



**PATIENT PRESENTING CLINICAL SIGNS**

Rocky Salamone PU/PD; hematuria. Urea nitrogen 39; UA: 3+ protein, 3+ blood, WBC 750

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

BREED

The urinary bladder presented a minor asymmetrical mass involving the ventral and apical urinary bladder walls. The mass exhibited mild non-homogeneous mural echogenicity, essentially isoechoic to adjacent non-involved urinary bladder wall. Intermittent pinpoint hyperechoic foci noted within the mass, suggestive of pinpoint mineralization. The mass measured approximately 3.0 cm x 1.1 cm. Anechoic urine present. No calculi. The urethra was normal in structure and tone to a depth of 2.0 cm.

DSH

SEX

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor pyelectasia noted in both kidneys. The left kidney measured 3.7 cm. The right kidney measured 4.1 cm.

Neutered Male

AGE

**Adrenal Glands**

16 Years

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.42 cm. The right adrenal gland measured 0.37 cm.

WEIGHT

18 Pounds

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**Liver**

**HOSPITAL NAME**

East Boston AH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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.

**REFERRING VET**

Dr. Raman Chopra

**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid present. Gastric body wall measured 0.26 cm.

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. Jejunum and duodenum wall measured 0.23 cm. Ileocolic wall measured 0.28 cm.

**DATE**

5/22/22

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



**PATIENT**

**Pancreas**

Rocky Salamone

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DSH

Intermittent, mildly prominent to enlarged mesenteric nodes were present. These lymph nodes were not consistent with inflammatory or neoplastic criteria, and likely incidental. Example measured 0.35 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**SEX**

Neutered Male

No evidence of peritoneal free fluid.

**PRIMARY FINDINGS**

**AGE**

16 Years

- Urinary bladder mass exhibiting pinpoint hyperechoic mural foci.
- Non-specific chronic renal changes with minor pyelectasia.
- Intermittent minor subjective benign/reactive mesenteric lymph nodes.

**SECONDARY FINDINGS**

- Mild hypomotile stomach.

**WEIGHT**

18 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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 DABVP (Canine and Feline)

Although sampling is required for further assessment, the urinary bladder mass is most suggestive of neoplastic criteria (i.e., transitional cell carcinoma or other). Potential for regional moderate cystitis, yet thought less likely. Some contribution to the PU/PD may be secondary to chronic renal disease. Urine culture and sensitivity on sterile urine sample, if possible, as well as additional renal staging to include UPC could be considered. An NSAID trial such as Piroxicam with continued sonographic monitoring of the urinary bladder could be considered with close monitoring of renal parameters. However, this therapeutic option may be considered controversial, given the mild azotemia and sonographic presentation of the bilateral kidneys.

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Raman Chopra



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**PATIENT**

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**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

18 Pounds

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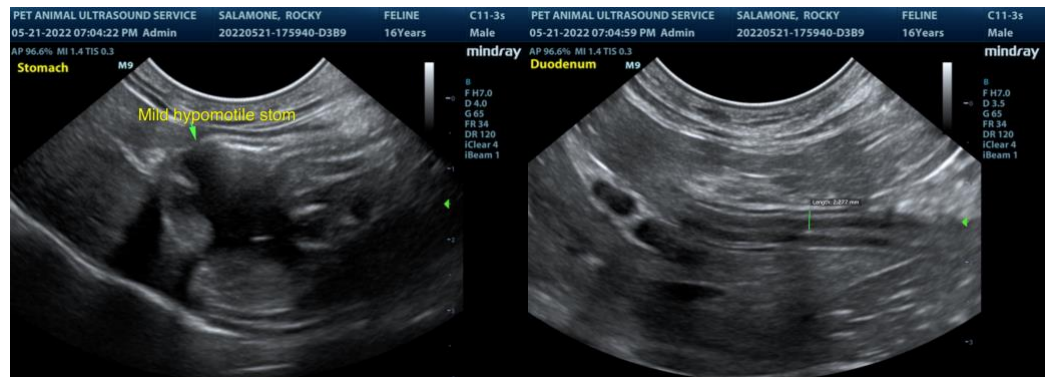
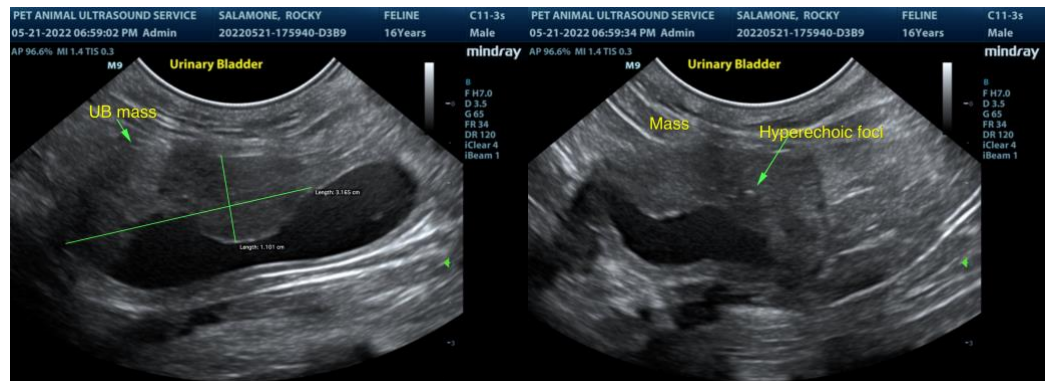
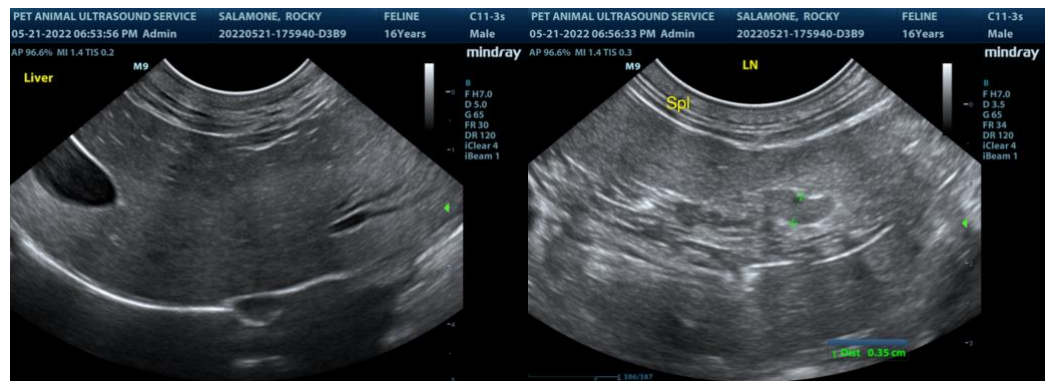
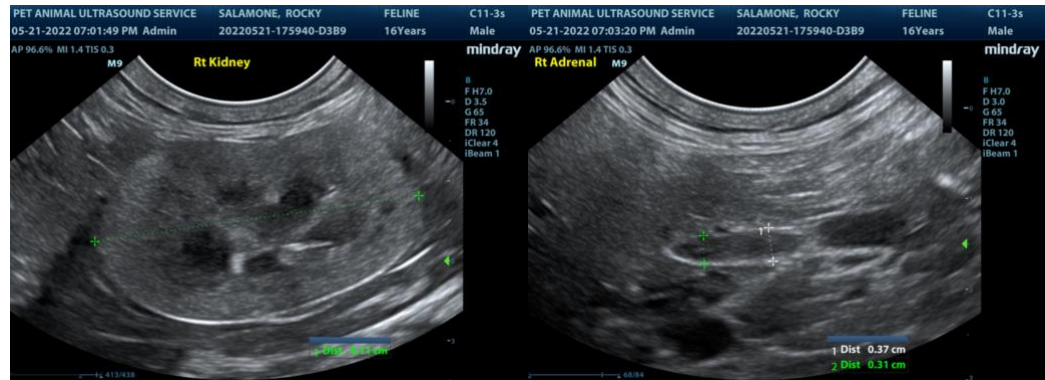
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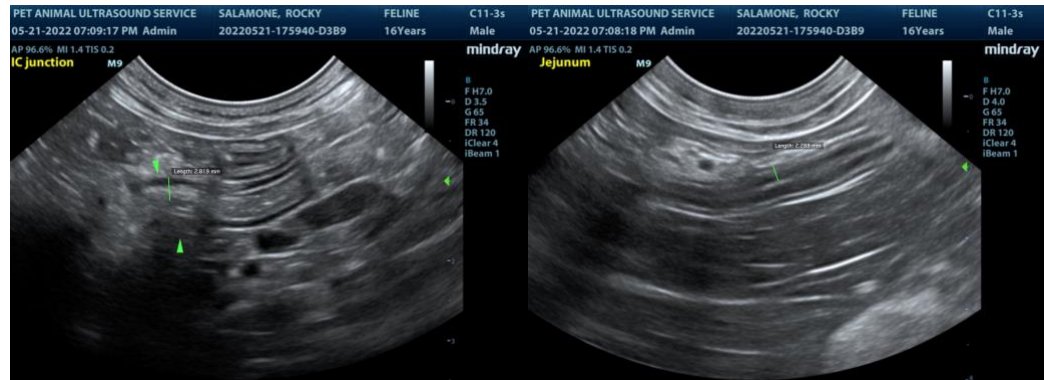
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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