



## PATIENT

Ivy Nelson

## SPECIES

Canine

## BREED

Catahoula

## SEX

Female

## AGE

11 years

## WEIGHT

46.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Danielle Shemanski

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Dr. Kaye Morgan

## INVOICE

69278

## DATE

12/3/25

## PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Urinary issues. Asking to go out frequently. The owner reports that since the end of October, Ivy has had urinary issues. She is now peeing approximately every hour, and it just drips out. Previously, she would urinate in the morning and at night without issue. She is not reportedly drinking more than usual. She has a normal appetite. The owner has not noticed her dripping in the house. This started after the owner returned from a trip and the owner's son was watching her. She had two accidents in the house at that time. MEDICATIONS: Pt tried a course of deramaxx but is not on anything currently. She has been on three different medications for a presumed UTI. Her numbers have come down. Radiographs were performed by the rDVM and were unremarkable. She was on amoxicillin and Cipro, She finished all antibiotics around Thanksgiving. Abnormal PE/Chem/CBC/UA Results: Urinalysis: USG = 1.042 Leuk neg Protein trace Bld 50ery/uL CBC chem 4DX unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

Irregular thickening of the trigone area extending into the proximal urethra measuring 0.4 x 2.7 cm in size with the area having a mottled echogenic appearance and showing pinpoint mineralization.

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

Normal renal size (left measured 6.0 cm, right measured 6.0 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.05 cm in length x 0.63 cm and 0.61 cm in width. The right adrenal gland measured 0.5 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 1.5 cm in width.



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### *Liver*

Normal size with a diffuse, mottled, echogenic and coarse appearance, normal 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.

### *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Trigone mass.
- Hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the trigone mass would be neoplasia with granulomatous disease a less likely differential diagnosis. The most likely etiology for the hepatopathy would be age related reactive hyperplasia or early nodular hyperplasia with vacuolar and metabolic differential diagnosis and hepatitis and infiltrative neoplasia highly unlikely differential diagnosis.



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

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As the mass is situated in the trigone area, surgical resection is not feasible unless palliative therapy would be indicated.

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## 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.

## SEX

Female

### Chemotherapy (combined with NSAIDs)

- Mitoxantrone 5–6 mg/m<sup>2</sup> IV q3wk
- Vinblastine 2 mg/m<sup>2</sup> IV q2wk.
- Carboplatin 300 mg/m<sup>2</sup> IV q3–4wk
- Chlorambucil 4 mg/m<sup>2</sup> PO q24–48h.

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### 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.

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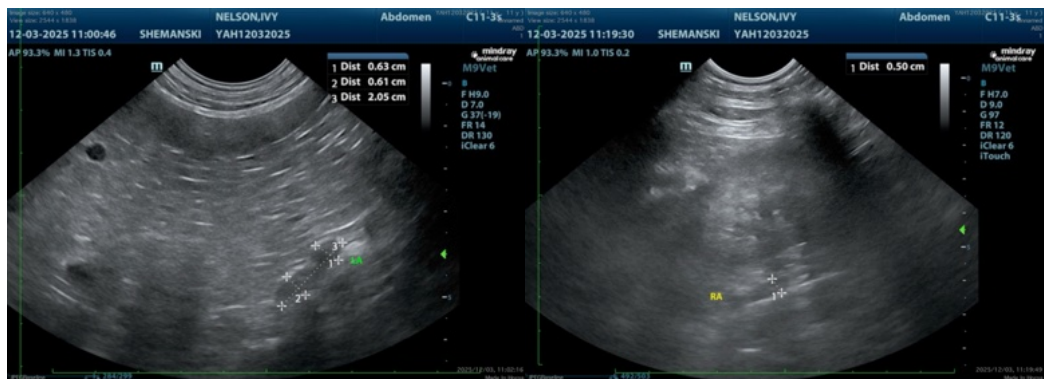
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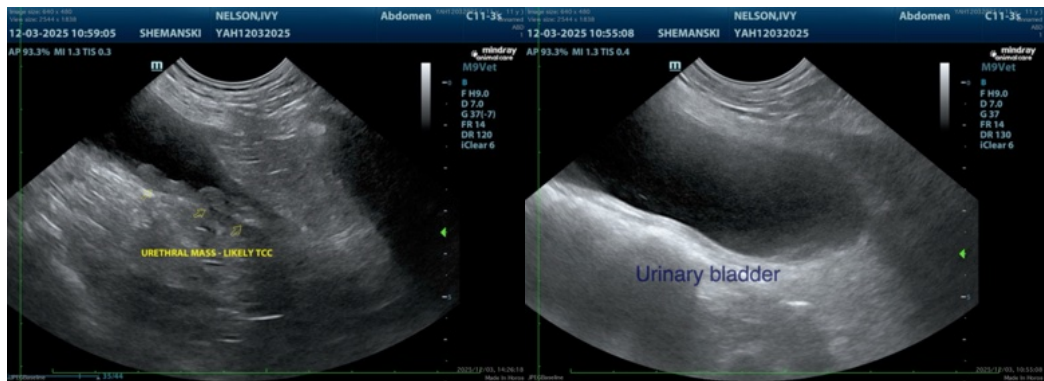
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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