



## PATIENT

Bentley Becker

## SPECIES

Canine

## BREED

Yorkie

## SEX

Neutered male

## AGE

15 years

## WEIGHT

6.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Bray

## HOSPITAL NAME

Taylorsville VC

## REFERRING VET

Dr. Stiefvater

## INVOICE

69472

## DATE

12/22/25

## PRESENTING CLINICAL SIGNS

Historically Lyme + on 4Dx testing, and has KCS OU. In Jan of 2024 there was suspicion of a bladder mass seen on US for cysto to collect urine. At that time there was no UTI present. An AUS was done on 1/8/24, and revealed a possible tumor on prostate or in bladder. BRAF testing at Antech in Feb of 2024 was negative/undetected. Bentley had a UTI in May of 2025 that did not initially respond to antibiotics, but after culture and treatment with enrofloxacin it resolved. On 12/17/25 Bentley presented for increased urine frequency and volume, with some urinary accidents in the house. No UTI was seen, USG was 1.019 and UPC was 0.7. There was elevation of BUN and SDMA, creatinine normal.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Thickening of the trigone area having an almost polyp like appearance, but maintained a normal echogenic appearance.

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

Normal renal size (left measured 3.0 cm, right measured 2.8 cm), increased echogenic appearance, some loss of cortico-medullary differentiation and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is small and hypoechogenic measuring 0.8 cm in width.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.42 cm and 0.48 cm in width. The right adrenal gland measured 0.32 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 1.2 cm in width.

### *Liver*

Normal size, echogenic appearance, 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 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**

- Trigone thickening.
- Age related renal changes versus early chronic kidney disease.

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

Etiologies for the trigone thickening would be polyp, polypoid cystitis, chronic bacterial cystitis and emerging neoplasia.

Further assessment would be urine culture and either BRAF analysis or catheter assisted aspirate/biopsy of the trigone area for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.



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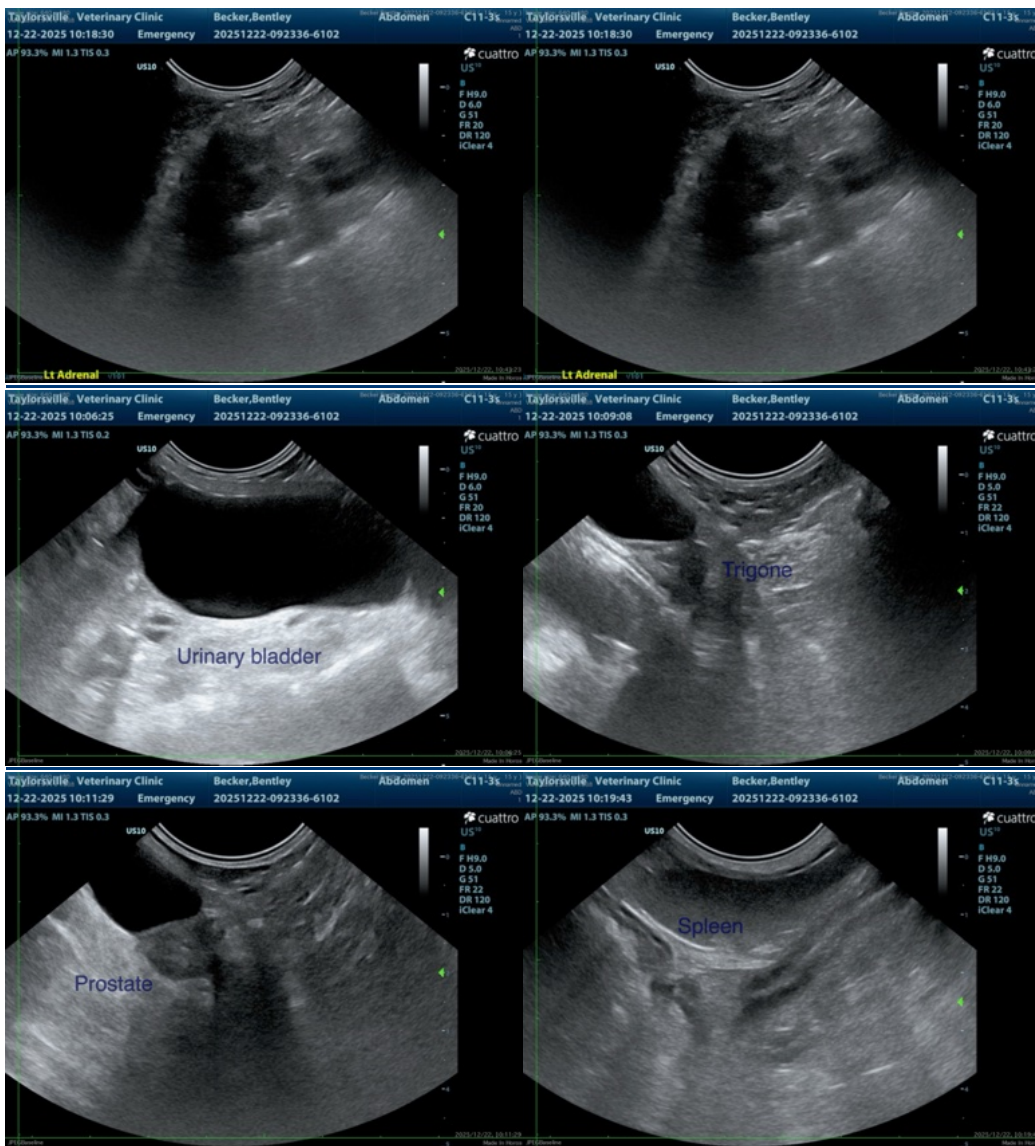
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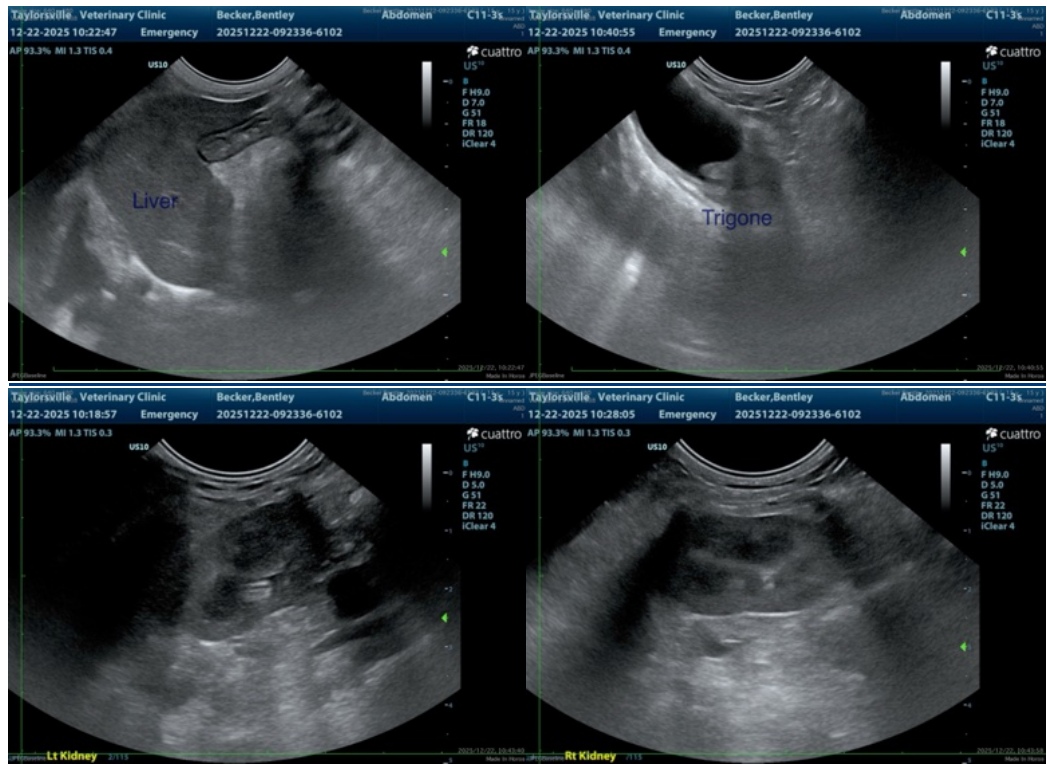
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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