



PATIENT

Lupa Nobilio

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

9 years 5 months

WEIGHT

120 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Brittney Beigel

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Rebekah Sims

INVOICE

11138

DATE

1/16/2026

PRESENTING CLINICAL SIGNS

Repeated UTI and hematuria. Last urinalysis showed rods; UA + MIC pending; Rads in August did not reveal any stoned or obvious tumors; O opts for US to screen for bladder pathology.

Abnormal PE/Chem/CBC/UA Results: UA attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were generally of normal thickness. The ureters were not visible which is normal. The mucosal layer was somewhat irregular with small projections into the lumen. No uroliths or masses were visualized.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present.

Left kidney measures 8.52 cm in length and the right kidney measures 6.68 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Right adrenal gland measures 1.0 cm in thickness. Left adrenal measures 3.6 cm in length, 0.85 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

The spleen contains multiple variably sized, hypoechoic to heterogenous nodules.

Liver

The liver is subjectively mildly enlarged. There are diffuse multifocal variably sized heterogenous nodules throughout the liver.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.



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Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

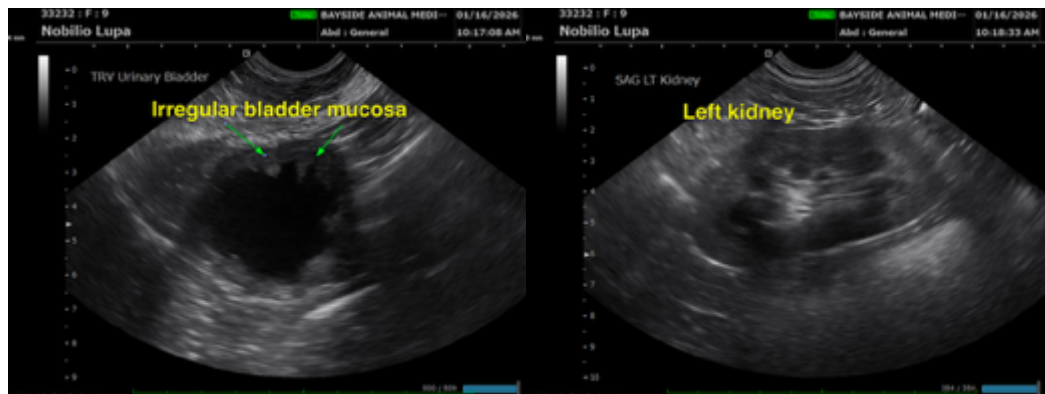
ULTRASONOGRAPHIC FINDINGS

- Cystitis in urinary bladder.
- Multiple splenic nodules.
- Multiple liver nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder ultrasonographic changes are most consistent with cystitis. No underlying cause of cystitis is apparent on ultrasound. Urine culture of a cystocentesis sample with sensitivity and 2-4 week course of appropriate antibiotic therapy with urinalysis and ideally culture 3 days prior to discontinuation of antibiotics and 3 days after discontinuation is recommended to ensure adequate coverage and length of treatment. Thorough physical exam and historical information gathering to search for presence of predisposing factors for ascending infection such as skin disease, vulvar conformation or husbandry which may be predisposing to ascending infections is important. Thorough investigation for underlying disease which may be predisposing to lowered immunity including chem/lytes/CBC, thyroid testing and baseline cortisol +/- ACTH stimulation test is recommended. Ultimately cystoscopy may be required for more definitive diagnosis. In female dogs with vulvar conformation issues predisposing to ascending infections, once initial urine and skin infections are controlled, maintenance cleaning of the vulvar folds with water wipes after urination or at least twice daily may be enough to prevent recurrence. Maintenance of a healthy weight is also important. Vulvoplasty is a consideration if less invasive measures are ineffective.

Splenic and liver nodules are concerning for a metastatic neoplasia with hemangiosarcoma or other carcinoma being a primary concern. Thoracic radiographs are recommended to screen for a primary tumor. No obvious primary tumor was visible on abdominal ultrasound, though a large primary tumor is not necessary to create distant metastasis. FNA of the liver and splenic nodules is recommended to further define. Ultimately, biopsy may be required for attempted definitive diagnosis.





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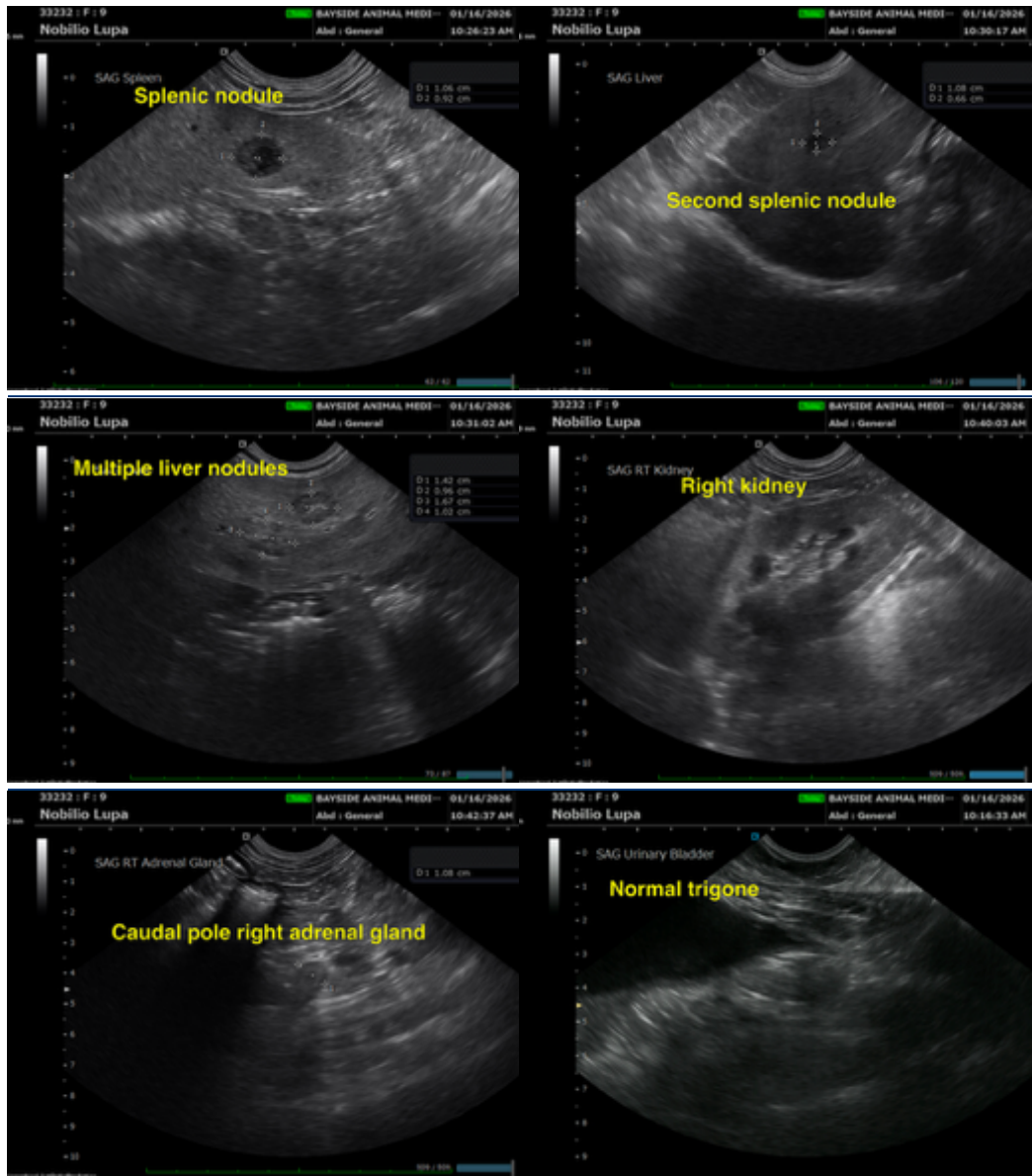
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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