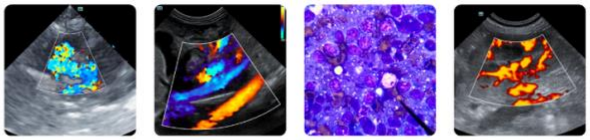


PATIENT

Mrs. Beasley Kennefick

SPECIES

Canine

BREED

Maltipoo

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

11.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

35315

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: *Numerous bouts of hematuria without evidence of infection *Some straining but there was also recent diarrhea with straining.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with an irregular mottled echogenic non-vascularized infiltrative mass on the dorsal wall but appears to be extending towards the trigone area. The mass measures approximately 1.2 cm x 1.6 cm in size. The rest of the wall is of normal thickness, maintaining a smooth appearance. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area. The proximal urethra was not clearly visualized but appears to be normal. Normal iliac blood vessels. Normal appearance and size of the iliac lymph nodes (0.4 cm x 0.9 cm). Ureters not visualized, which can be considered a normal finding.

Normal renal size (left 4.0 cm/right 3.7 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.37 cm and 0.49 cm in width. The right adrenal gland measured 0.55 cm and 0.61 cm in width. A small hypoechogenic parenchymal nodule was noted in the caudal pole of the left adrenal gland, measuring approximately 0.2 cm in size.

Spleen

Normal size (1.7 cm in width) 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.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

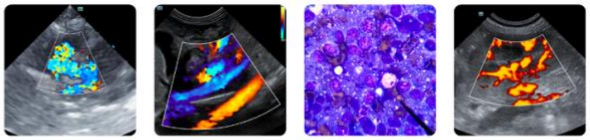
Gallbladder

Full gallbladder, 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



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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
- Age-related renal changes versus early chronic kidney disease
- Left adrenal nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be neoplasia with granulomatous disease a differential diagnosis, and chronic bacterial cystitis an unlikely differential diagnosis. The left adrenal nodule is most likely an incidental nonfunctional adenoma.

Further assessment would be BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology. As the mass is infiltrative and extending toward the trigone area, surgical resection may not be a feasible option. Palliative therapy would be indicated.

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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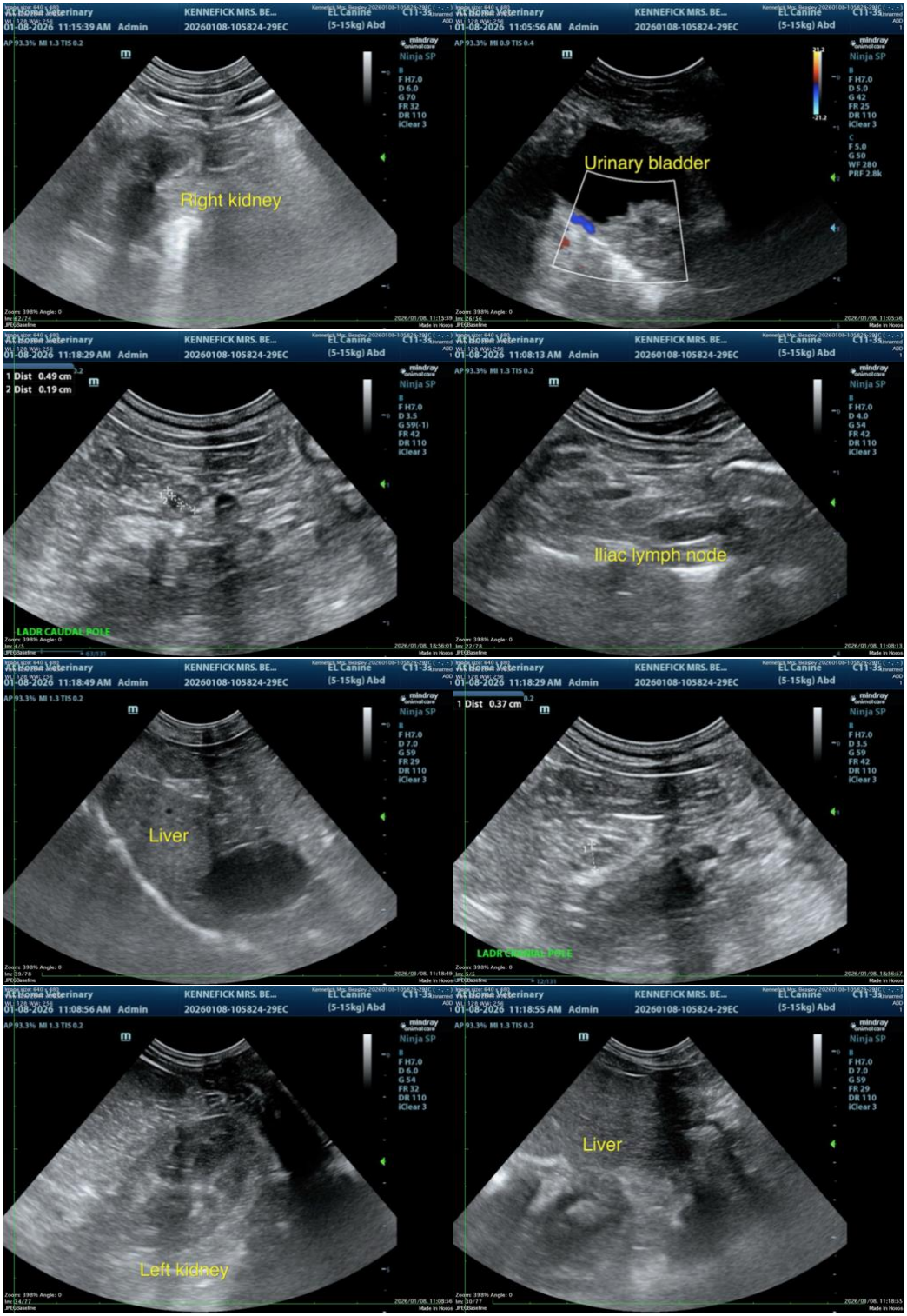

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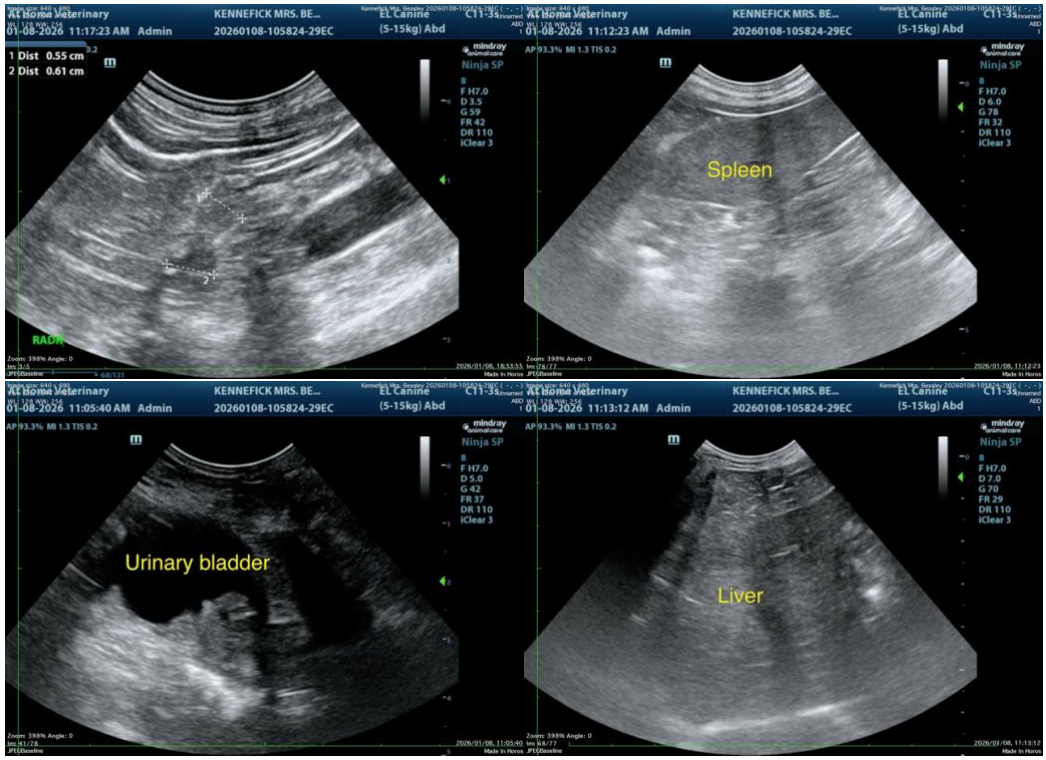

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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