



PATIENT

Nelly Nihan

SPECIES

Canine

BREED

Westie

SEX

Female

AGE

12 years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Ferber

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Ferber

INVOICE

70996

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Tx for hematuria on 1/20/26 - free catch UA revealed WBC, bacteria (rods), and RBC
- No culture performed due to urine being collected from the floor but treated with a week of clavamox
- Signs improved - brought in today to recheck UA via cystocentesis but mass noted in bladder. No urine collected today
- CBC chem pending - had parathyroidectomy last year - dx with parathyroid adenoma - calcium normalized post sx

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a hyperechogenic, infiltrative mass that measured 0.8 x 1.5 cm in size. The rest of the wall had a normal thickness and smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.0 cm, right measured 4.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. A small, incidental cortical cyst is present in the left kidney. A large, incidental cortical cyst is present in the right kidney and measured 0.9 x 1.1 cm in size.

Adrenal Glands

The left adrenal gland is not clearly visualized but appears to be of normal shape, echogenic appearance, and size. The right adrenal gland is not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be neoplasia with granulomatous disease and chronic bacterial cystitis less likely differential diagnosis.

The likely etiologies for the hepatopathy would be age related reactive hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.

Further assessment would be urine culture, BRAF analysis, and/or a catheter assisted aspirate/biopsy of the urinary bladder mass for cytology/histopathology and culture.

FNA cytology of the liver can also be considered.

As the urinary bladder does not appear to involve the trigone area, surgical resection may be considered.



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Palliative therapy for urinary bladder neoplasia

Medical palliation

- NSAIDs such as piroxicam (0.3 mg/kg SID), firocoxib 5 mg/kg SID), deracoxib 2–3 mg/kg SID).
- NSAIDs combined with palladia.

Chemotherapy (combined with NSAIDs)

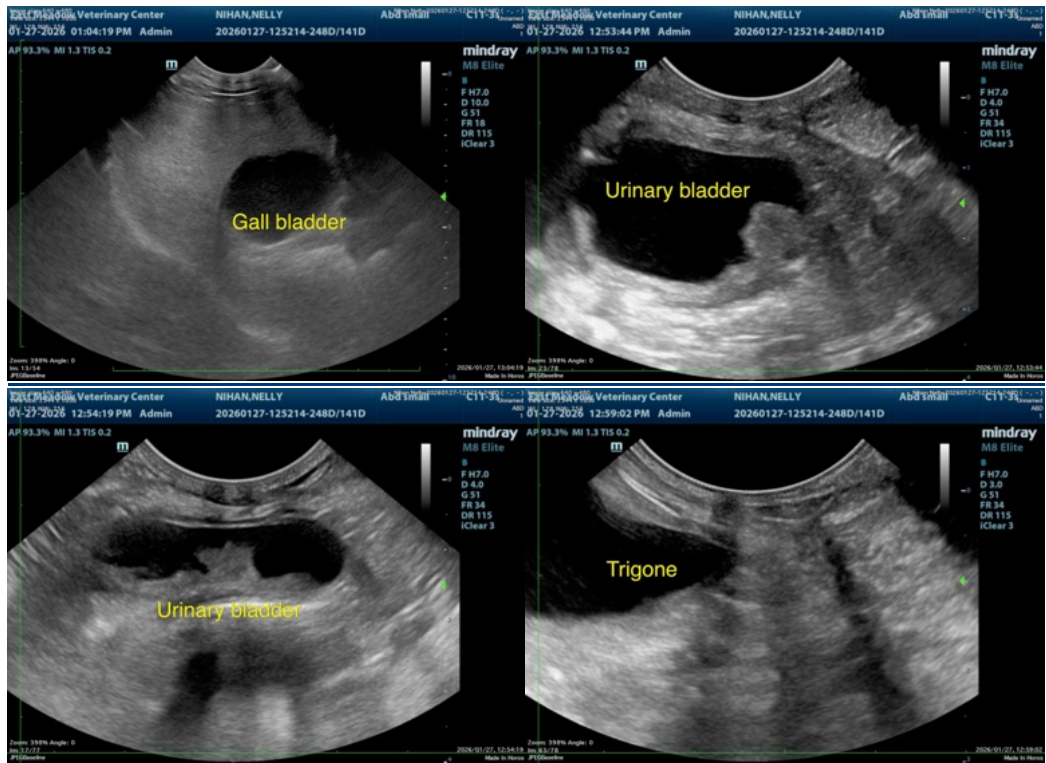
- Mitoxantrone 5–6 mg/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

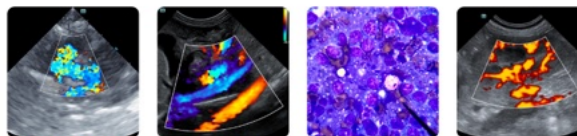
Supportive care

- Pain control: gabapentin ± tramadol.
- Manage dysuria with prazosin or phenoxybenzamine.
- Treat UTIs based on culture.
- Control hematuria with hydration and NSAIDs.
- Manage constipation with lactulose.

Interventional palliation

- Urethral stent – relieves obstruction, improves quality of life.
- Cystostomy tube – long-term bladder drainage.
- Palliative radiation – reduces tumor bulk, hematuria, dysuria.
- Laser ablation or debulking.





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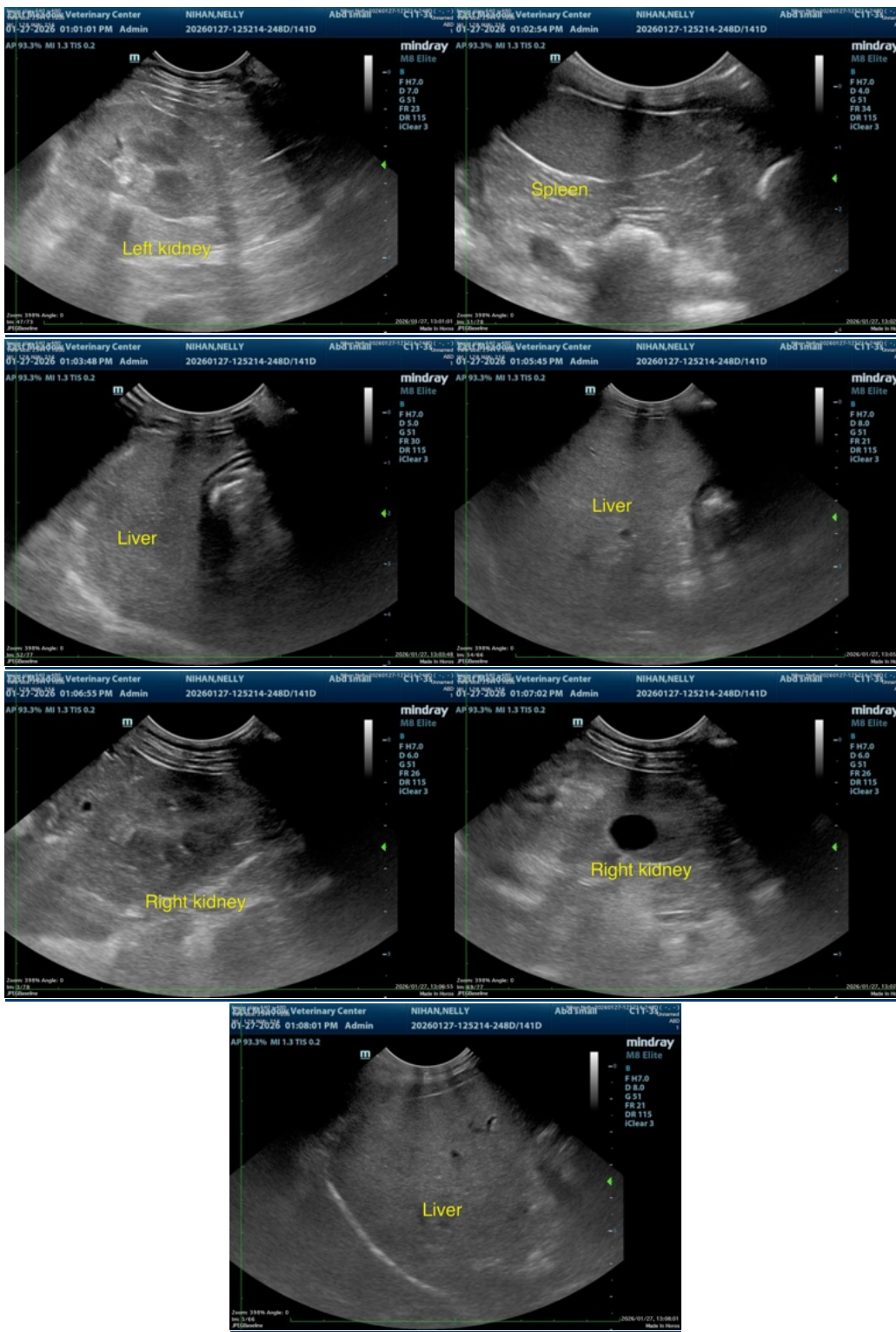
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The information and recommendations provided are based on the images presented by the



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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.

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

info@sonopath.com