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Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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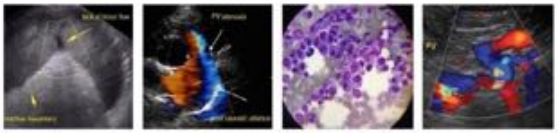

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Nitro Francalanza

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Millen Road AH

REFERRING VET

Sandhu

INVOICE

12470

DATE

3.20.23

PRESENTING CLINICAL SIGNS

History: blood in urine, concern for bladder mass, not eating well meds: Baytril

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is present. The bladder wall is thickened and there is a 2.9 x 1.2 x 1.5 cm mineralized, wide-based mass arising from the apex. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses or calculi are noted. Urethra visualized to 3.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.5 cm in length. The right kidney is 4.2 cm in length.

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. The left adrenal gland height is 4.2 mm at the caudal pole. The right adrenal gland height 4.9 mm at the caudal pole.

Spleen

The spleen is of appropriate size 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 at 6.9 cm.

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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 2.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. 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. The duodenal wall measures 2.2 mm. The jejunal wall measures up to 2.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction IS visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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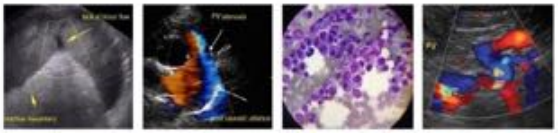

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Findings

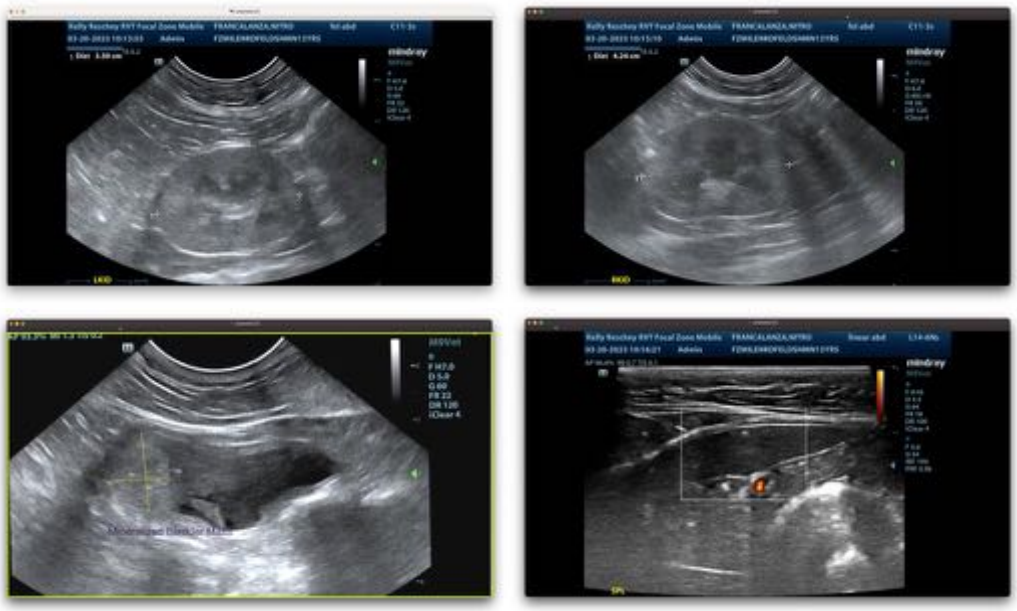
- Diffusely thickened bladder wall with a mineralized mass effect at the apex

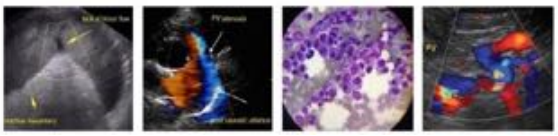
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the bladder are most consistent with a neoplastic process, although the possibility of a dense clot of blood cell, mucus, and mineral material cannot be excluded.

Further recommendations include:

- Collection of a free catch urine sample for cytology. Alternatively, a sample could be collected via urinary catheter, with ultrasound-guided trauma to the mass, to increase the likelihood of obtaining cells. Cystocentesis should be avoided, as there is risk of seeding tumor cells into the abdomen.
- Color Doppler examination of the mass effect to confirm that there is blood flow, which would confirm a neoplastic mass, as opposed to a clot.
- If empirical treatment is desired for suspected neoplasia, then NSAID therapy with Onsior or Meloxican could be considered, with careful attention to renal function. If Meloxican is used, a dose of 0.05 mg/kg/day would be recommended. If Onsior is used, it could be used according to label instructions.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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