



**PATIENT**

Addison Adinolfe

**SPECIES**

Canine

**BREED**

Yorkshire terrier Mix

**SEX**

FS

**AGE**

12 years

**WEIGHT**

12.3 #

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lara Wiseman, DVM

**HOSPITAL NAME**

Gardens Animal  
Hospital

**REFERRING VET**

Dr Valario

**INVOICE**

303625

**DATE**

12/6/22

**PRESENTING CLINICAL SIGNS**

History: Hematuria, stranguria, inappropriate urination. Poor appetite. Previous UTI.

Physical Examination: N/A.

Urinalysis: SG 1.030, proteinuria, hematuria.

CBC: N/A.

Serum Biochemistry: Mildly elevated ALP activity.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with an irregular mottled echogenic vascularized mass on the ventral wall (0.4 x 2.6 cm) and a small nodule (0.3 x 0.6 cm) on the mid-dorsal wall. Focal regional mesenteric inflammation. Normal anechoic urine with no sediment evident. Few small uroliths present.

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 3.8 cm, right 4.5 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

N/A

**Adrenal Glands**

Normal shape, echogenic appearance, position, and size. Left 0.54 cm, right 0.57 cm.

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal hyperechogenic parenchymal nodule (0.8 cm) in the left lobe. No masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.



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**Gastrointestinal**

Normal appearance of the gastro-esophageal junction, stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.27 cm) and peristaltic activity, and no distension of the lumen.

**Pancreas**

Normal size (right 0.9 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**Free Abdomen**

No mesenteric lymphadenomegaly.  
No ascites.

**ULTRASONOGRAPHIC FINDINGS**

Primary findings:

- Urinary bladder mass and nodule.
- Uroliths.

Secondary findings:

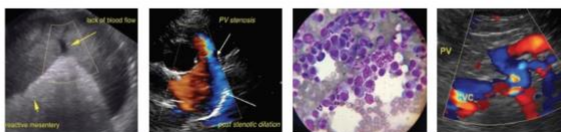
- Hepatic nodule.
- Gall bladder sediment.
- Age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS IMAGES**

The most likely etiology for the urinary bladder would be neoplasia with chronic cystitis, polypoid cystitis, and granulomatous reaction differential diagnoses.

Further assessment would be urine culture, BRAF assay, and catheter-assisted aspirate/biopsy of the urinary bladder mass.

Specific therapy would be dependent on an etiological diagnosis. As the bladder masses do not appear to involve the trigone area, surgical resection should be considered. Symptomatic management would be NSAIDs.



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**IMAGES**

**Urinary bladder**





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**Liver**

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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.

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