


**PATIENT**

Coco Gibson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 yrs. 4 months

**WEIGHT**

13 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

 Amanda Lacey-Crook -  
 SDEP Certified  
 Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. David Gray

**INVOICE**

17015

**DATE**

8/23/22

**PRESENTING CLINICAL SIGNS**

See attached previous US from 4/2022 - P presented today for straining to urinate with clinical signs of UTI. P currently on Hills c/d diet, orbax, prazosin and Amitriptyline, amitadine and buprenorphine orally. While P here for US, urinated in kennel 2x with signs of straining. Abnormal PE/Chem/CBC/UA Results: See attached last UA on 8/5/22

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The urinary bladder was normal in size and tone. Initial assessment of the urinary bladder revealed mild to moderately distended urinary bladder, containing anechoic urine. A nonhomogeneous to pinpoint hyperechoic mass lesion was present, appearing to primarily involve the dorsal and ventral trigone, potentially extending into the area of the urinary bladder neck. The mass lesion exhibited definitive connection to the dorsal urinary bladder wall, as well as exhibited evidence of intramass blood flow on color doppler. The mass measured approximately 2.0 cm x 1.9 cm. The mass was less visible after the patient urinated during the study. Concurrent mild particulate urinary bladder sediment was present, which may indicate concurrent mild cellular debris/protein, crystalline debris or mucus. The mass did not appear to obstruct urinary outflow through the urinary bladder neck and visible proximal urethra, which exhibited overtly normal structure and tone to a depth of 2.0 cm. Subtle evidence of inflammation was noted around the peripheral urinary bladder with potential for very scant associated free fluid.

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. The left kidney measured 3.7 cm in length. Scant pyelectasia was present in the right kidney. The right kidney measured 4.2 cm in length.

**ULTRASONOGRAPHIC FINDINGS**

- Nonhomogeneous to pinpoint hyperechoic urinary bladder mass
- Mild chronic renal changes with scant right kidney pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, a definitive urinary bladder mass was visualized in the study compared to the previous study, exhibiting potential for suspected pinpoint mineralization and sonographically consistent with neoplastic criteria, such as transitional cell carcinoma. The possibility of significant progressive cystitis is considered a less likely differential diagnosis. Sampling would be required for a definitive diagnosis. Cytospin cytology of a free catch urine sample, to assess for atypical transitional cells could be considered. If normal renal function, piroxicam trial may prove beneficial with concurrent empirical therapy for cystitis, as well as dietary therapy. No overt evidence of regional metastasis. Subjectively, the mass does not appear amendable to surgical resection, given its location. Sonographic monitoring of the mass for evidence of progression and depending upon patients clinical and urinary signs is recommended.



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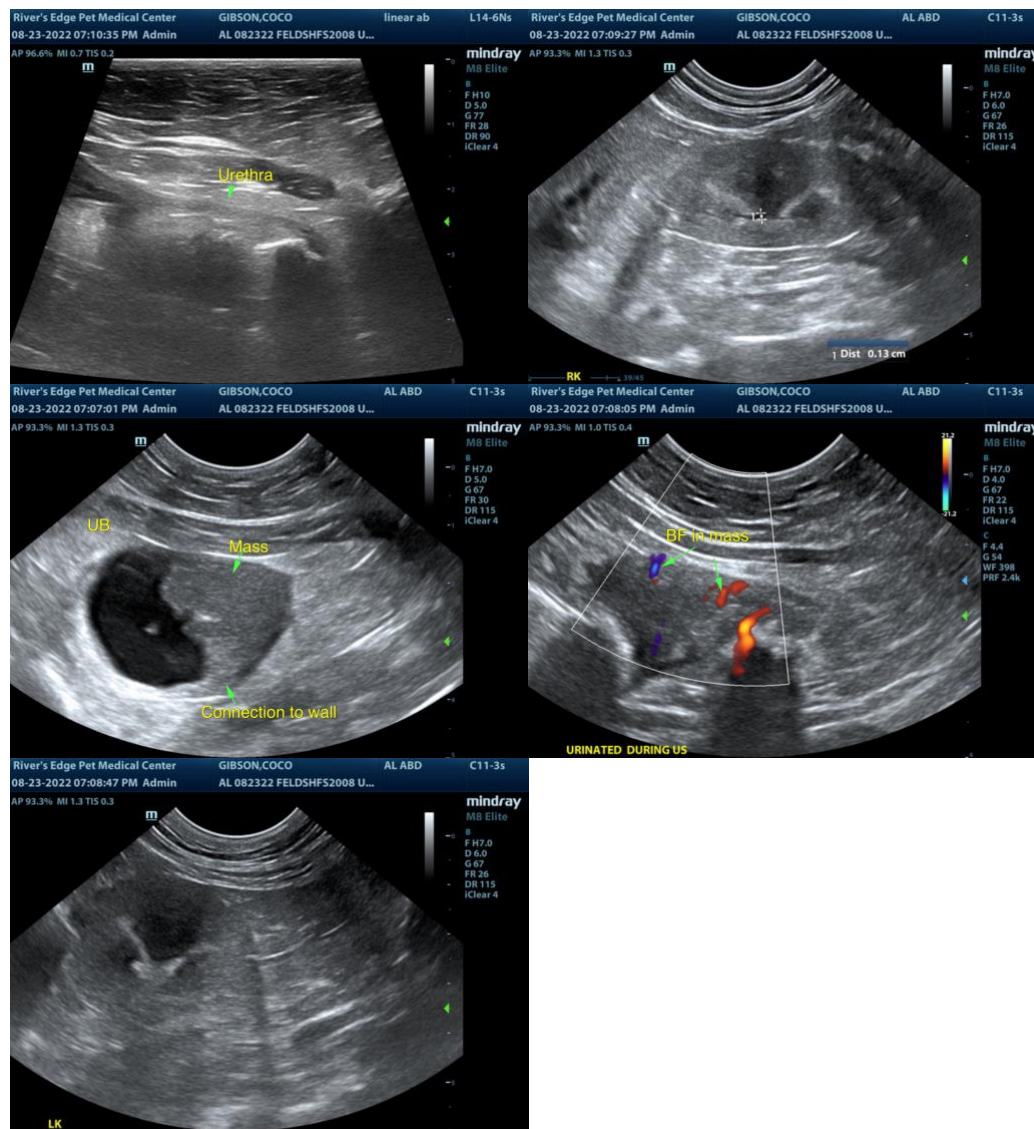
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
info@SonoPath.com