SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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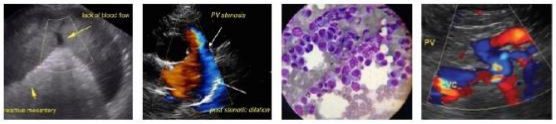


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Tigger Walsh

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

5 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

17060

DATE

8/26/22

PRESENTING CLINICAL SIGNS

History: hematuria, distended bladder vs mass, gr 2 murmur, no previous urinary issues as reported by owner (new patient to hospital)

Abnormal PE/Chem/CBC/UA Results: U/A-USG 1.015, prot 2+, orange in colour, pH 6.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is almost completely occupied by a heteroechoic mass. There is free fluid and hyperechoic fat surrounding the bladder. The mass appears to penetrate into the pelvic urethra, which is visualized to 1.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

The both kidney are hyperechoic, and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 3.8 cm. The left kidney measures 3.6 cm.

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 2.8 mm at the cranial pole and 2.8 mm at the caudal pole. The right adrenal gland height is 2.9 mm at the cranial pole and 2.9 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 5.7 mm.

Liver

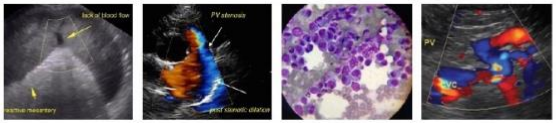
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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.

Gastrointestinal

The stomach is empty. The gastric wall is 2.4 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 2.3 mm. The jejunal wall measures up to 2.0 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.2 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.

Free Abdomen

There is focal free fluid within the abdomen, predominantly in the region of the urinary bladder. The omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

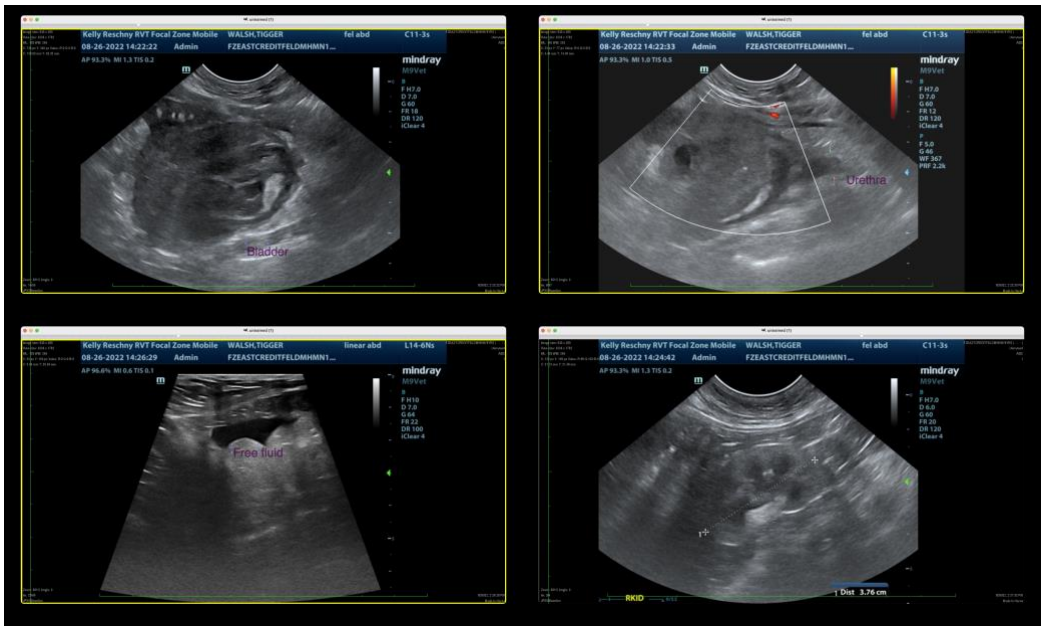
- A large bladder mass with regional inflammation

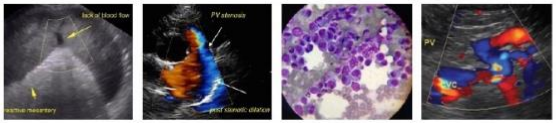
Secondary Findings

- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass in the bladder is consistent with neoplasia, such as transitional cell carcinoma or lymphoma. Definitive diagnosis could be achieved with urinary catheterization and aspiration via catheter. Percutaneous fine needle aspiration is not recommended due to concerns of tracking neoplastic cells. I have had some anecdotal success providing palliative care with NSAID treatment in cats with bladder neoplasia, providing their renal function was adequate.





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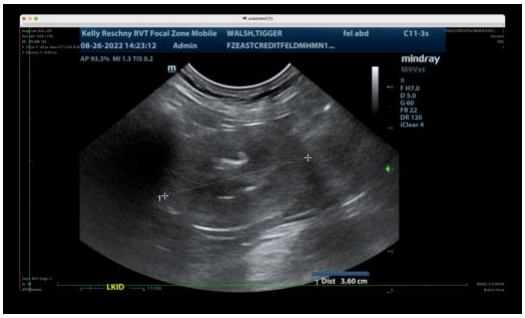

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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