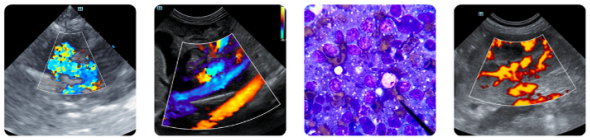


PATIENT

Jasper Wilson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

10 years

WEIGHT

10 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. Michael Humphrey

INVOICE

10880

DATE

12/5/2025

PRESENTING CLINICAL SIGNS

Pet presents for frequent urination. A urinalysis was ran on 11/10/2025 with struvite crystals present but no bacteria. Bloodwork was also performed on 10/09/2025 and was unremarkable. Abdomen radiographs was taken on 06/28/2025 with results stating Findings: 3 images of the abdomen dated 6/28/2025 are provided for interpretation. The abdominal serosal detail is normal. The gastrointestinal tract is normal in size, shape, and contents. The liver is mildly enlarged with rounded margins. The spleen, kidneys, and urinary bladder are normal. The caudal thorax is normal. The osseous structures are normal. Assessment: 1. Mild hepatomegaly. This is a nonspecific finding. Consider vacuolar hepatopathy, hepatitis, or neoplasia. Ultrasound was recommended as the pet is still having urinary issues.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a mottled, echogenic, irregular mass in the trigone area extending into the proximal urethra. Mass measures approximately 1.0 cm x 2.6 cm in size. It's poorly vascularized and shows pinpoint areas of mineralization. The rest of the bladder wall is of normal thickness with a smooth appearance, small amount of floating hyperechogenic sediment present. No uroliths evident.

Normal appearance of the iliac blood vessels, and the iliac lymph nodes.

Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 3.5 cm, and the right kidney measures 3.4 cm.

Reproductive System

Small, hypoechogenic prostate measuring 0.9 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measures 1.36 cm in length x 0.41 cm and 0.34 cm in width. Right adrenal gland measures 1.31 cm in length x 0.5 cm and 0.61 cm in width.

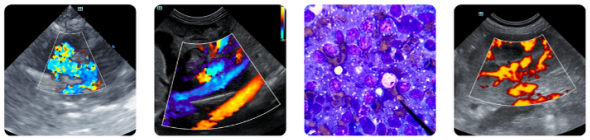
Spleen

Normal size (1.1 cm in width) 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.

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



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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

Normal size and echogenic appearance. 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 mass.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be neoplasia, with granulomatous disease an unlikely differential diagnosis.

Etiologies for the urinary bladder sediment would be incidental debris, crystalluria, hematuria, and possibly bacterial cystitis.

Further assessment would be urinalysis, urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy of the urinary bladder mass for cytology/histopathology and possibly culture. As the mass involves the trigone area and extends into the proximal urethra, surgical removal is not a feasible option. Palliative management would be recommended.

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.

Chemotherapy (combined with NSAIDs)

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

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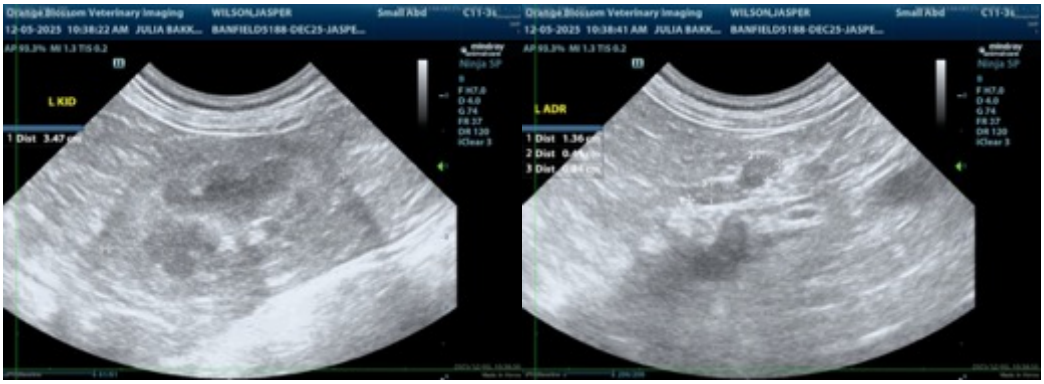
Supportive care

- 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.

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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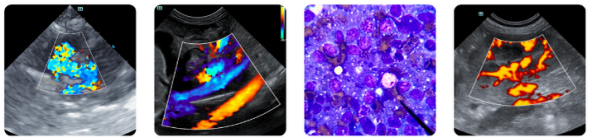

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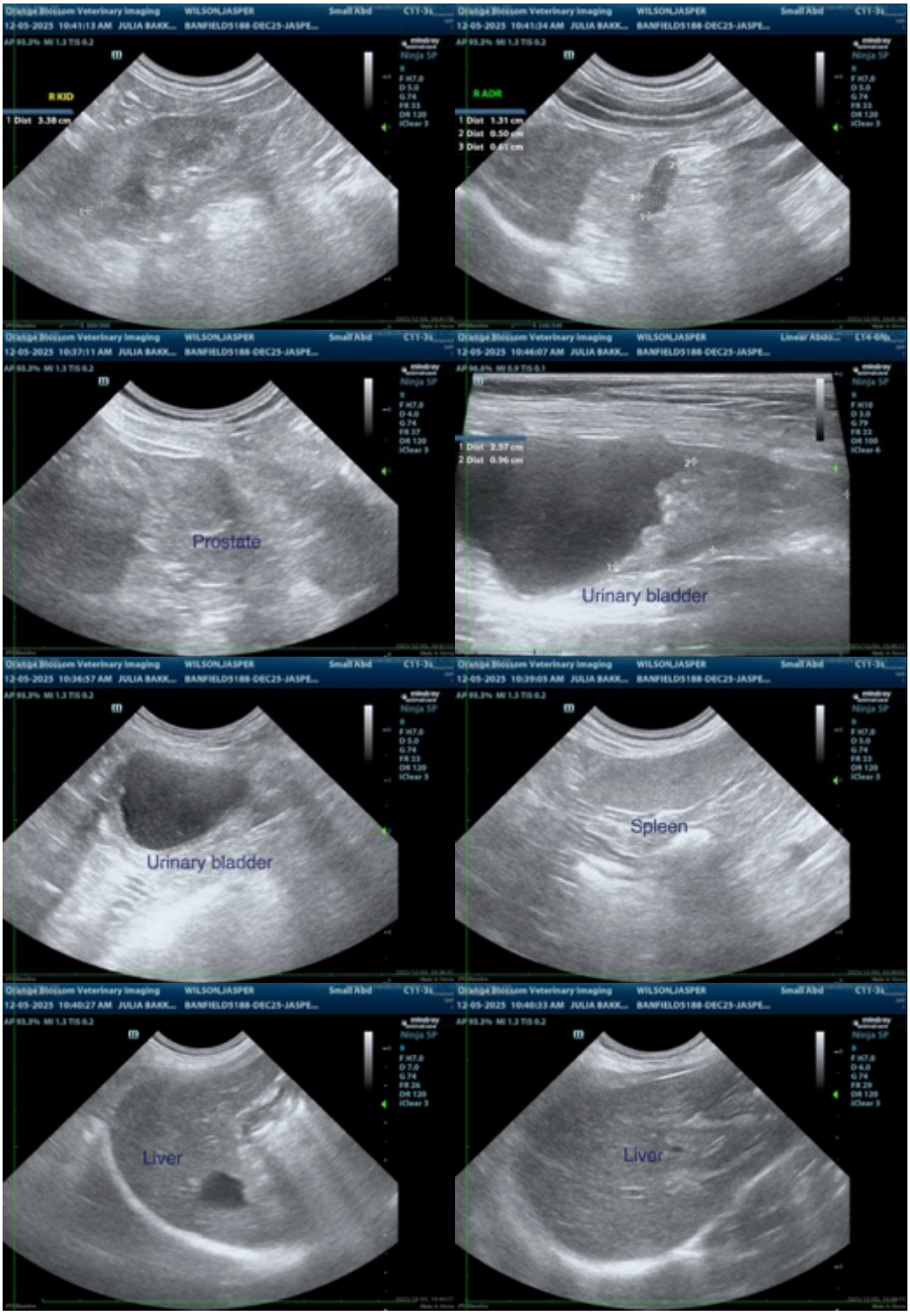

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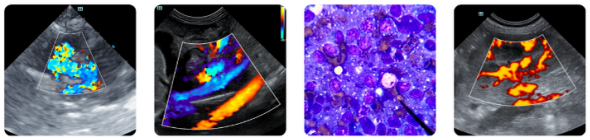

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.
Thank you for this referral.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