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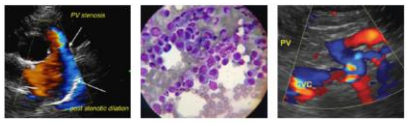


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Miss B Taylor

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

18 yrs

WEIGHT

7.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Grace Zhang

INVOICE

14693

DATE

8/24/22

PRESENTING CLINICAL SIGNS

8/8/22 presented for blood in urine. DDx cystitis. Received 0.6ml Convenia SQ & transdermal buprenorphine. Urinalysis dipstick could not run due to large amount of blood. In house culture plate showed moderate growth susceptible to antibiotics except amoxicillin.
Abnormal PE/Chem/CBC/UA Results: 8/23/22 presented for recheck urine. Urinalysis pH 6.5, USG 1.012, Large number of leukocytes and RBCs. Radiographed abdomen: no bladder or kidney stones; bladder was soft tissue opacity. DDx urinary bladder tumor vs blood clot. Administered transdermal buprenorphine & 100ml LRS SQ.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

An extensive urinary bladder mass occupying the majority of the urinary bladder lumen was present, measuring approximately 3.5 cm x 2.0 cm. The mass exhibited nonhomogeneous to mildly mixed echogenic pinpoint hyperechoic parenchyma. Documented blood flow along the periphery of the mass on color doppler was visualized. Minimal anechoic urine was present with no evidence of calculi. The urethra exhibited an overtly normal structure to a depth of 2.0 cm.

A solitary medial iliac lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node measured 1.3 cm x 0.5 cm.

Normal 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. Pinpoint areas of medullary mineral were present. A small right kidney cortical cyst was present. The left kidney measured 3.2 cm in length. The right kidney was mildly subnormal in size compared to the left kidney measuring 2.8 cm in length.

Adrenal Glands

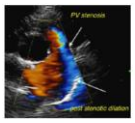
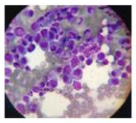
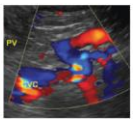
No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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 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

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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. The gastric body wall width measured 0.25 cm.

The small intestine presented intact yet generalized subjective mild prominent wall layering. The small intestinal wall width measured 0.27 cm. The ileocolic wall width measured 0.35 cm.

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

Pancreas

The pancreas exhibited mild prominent size with areas of capsule asymmetry and nonhomogeneous to nodular pancreatic parenchyma with minor pancreatic duct dilation.

Free Abdomen

No other evidence of intraabdominal lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder luminal mass
- Focal medial iliac lymphadenopathy
- Moderate chronic renal changes with mild left kidney pyelectasia and small right kidney cortical cyst
- Prominent nonhomogeneous to nodular pancreas
- Intact yet subjective generalized mild prominent small intestinal walls

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this case is the urinary bladder mass which is consistent with neoplastic criteria such as transitional cell carcinoma or other. Documented blood flow within the mass was not consistent with urinary blood clot. Potential for significant cystitis is considered a less likely differential diagnosis. Cytospin cytology of a free catch urine sample to assess for atypical transitional cells could be considered.

The focal visualized medial iliac lymph node was nonspecific and potentially incidental, although the possibility of early lymphatic metastasis cannot be excluded.

Age-related pancreatic changes with potential for chronic to chronic active pancreatitis and discrete areas of nodular hyperplasia or less likely emerging pancreatic neoplastic criteria are possible.

The subtle small Intestinal mural changes may indicate a patient variant with potential for low-grade Inflammatory enteropathy. No overt evidence of gastrointestinal neoplastic criteria was noted. Monitoring for evidence of GI signs and/or weight loss going forward could be considered.

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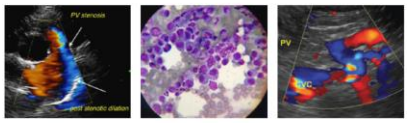

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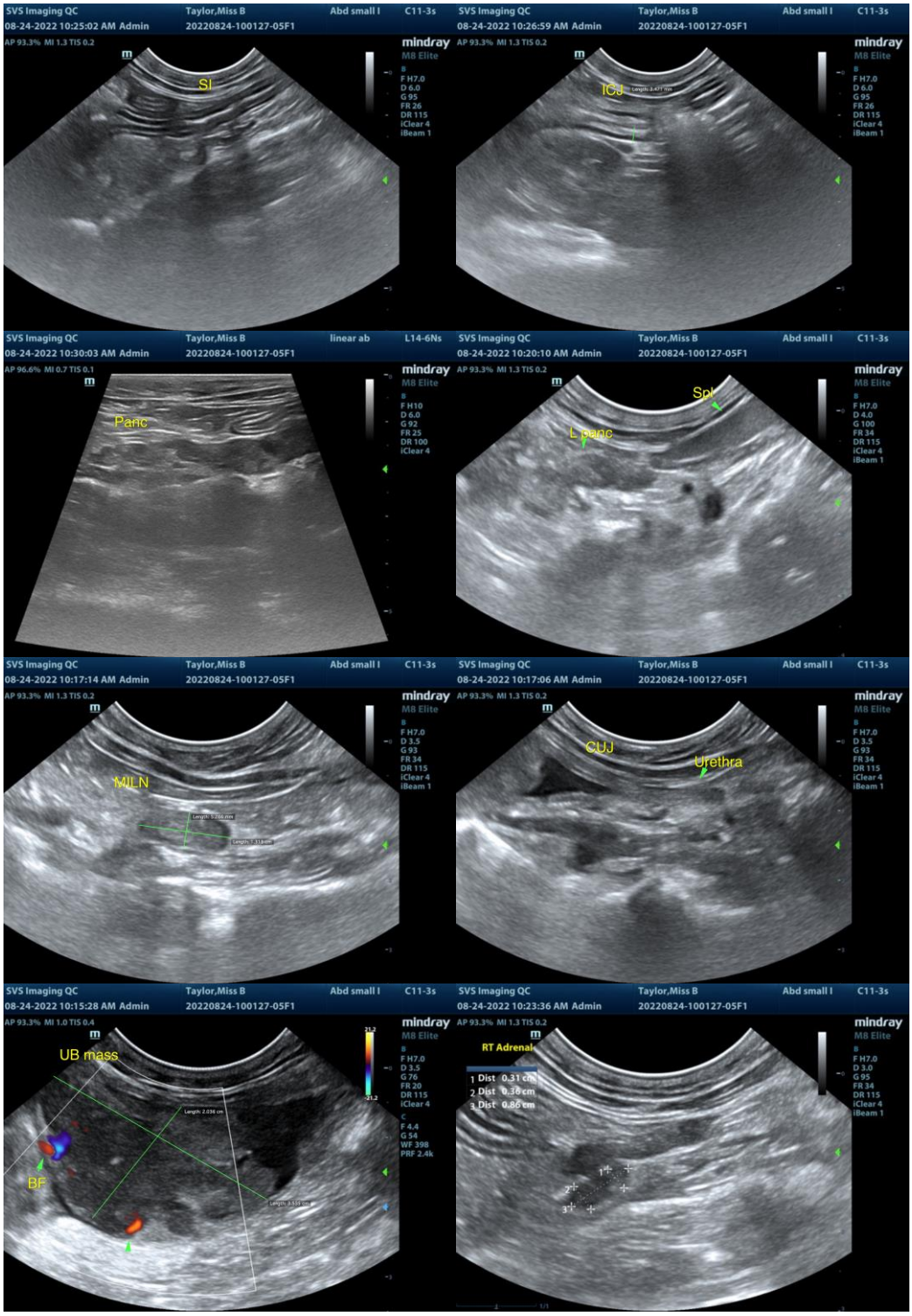

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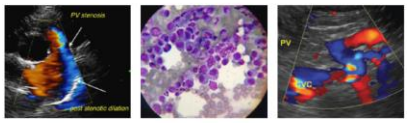

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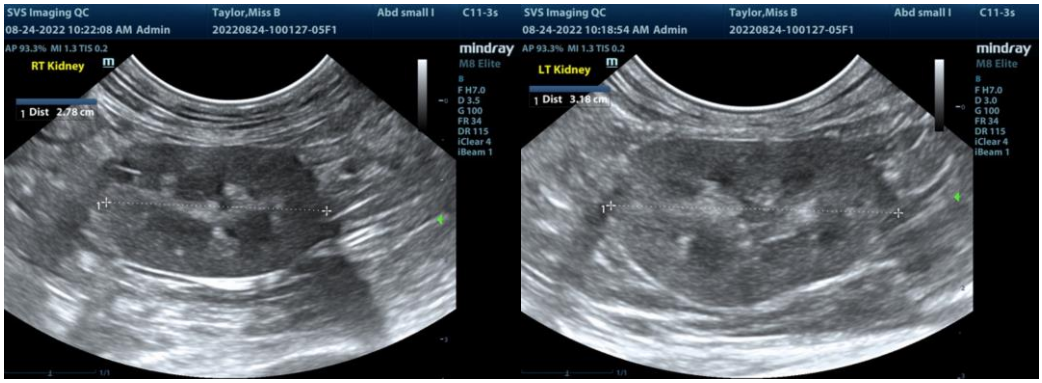

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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