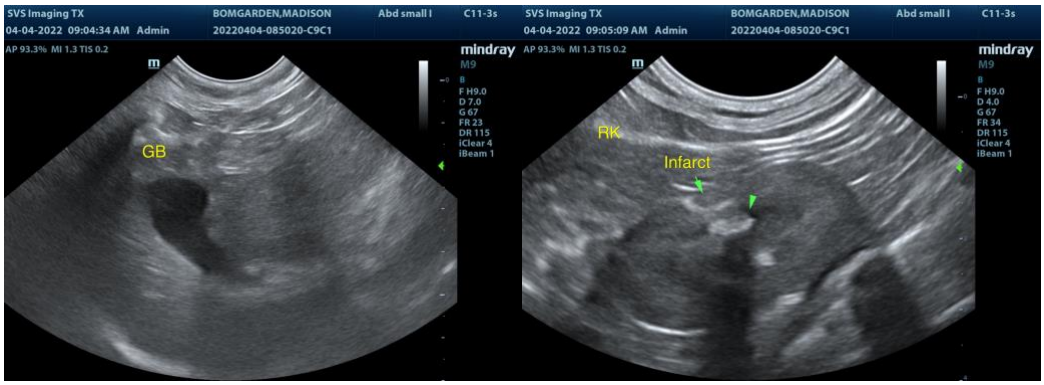

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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