



PATIENT

Lexi Bennett

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed female

AGE

15 years

WEIGHT

8.38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patrick Hennigan,
DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

69627

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: Presented November 19th for PU/PD (new patient to us). PE revealed 3/6 murmur, periodontal dz and several chronic cutaneous masses. BW/UA revealed kidney insufficiency and a UTI. Treated with course of Clavamox and recommended k/d diet. Owner reported on December 9th that there was no improvement on the abx course. Rec U/A to see if still UTI and C/S if so. Short course of Baytril was prescribed while waiting on C/S results. U/A revealed UTI. C/S grew a resistant *Pseudomonas aeruginosa* only sensitive to Amikacin. Telemed consult (doctor to doctor) with Antech internist - rec search for nidus first.

Abnormal PE/Chem/CBC/UA Results: 11/19/25 CBC-n Chem- Inc BUN (39), Creat (1.2), Inc SDMA(14.9), Inc K+ (5.7) UA- usg 1065, prot 1+, wbc >50, RBC >50, Bacteria seen = Rods 26-50/hpf

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.

Irregular, mottled echogenic nodule at the trigone measuring 0.6 cm in size.

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

Normal renal size (left measured 3.7 cm, right measured 4.0 cm), increased echogenic appearance, some loss of cortico-medullary differentiation, bilateral pyelectasia and irregular curvilinear 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 size and echogenic appearance of the cranial pole measuring 0.58 cm in width. Irregular, mottled echogenic nodule in the caudal pole measuring 1.0 x 1.0 cm in size. The left adrenal gland maintains its normal position, and appearance of the visible peri-adrenal vasculature.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 0.61 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 measures 1.0 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

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the trigone mass would be chronic bacterial cystitis, granulomatous disease, and emerging neoplasia.

Left adrenal nodule is most likely an incidental, non-functional adenoma.

Although the bilateral pyelectasia is most likely associated with the age related renal changes.

Underlying low-grade pyelonephritis needs to be considered.



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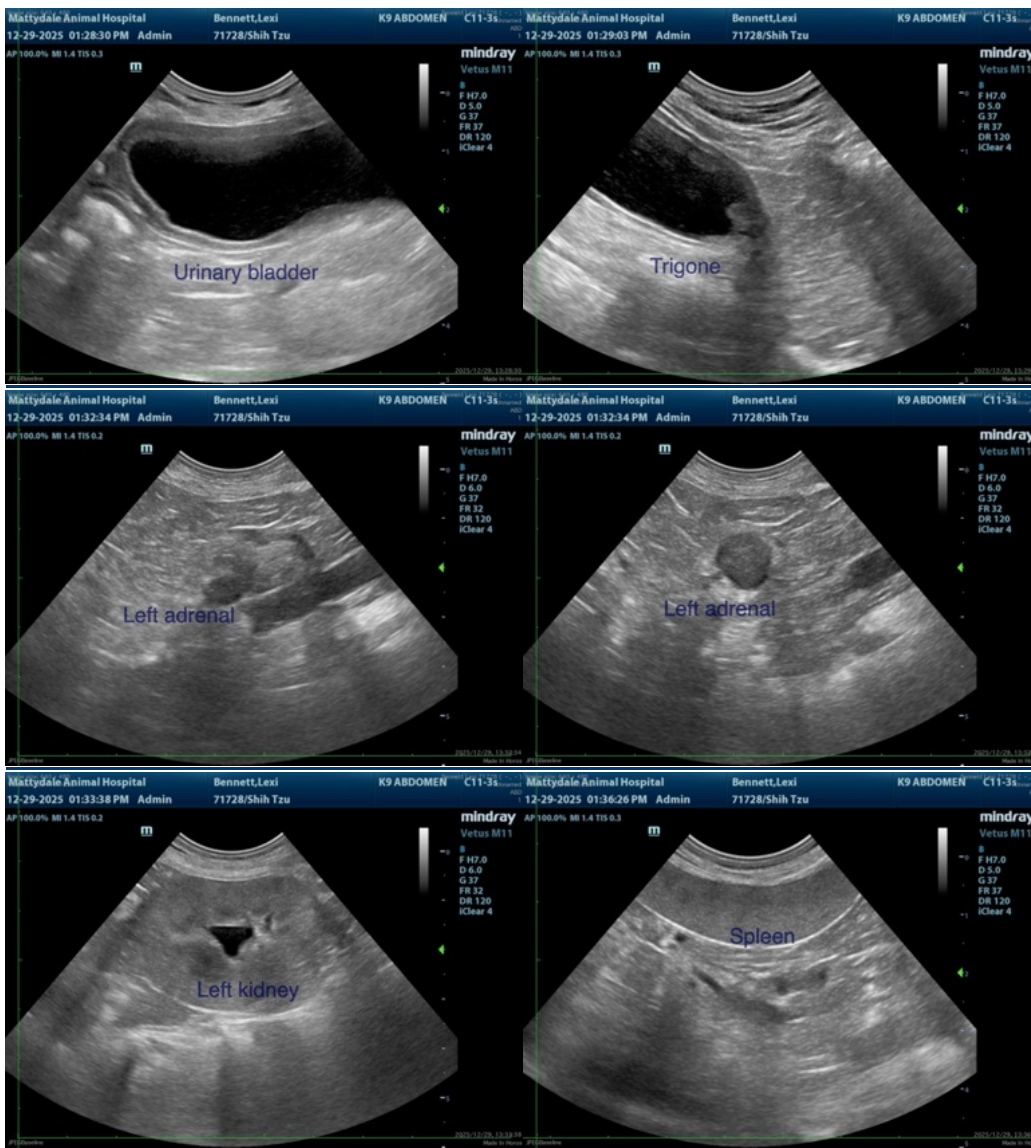
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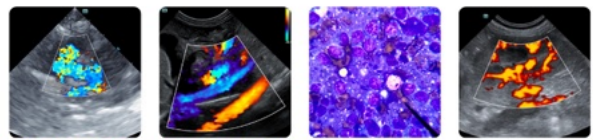
Further assessment would be BRAF analysis and/or catheter assisted aspirate/biopsy of the trigone mass for cytology/histopathology and culture.

Pyelocentesis for cytology and culture can also be considered.

It is highly likely that the trigone mass is acting as nidus for the chronic urinary tract infection.

Specific therapy would be dependent on an etiological diagnosis.





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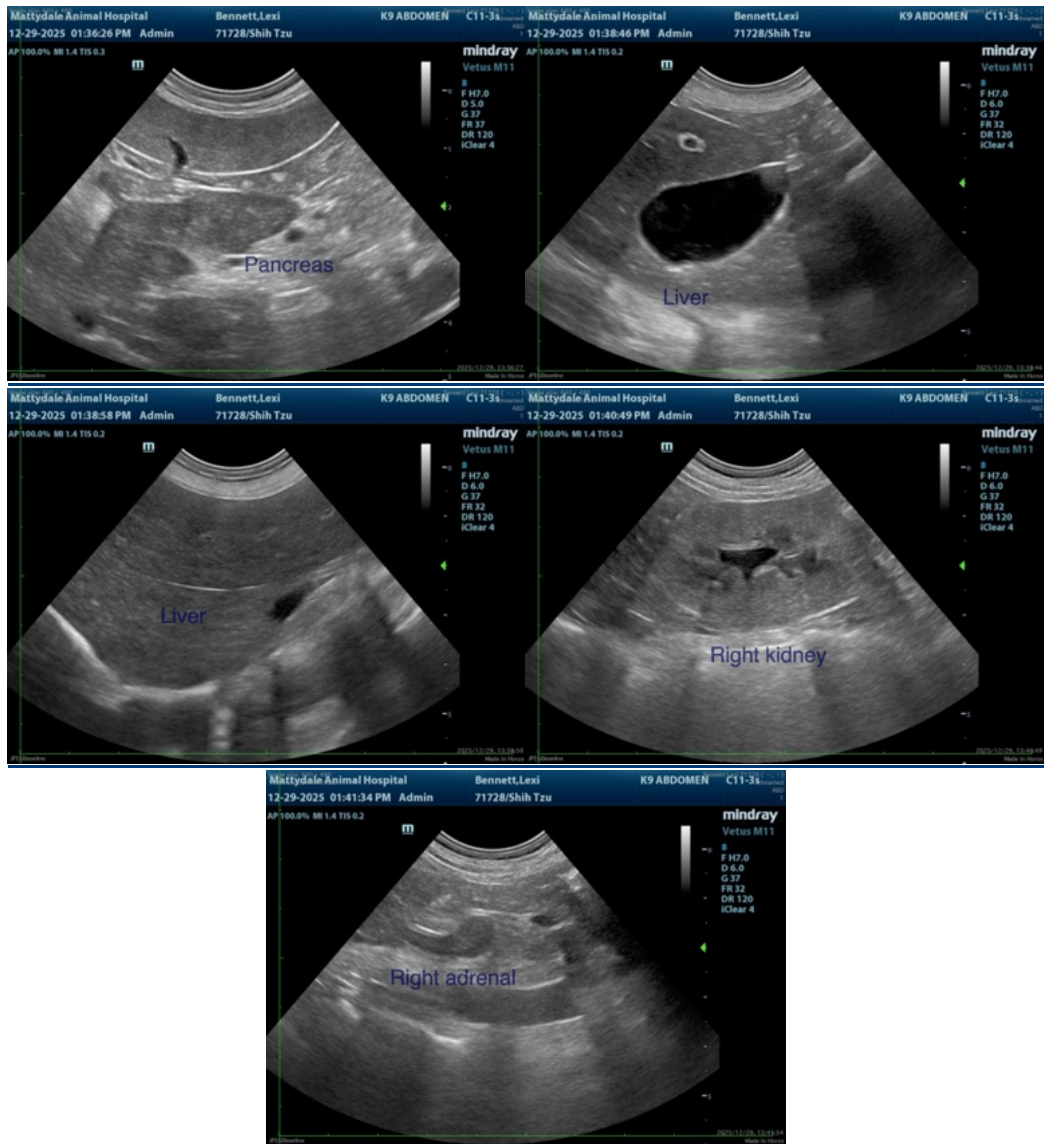
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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