



PATIENT

Mocha Brudnicki

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

16

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Animal Clinic
Downtown

REFERRING VET

Dr. Waldman

INVOICE

14217

DATE

7/5/22

PRESENTING CLINICAL SIGNS

History of urinary incontinence non responsive to antibiotics
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with marked asymmetrical to mildly nonhomogeneous thickening primarily of the ventral trigone wall extending into the mid to cranial ventral wall, as well as concurrent mildly thickened dorsal trigone wall. The ventral trigone wall measured up to 1.0 cm in width. No evidence of mural mineralization was noted. Doppler assessment revealed subjective mild to moderate mural vascularity. Anechoic urine was present within the urinary bladder lumen without evidence of sediment or calculi. The proximal urethra exhibited subjective normal tone to a depth of 2.0 cm.

The area of the aortic trifurcation revealed no evidence of significant sublumbar or medial iliac lymphadenopathy. Visualized medial iliac lymph node exhibited normal size, position, and shape measuring approximately 1.0 cm x 0.20 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild to moderate hydronephrosis exhibited by urine dilation of the renal pelvis extending mildly into the lateral diverticuli of the left kidney was noted. Mild pyelectasia to hydronephrosis exhibited by mild urine dilation of the renal pelvis without evidence of extension into the right lateral diverticuli was noted in the right kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length. Subtle dilation of the visualized proximal urethra exiting the right kidney was noted, yet without evidence of obvious generalized left or right ureter dilation.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

Spleen

The spleen exhibited subjective mild enlargement with maintained capsule contour and subjective finely textured homogeneous parenchyma. The spleen measured 1.5 cm width at the level of the hilus.

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 proximal common bile duct was minorly dilated and tortuous. This is not consistent with post hepatic obstructive criteria. This finding may suggest age



PATIENT	related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.
Mocha Brudnicki	
SPECIES	<i>Gastrointestinal</i>
Feline	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained pyloric fluid.
BREED	<i>Pancreas</i>
DSH	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
F/S	<i>Free Abdomen</i>
AGE	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.
16	
WEIGHT	<i>Free Abdomen</i>
4 kg	Intermittent mesenteric and colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 1.6 cm x 0.33 cm. No omental masses or peritoneal free fluid were noted.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Urinary bladder wall mass primarily involving the ventral trigone • Left kidney mild to moderate hydronephrosis • Right kidney mild pyelectasia / hydronephrosis with minor proximal right ureter dilation • Nonspecific mild splenomegaly • Intermittent subjectively benign / reactive mesenteric lymph nodes
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Belan	Considerations for the urinary bladder wall mass may include transitional cell carcinoma, squamous cell carcinoma, leiomyoma / leiomyosarcoma, or other. Non-neoplastic etiologies such as significant regional cystitis are possible yet are thought less likely. Although definitive evidence of generalized left or right ureter dilation was not present, the possibility of some degree of ureteral obstruction, given the renal presentation, cannot be definitively excluded.
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14217	Biopsy of the urinary bladder mass is required for a definitive diagnosis, yet does not appear to be amendable to complete surgical resection.
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7/5/22	The mild splenomegaly, although nonspecific, is suspected to be secondary to short-term general anesthesia, and not overtly consistent with neoplastic criteria.



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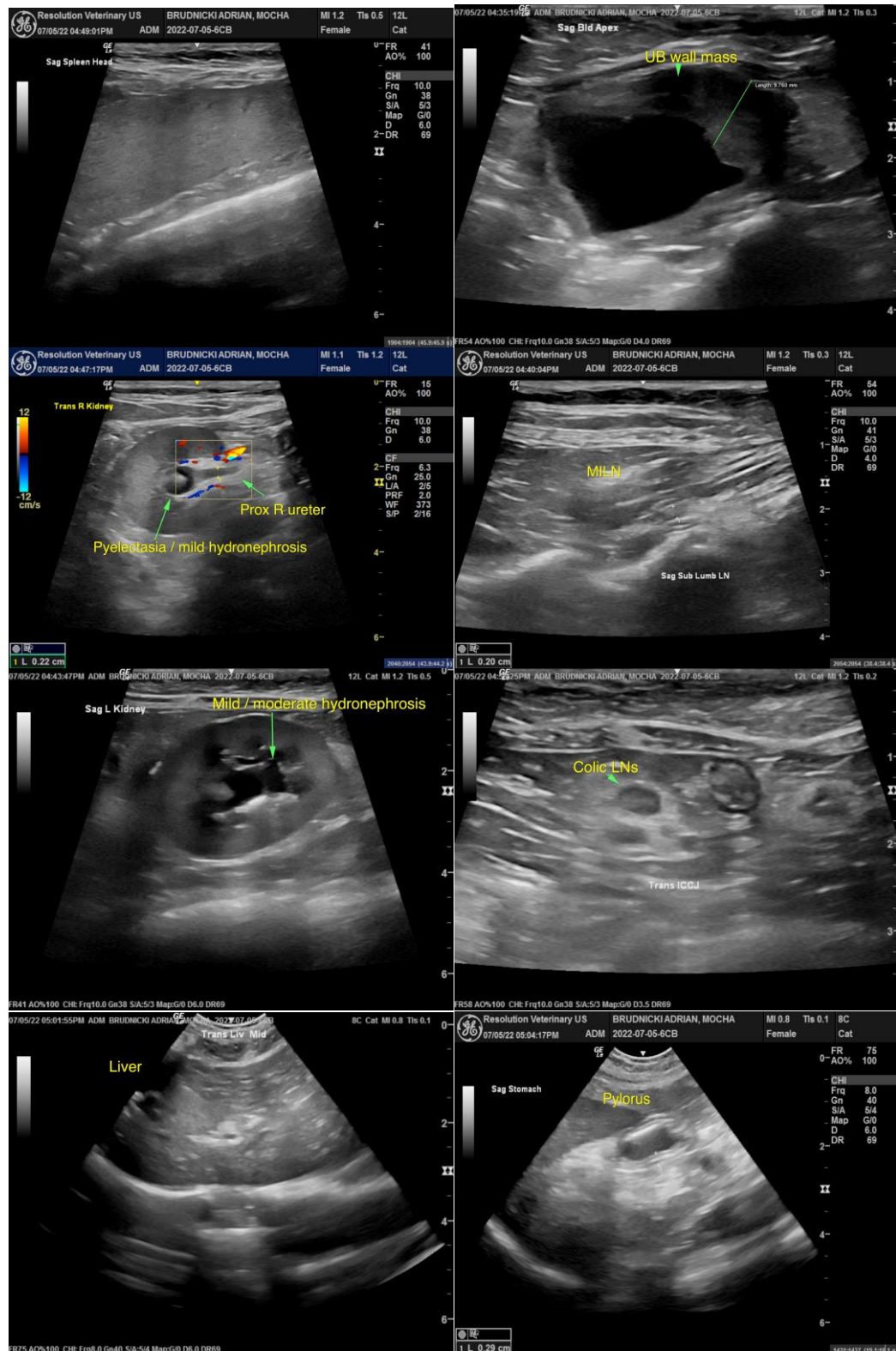
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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