



PATIENT

Tommy Zouiyen

SPECIES

Feline

BREED

Bengal

SEX

Male

AGE

1

WEIGHT

10.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

14487

DATE

8/3/22

PRESENTING CLINICAL SIGNS

BLOCKED MALE CAT HE IS USED FOR BREEDING PURPOSES HEMATURIA

Abnormal PE/Chem/CBC/UA Results: -WAS SEVERELY AZOTEMIC+ HYPERKALEMIA + MILD ELEVATED GLOBULIN, NUMBERS ARE GETTING BETTER AFTER THE UNBLOCK -STILL HEMATURIA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild uniform thickened urinary bladder walls exhibiting normal mural echogenicity. The urinary bladder wall width measured 0.30 cm wall width. Anechoic content with mild nondependent pinpoint hyperechoic sediment was present. An asymmetrical, nonhomogeneous, focally hyperechoic, luminal, mass-like structure was present, measuring 2.6 cm in diameter. The visualized urethra exhibited overtly normal structure and tone to a depth of 1.0 cm.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys were mildly enlarged in size exhibiting symmetrical renal margination. Both kidneys exhibited uniform cortical hypertrophy exhibiting mildly coarse cortex echotexture and subjective mild reduced medullary volume along with nonspecific mildly hyperechoic to thickened bilateral medullary rim sign. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. Evidence of mild left and right retroperitoneal inflammation exhibited by Increased retroperitoneal echogenicity was noted. No evidence of overt retroperitoneal free fluid was noted. No evidence of left or right pyelectasia was evident. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic to focally hypoechoic ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

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

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.

Free Abdomen

Intermittent mesenteric and medial iliac 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). These lymph nodes were not consistent with neoplastic criteria and likely incidental.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral renomegaly exhibiting cortical hypertrophy and nonspecific medullary rim sign, evidence of minor left and right retroperitoneal Inflammation
- Urinary bladder cystitis pattern with luminal nonhomogeneous to focally hyperechoic mass-like structure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidney presentation may suggest nonspecific nephritis with emerging renal neoplastic criteria considered a less likely differential diagnosis.

Urinary bladder luminal blood clot would be a reasonable differential diagnosis for the nonhomogeneous luminal mass-like structure given the hematuria. The possibility of atypical polyploid cystitis or potential neoplastic luminal mass cannot be definitively excluded yet is considered less likely given the age of the patient. Urine C/S Ideally on a sterile urine sample to assess for underlying infection is recommended. Continued therapy for cystitis and/or infection if positive C/S with sonographic recheck of the urinary bladder in 7-10 days would be reasonable.



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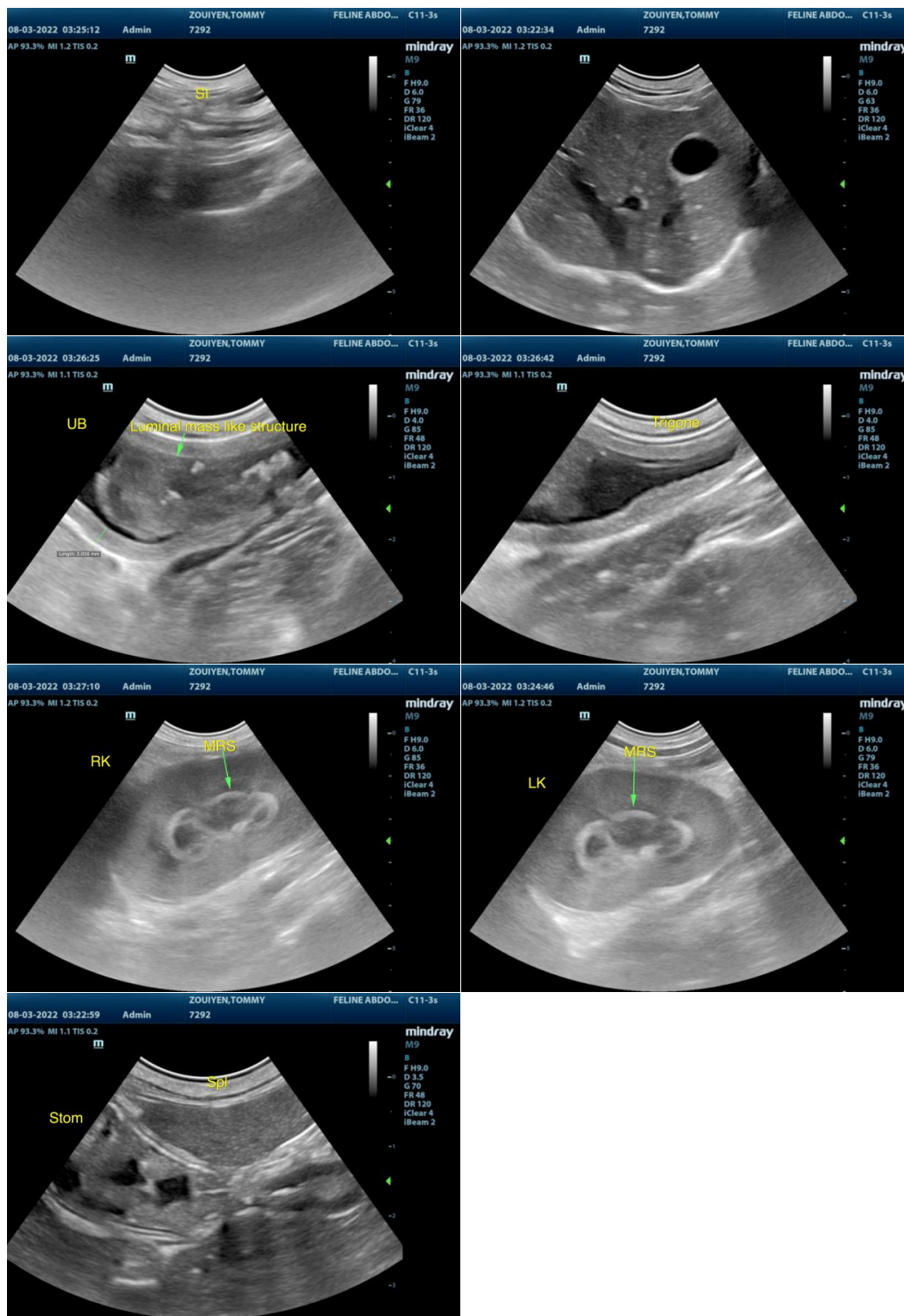
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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