PATIENT

Einstein Landen

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

18 years

WEIGHT

10.6 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Turner

INVOICE

74009

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- Non resolving hematuria. Saw suspected mass when trying to get cysto
- Pt not responding to abx- blood continues
- Current meds: Methimazole, K/D diet
- Neut 2205, Lymph 1085, BUN 56 U/A: blood, rods

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment. Multiple, hyperechogenic, infiltrative nodules/small masses within the lumen of the urinary bladder. No uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.2 cm, right measured 3.9 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

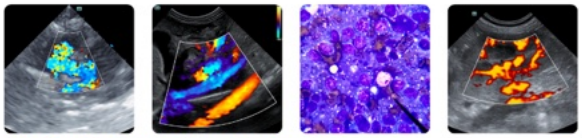
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.32 cm in width. The right adrenal gland measured 0.45 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 0.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of ingesta is present within the stomach.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder masses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder masses would be neoplasia with granulomatous disease, severe polypoid cystitis and chronic bacterial cystitis an unlikely differential diagnosis.

Further assessment would be urine culture and possibly a catheter assisted aspirate/biopsy of the masses for cytology/histopathology and culture. As the masses do not involve the trigone area, surgical resection could be considered (taking the patient's age into consideration).

Alternatively, palliative therapy could be considered.

Palliative therapy for urinary bladder neoplasia

NSAIDs
NSAIDs are the corner stone of palliative therapy as they have both anti-inflammatory and anti-neoplastic properties (via COX-2 inhibition) and can significantly reduce hematuria, inflammation, and pain.

NSAIDs that can be used are:

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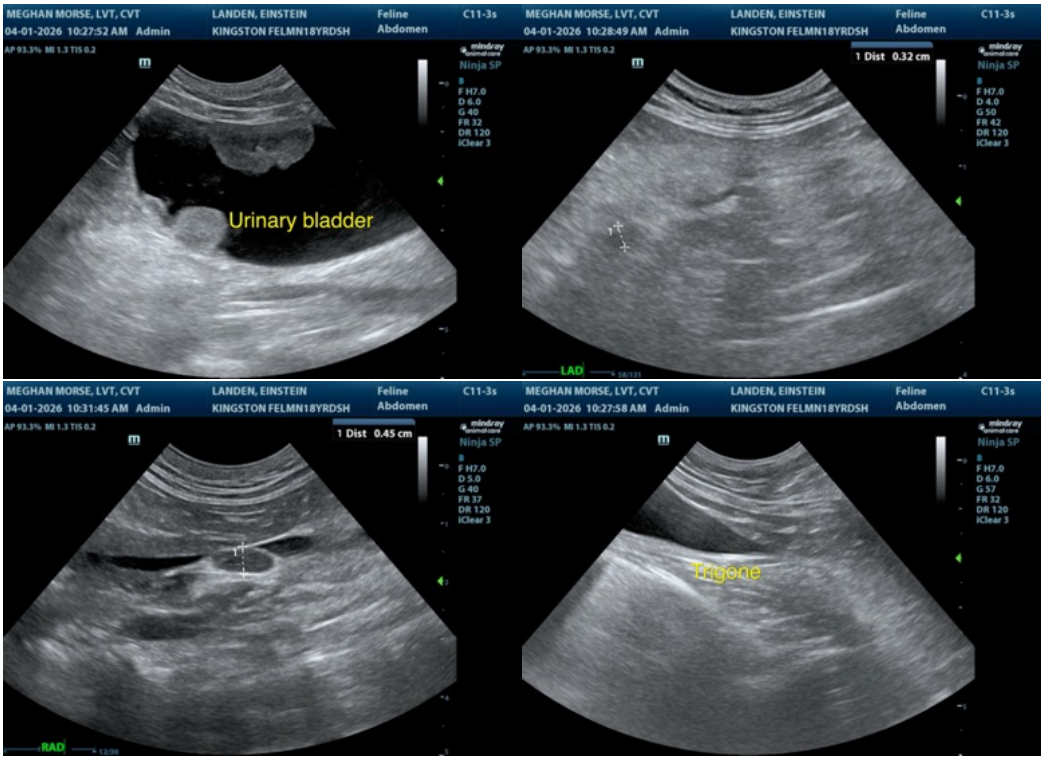
- Meloxicam 0.05 mg/kg PO SID for 3–5 days, then 0.025 mg/kg SID); better tolerated with long-term use.
- Robenacoxib 1–2 mg/kg PO SID.

Low-dose palliative intent chemotherapy
When tolerated, low-dose chemotherapy may prolong life and/or reduce obstruction.

Chemotherapy drugs:
- Mitoxantrone 5–6 mg/m² IV every 3-4 weeks.
- Carboplatin 200-250 mg/m² IV every 4 weeks, if mitoxantrone not tolerated.
- Chlorambucil 4 mg/m² PO every 2 days, gentle oral option for frail cats.

Supportive care
- Pain control: gabapentin ± tramadol.
- Manage dysuria with prazosin or phenoxybenzamine.
- Treat UTIs based on culture.
- Control hematuria with hydration and NSAIDs.
- If needed, manage constipation with lactulose.

Urinary outflow management
- Urethral stent – relieves obstruction, improves quality of life.
- Cystostomy tube – long-term bladder drainage.
- Palliative radiation – reduces tumor bulk, hematuria, dysuria.
- Laser ablation or debulking.



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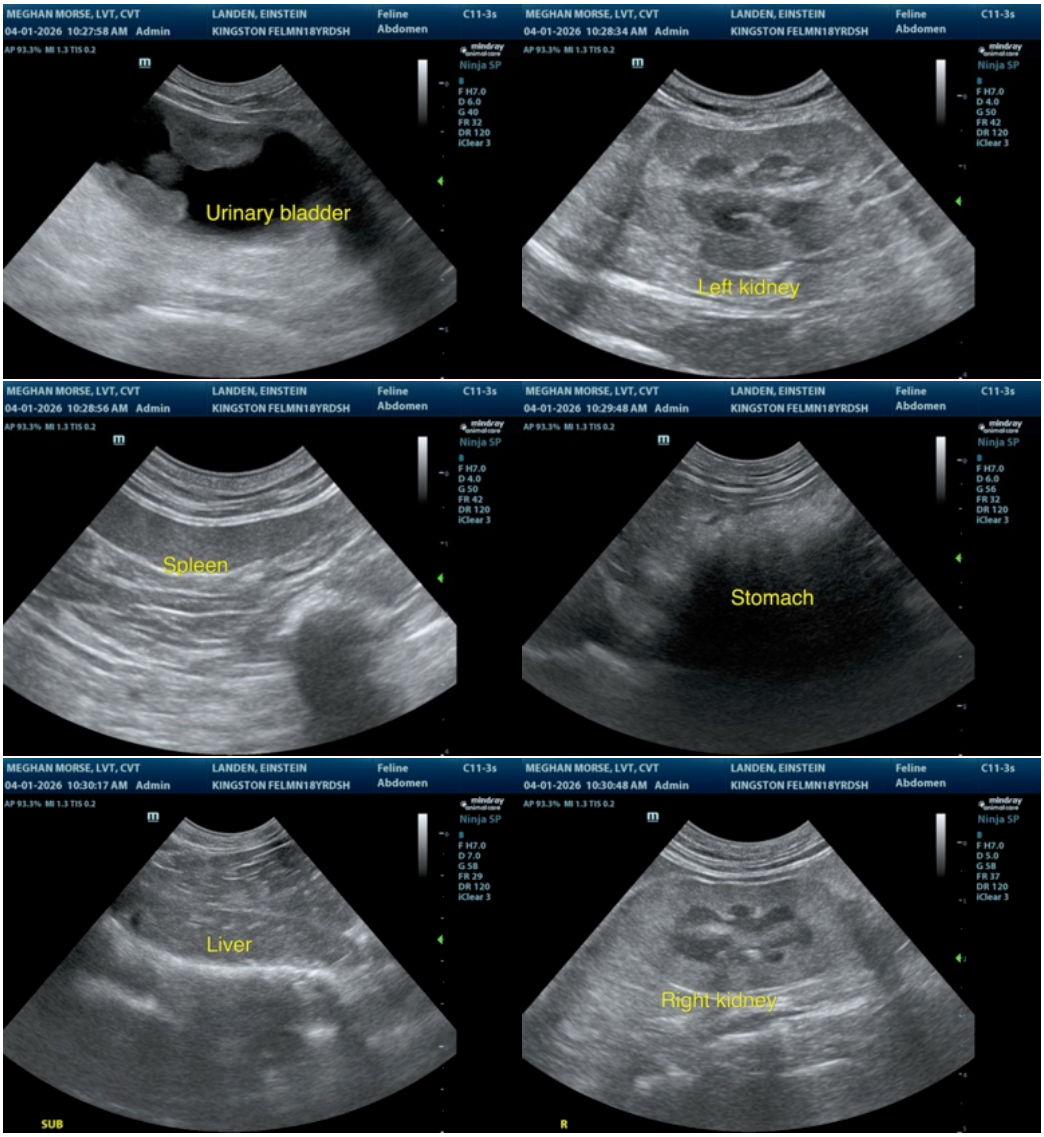

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com