



PATIENT

Bella Millett

SPECIES

Feline

BREED

Maine Coon Mix

SEX

FS

AGE

15 years

WEIGHT

15.4 lbs.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Cohen

INVOICE

16746

DATE

5/3/23

PRESENTING CLINICAL SIGNS

Pollakiuria for past few months. Owner does not think it is behavioral. Symptoms non-responsive to Convenia injection. Dx previously w/HCM and on Atenolol.

Abnormal PE/Chem/CBC/UA Results: BUN 46, Creat 2.0 (2022); blood drawn for new BW panel today. Expressed bladder for urine sample today, spun down and made a slide of the sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. A ventral, sessile-based mass lesion measuring approximately 2.4 cm x 0.63 cm was present. The mass lesion exhibited an asymmetrical luminal surface contour with no overt evidence of associated mural mineralization. The remainder of the urinary bladder wall extending into the trigone and cystourethral junction was sonographically normal. Anechoic urine was present with no sediment or calculi. The urethra exhibited overtly normal structure and tone to a depth of 2.0 cm.

No evidence of medial Iliac or sublumbar lymphadenopathy.

Normal size and asymmetrical margination were present in the kidneys with cortical infarcts. 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. No evidence of pelvic dilation was present. Minor areas of nonobstructive medullary mineral were noted in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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 0.45 cm width. The area of the right adrenal gland was free of overt pathology.

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.

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.



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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.

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Ventral urinary bladder mass lesion
- Bilateral mild to moderate chronic renal changes with cortical infarcts and medullary mineral

WEIGHT

15.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the ventral urinary bladder mass lesion may include regional cystitis or neoplastic criteria i.e., transitional cell carcinoma or other. Given the lack of urinary bladder calculi or mineral, neoplastic criteria for the urinary bladder mass lesion is favored. Correlation with urinary bladder sediment / cytology to assess for atypical transitional cells and with concurrent screening C/S is recommended. Subjectively, the urinary bladder mass lesion may potentially be amendable to surgical resection based on location and did not appear to involve the ureteral papillae. No evidence of regional peri cystic metastasis. Empirical CKD therapy pending reassessment of azotemia would be reasonable.

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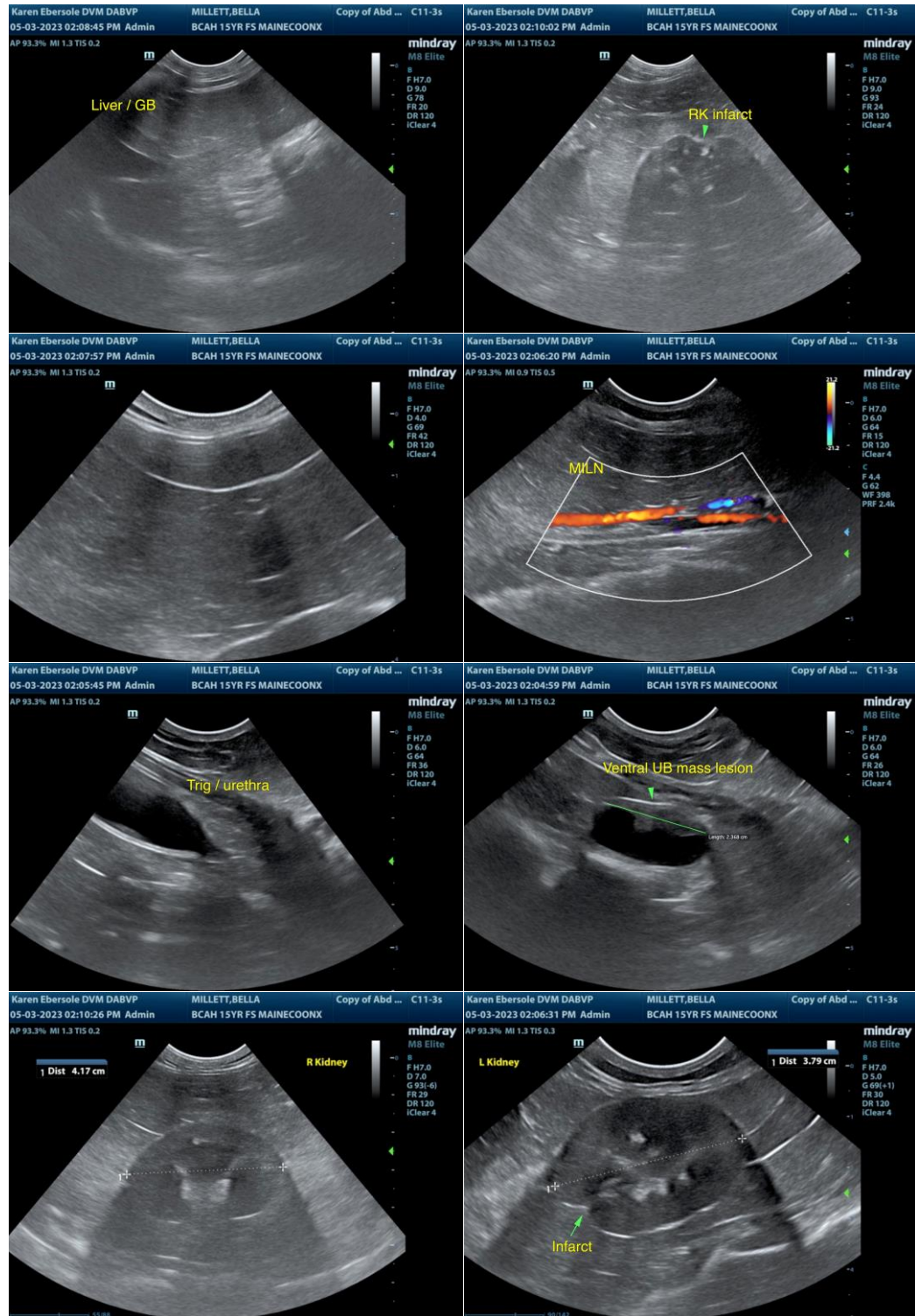
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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