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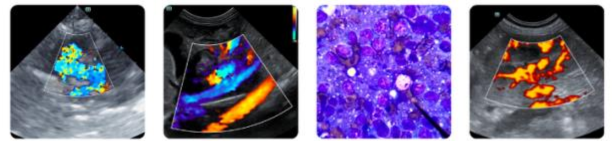
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Maxie Cabral

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.12 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Mucera

INVOICE

16285

DATE

05/15/26

PRESENTING CLINICAL SIGNS

Intermittent hematuria, stranguria, pollakiuria for several months. Decreased energy level. History of hyperthyroidism, patient is on methimazole

Abnormal PE/Chem/CBC/UA Results: X-rays (see invoice 35751) mineral opacity bladder, tubular structure caudal to liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mild distended in size primarily secondary to extensive nonhomogenous focally mineralized urinary bladder mass occupying a majority of the urinary bladder lumen. The mass measured approximately 3.0 cm x 2.2 cm Minimal anechoic urine was present. Mildly thickened, mildly irregularly thickened empty proximal urethra to depth of 1.0 cm. Mildly enlarged irregular non-homogenous medial iliac lymph node dorsal to the urinary bladder measuring 1.5 cm in diameter.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length. Mild hydronephrosis with concurrent visualized proximal left hydro ureter.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.53 width and the right adrenal gland measured 0.48 width.

Spleen

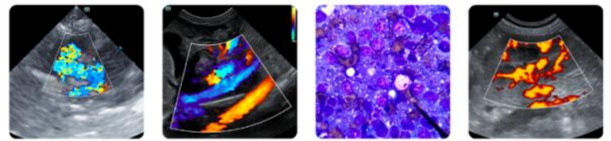
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Noncapsule deforming nonhomogenous cystic mid liver mass was present measuring approximately 3.0 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal to mid visualized common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal



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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 overall intact wall layering with segmental nonthickened intestine exhibiting normal wall layer ratio with concurrent segmental thickened intestine with altered wall layer ratio and propensity for segmentally thickened muscularis layer. Thickened small intestine measured 0.31 cm wall width. By comparison, non-thickened small intestine measured 0.20 cm wall width. No evidence of mechanical/metabolic intestinal ileus.

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

Pancreas

The pancreas was normal in size with asymmetrical contour and heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

Free Abdomen

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

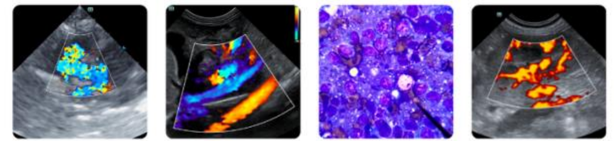
ULTRASONOGRAPHIC FINDINGS

- Extensive mildly mineralized urinary bladder mass with concurrent thickened empty proximal urethra.
- Mildly enlarged nonhomogenous medial iliac lymphadenopathy.
- Cystic liver mass.
- Non-distended gallbladder with proximal to mid common bile duct dilation.
- Chronic pancreatitis pattern with remodeling.
- Chronic renal changes exhibiting mild left kidney hydronephrosis and proximal left hydroureter.
- Segmentally thickened intact small intestine.
- Bilateral adrenal dystrophic mineralization-normal variant in a cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mineralized urinary bladder mass is consistent with neoplastic criteria i.e. transitional cell carcinoma with probable medial iliac lymphatic metastasis. Concurrent obstruction of the left ureter likely at the level of the urinary bladder with left hydroureter and mild left kidney hydronephrosis.

The cystic liver mass is suggestive of biliary cystadenoma. No obvious evidence of posthepatic obstruction. The segmentally thickened small intestine may indicate concurrent inflammatory or emerging neoplastic etiologies in conjunction with suspect chronic pancreatitis. As needed palliative care is recommended.



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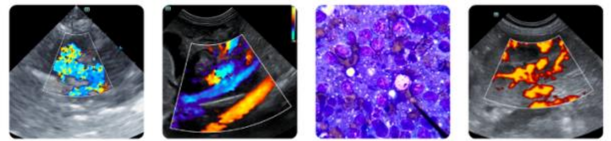

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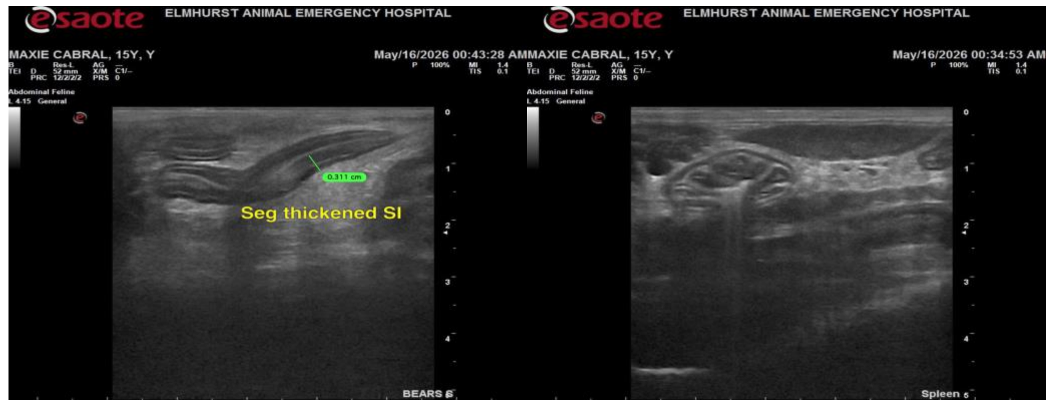

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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