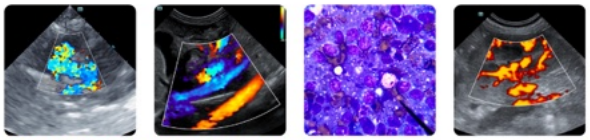


PATIENT

Harley Weed

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

6 years

WEIGHT

84 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Kelli Mitchell, DVM

INVOICE

69403

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Persistent hematuria with urinary accidents on and off. Urine color is yellow and visually undetectable to owner CLINICAL SIGNS: Patient had bilateral TPLOs performed within the last year. Urinary issue started shortly after right TPLO surgery on November 5th. Hematuria and urinary accidents present. No UTI or bladder stones noted at the exam, confirmed with rads and ultrasound. No prostate abnormalities were noted. A urine culture was submitted and results were negative. MEDICATIONS: - Apoquel 16 mg, 1 tab PO SID - Thyro-Tab 0.8 mg, 1 tab PO BID - Trazodone 100 mg, 1-3 tabs PO BID-TID for anxiety - Gabapentin 600 mg, 1/2 tab PO BID-TID - Rimadyl 75 mg, 1 tab PO BID PRN
Abnormal PE/Chem/CBC/UA Results: CBC / chemistry values within normal limits, note no stress leukogram UA - hematuria; urine culture no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the wall with some areas of the wall having a polypoid 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 6.9 cm, right measured 8.0 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.

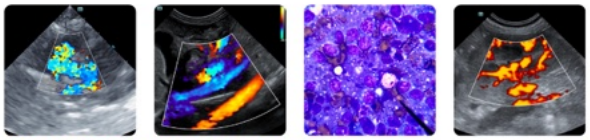
The prostate is small and hypoechogenic measuring 1.1 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.25 cm in length x 0.58 cm and 0.62 cm in width. The right adrenal gland measured 3.0 cm x 0.94 cm in width.

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 2.5 cm in width.



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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 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 pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder pathology would be chronic bacterial cystitis, polypoid cystitis, granulomatous disease and emerging neoplasia.

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

Specific therapy would be dependent on an etiological diagnosis.

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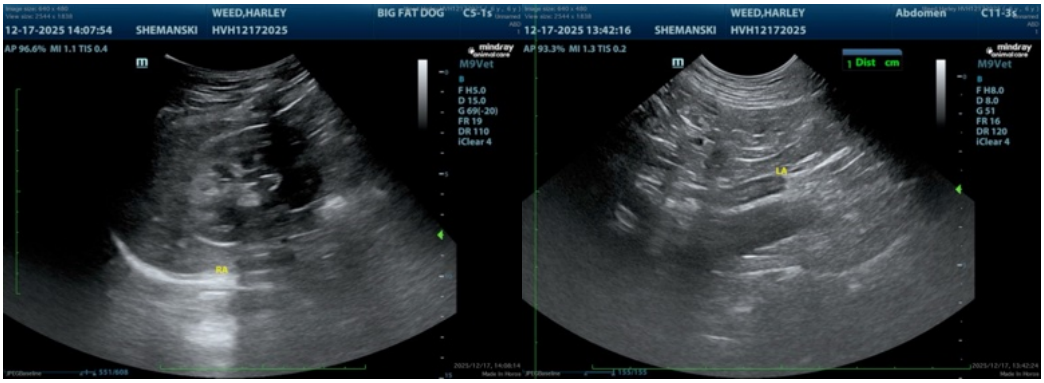

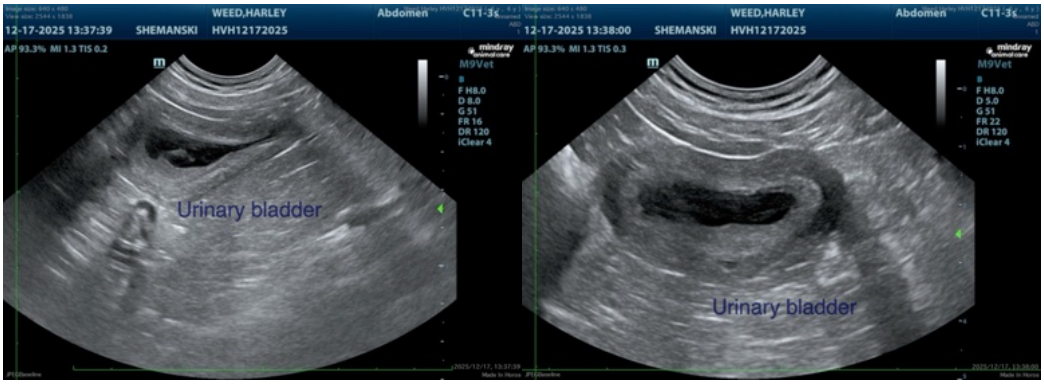

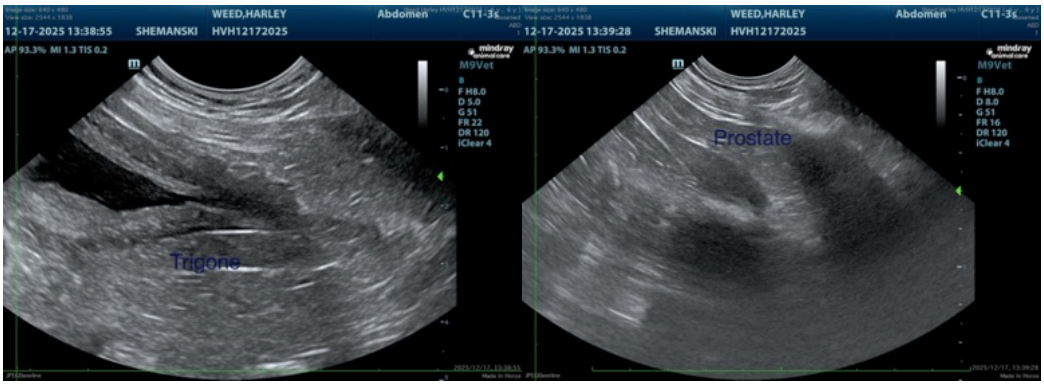

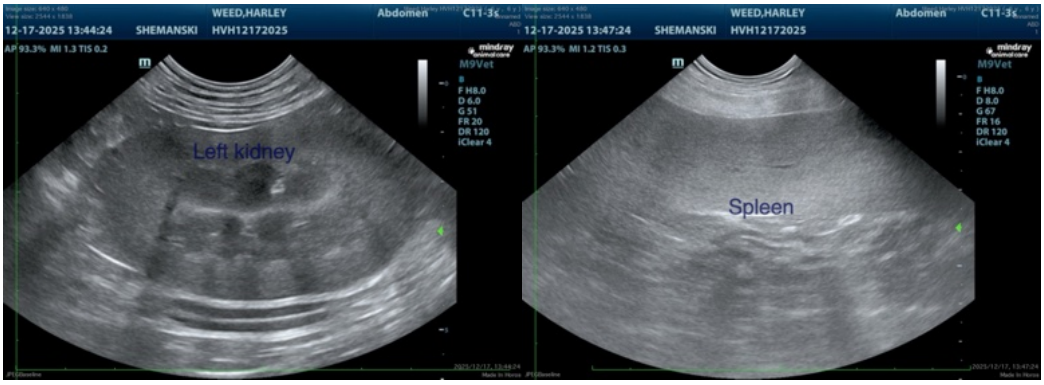

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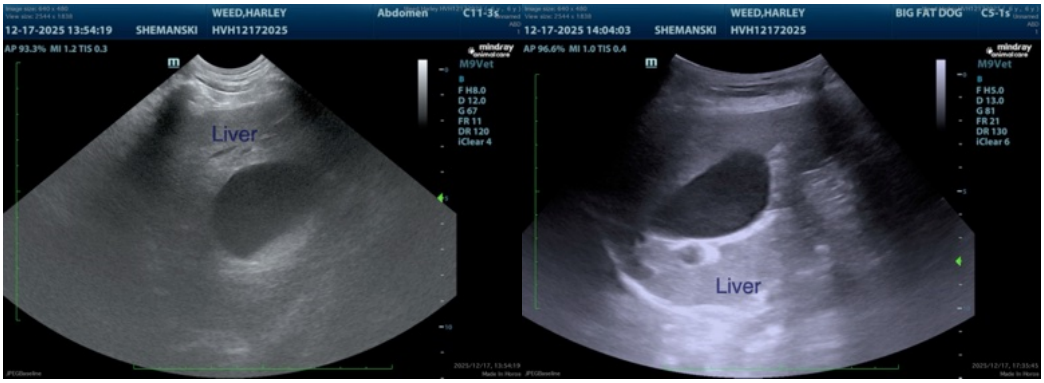

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com