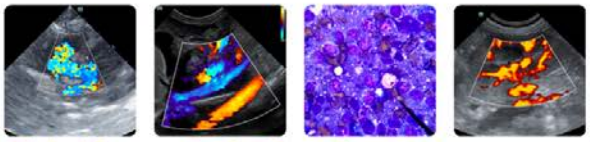


PATIENT

Willow Waters

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

7.5 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Michael Wasserman

HOSPITAL NAME

Highlands Animal Hospital

REFERRING VET

Dr. Cindy Wasserman

INVOICE

72115

DATE

1/11/26

PRESENTING CLINICAL SIGNS

Sedated with 0.1ml butorphanol 10mg/ml 1/2 IV first, then 1/2 IM. Adequate sedation for imaging. Initial complaint was head twitching yesterday. Firm "long" irregular abdominal mass palpated on right side of abdomen on exam. Treatment initiated 1/10/26 with clavamox, B12 injection, famotidine injection, 100ml LRS SC once

Abnormal PE/Chem/CBC/UA Results: HCT: 31% calculated, HGB 10.6, PLT 98k, Creat 2.8, BUN 44, UR SG 1.020 WBC 2 per hpf, 14rbc per hpf, BP 120 mmhg average,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is focally thickened, and there is a 1.0 cm x 6.4 mm wide based mass arising from the apex. There is evidence of blood flow on doppler interrogation. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No calculi are noted. Urethra visualized to 3.0 cm.

The righty kidney is hyperechoic, and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal).

There is a 3.1 cm x 3.0 cm cystic structure arising from a fluid-filled tube that has the architecture typical of a hydronephrotic kidney. Based on the location, this structure is suspected to represent the left kidney. There is no visible cause for ureteral obstruction seen within the clips provided.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 4.9 mm. Right measures 4.5 mm.

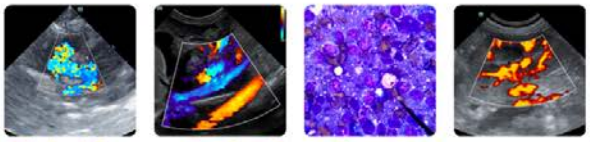
Spleen

The spleen is of appropriate size (6.5 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is not seen.

Pancreas

The pancreas is not distinctly visualized, but there is hyperechoic omental fat observed in the region of both limbs of the pancreas.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the cranial abdomen. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Cystic mass arising from a fluid-filled tubular structure, that has the architecture of a hydronephrotic kidney (left kidney suspected) - see attached picture
- Apical bladder mass, which may represent an inflammatory polyp or a neoplastic lesion
- Marked steatitis in the cranial abdomen, particularly in the region of the pancreas, which partially obscured assessment of some viscera - suspect severe, acute pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While not definitive, the architecture and location of the cystic mass is suspicious for a hydronephrotic left kidney. While the bladder mass is apical, it is possible that there is microscopic involvement in the region of the left ureter, leading to obstruction - or, there may be a clot or ureterolith present. Tracing the suspected ureter, with Doppler to help differentiate it from blood vessels, would be suggested, to determine whether it can be traced back to the bladder, or to an obstructive lesion.

Definitive diagnosis for the bladder lesion can be challenging - fine needle aspiration carries the risk of tumor seeding if it is indeed a malignancy. Surgical biopsy could be considered for definitive diagnosis, and could also be used to further evaluate (and potentially remove) the cystic mass.

The marked steatitis in the region of the pancreas suggests concurrent pancreatitis, or possibly pancreatic neoplasia. A serum pancreatic marker would be recommended, as well as fine needle aspiration of the pancreas if this can be achieved (or potentially a biopsy if surgical exploratory is pursued).

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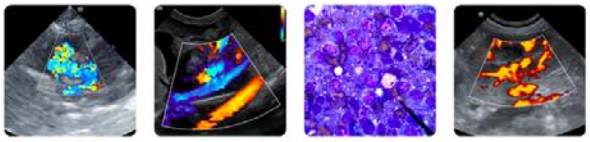

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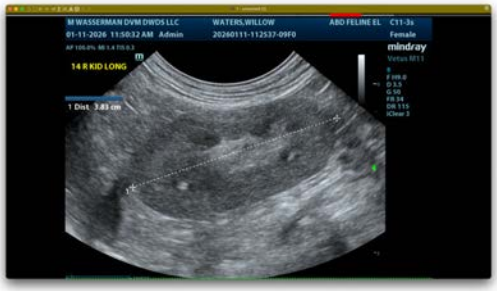

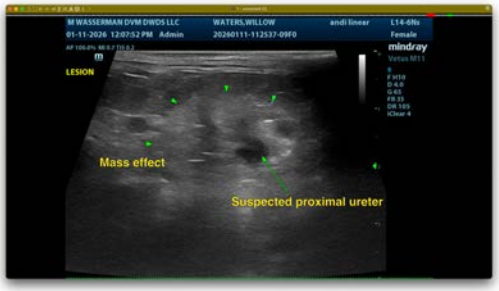

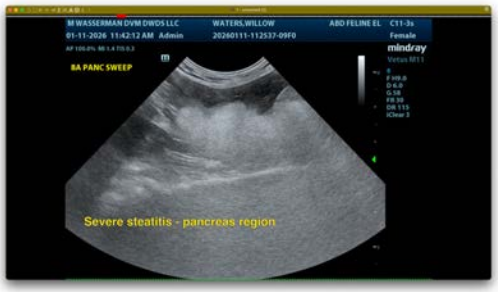

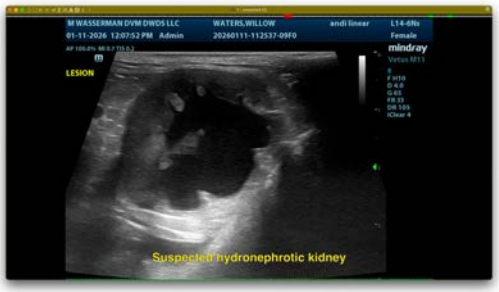

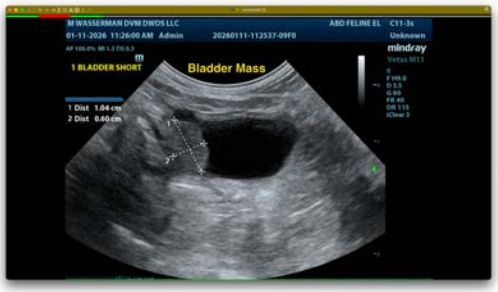

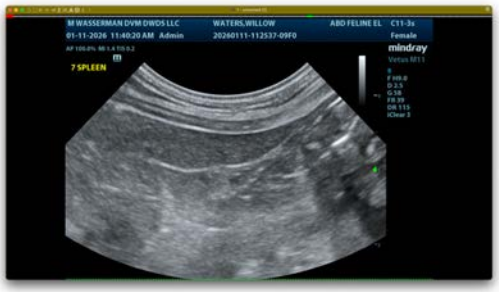

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com