



## PATIENT

Echo Kavulich

## SPECIES

Canine

## BREED

Coonhound Mix

## SEX

Spayed female

## AGE

4 years

## WEIGHT

41.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Justin Eckenrode, DVM

## HOSPITAL NAME

Carlisle Small Animal  
VC

## REFERRING VET

Dr. Shamitko

## INVOICE

68554

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

History: Major Medical Conditions : Recurrent hematuria and UTIs Patient History : Nov 2024 diagnosed with UTI via UA at local ER, clavamox started and improvement to symptoms, but still having urinary accidents and CaOx crystals seen on recheck UA in December. c/d diet started at that time. P was overall stable until March when hematuria seen again. Radiographs taken and no stones seen in bladder. Diagnosed with UTI via UA and clavamox started again and O felt resolution to symptoms after course. P stable again until 6-8 weeks ago when hematuria seen. BRAF testing did not show mutation. Previous ultrasound 9/9/25 showed urinary bladder nodules with no other concerning changes. Recessed vulva. Primary concern or rule out: Recheck urinary bladder nodules prior to surgical correction

Abnormal PE/Chem/CBC/UA Results: UA last done 8/14/25 - prior to antibiotic treatment USG 1.024, pH 7, WBC >50phpf, RBC 16 phpf, cocci/rod bacteria, No CaOx seen on most recent UA. Cystocentesis Culture - no growth 10/21 @referral

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with multiple, small, mottled echogenic nodules are noted on the wall measuring 0.5 cm in size with no vascular pattern. Thickened and irregular appearance of the apical wall measuring 0.6 cm. The rest of the wall is of normal thickness with a 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 4.5 cm, right measured 4.9 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. Normal color flow pattern is evident in both kidneys.

### Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.53 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

### 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 2.4 cm in width.



## PATIENT

Echo Kavulich

## SPECIES

Canine

## BREED

Coonhound Mix

## SEX

Spayed female

## AGE

4 years

## WEIGHT

41.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Justin Eckenrode, DVM

## HOSPITAL NAME

Carlisle Small Animal  
VC

## REFERRING VET

Dr. Shamitko

## INVOICE

68554

## DATE

11/11/25

## *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*

The gallbladder is small 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 nodules.
- Thickening of the apical wall of the bladder.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In comparison with the previous ultrasound the nodules are of similar size and appearance; however, the thickened and irregular appearance of the apical wall is a new finding.

Etiologies for the nodules and thickening of the apical wall would be polypoid cystitis, chronic bacterial cystitis, granulomatous disease and even though BRAF analysis is negative neoplasia would be an important differential diagnosis.

Further assessment would be catheter assisted aspirate/biopsy of the nodules and the apical wall for cytology/histopathology and culture.

Full thickness surgical biopsy of the urinary bladder and one of the nodules can also be considered.



### PATIENT

Specific therapy would be dependent on an etiological diagnosis.

Echo Kavulich

### SPECIES

Canine

### BREED

Coonhound Mix

### SEX

Spayed female

### AGE

4 years

### WEIGHT

41.3 lbs

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Justin Eckenrode, DVM

### HOSPITAL NAME

Carlisle Small Animal  
VC

### REFERRING VET

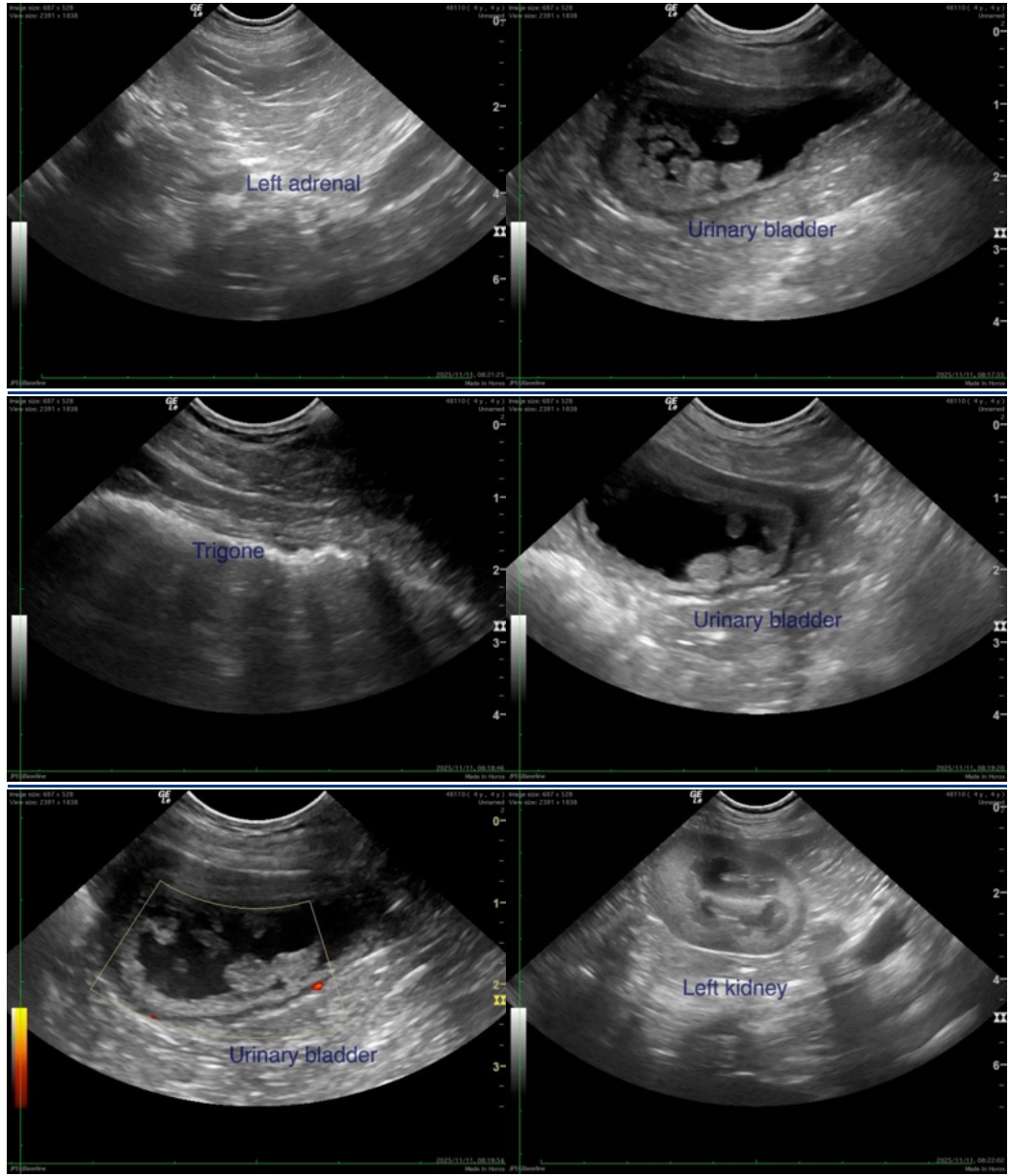
Dr. Shamitko

### INVOICE

68554

### DATE

11/11/25





## PATIENT

Echo Kavulich

## SPECIES

Canine

## BREED

Coonhound Mix

## SEX

Spayed female

## AGE

4 years

## WEIGHT

41.3 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Justin Eckenrode, DVM

## HOSPITAL NAME

Carlisle Small Animal  
VC

## REFERRING VET

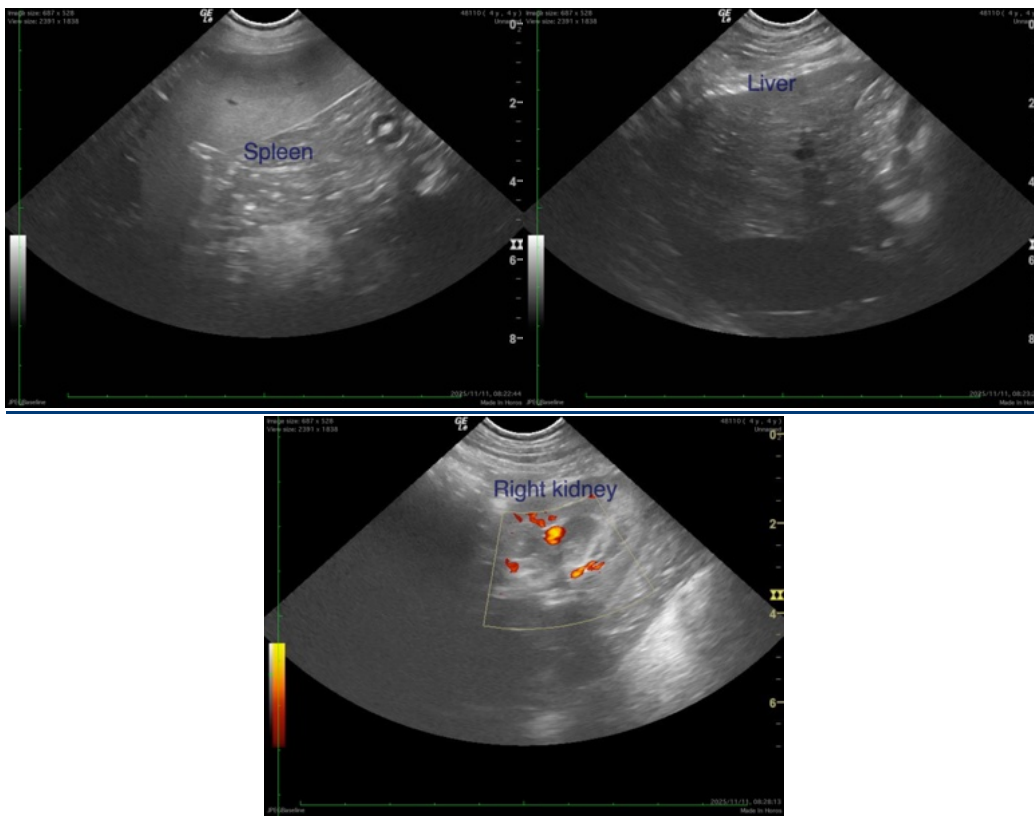
Dr. Shamitko

## INVOICE

68554

## DATE

11/11/25



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](mailto:info@sonopath.com)