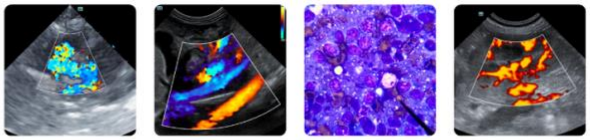


PATIENT

Saban Donahoo

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

8 Years

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Maria Lara, DVM

HOSPITAL NAME

Allure VH & UC

REFERRING VET

Katherine Roehl, DVM

INVOICE

35649

DATE

2/1/26

PRESENTING CLINICAL SIGNS

- Patient presented 1/31 for inappropriate urination in the house and noticed hematuria.
- Referring DVM preformed ultrasound to obtain urine sample to run UA, based on findings no cystocentesis was performed.
- Abnormal PE/Chem/CBC/UA Results: Bladder ultrasound to attempt cystocentesis- ventral bladder wall thickened and irregular, small hyperechoic region (non-gravity dependent, seems embedded in the wall), concern for neoplasia so did not sample.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a thickened and irregular appearance of the apical wall, extending to the ventral wall, measuring approximately 1.1 cm. The rest of the wall is of normal thickness and maintaining a smooth appearance. Focal areas of mineralization were evident within the thickened aspect of the wall. A scant amount of floating hyperechogenic sediment was present. No 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, 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 left kidney measured 6.3 cm. The right kidney measured 6.09 cm. Normal colorflow pattern was evident in both kidneys.

Adrenal Glands

Normal left adrenal gland shape, echogenic appearance, size (0.48 cm and 0.62 cm in width), position, and appearance of the visible peri-adrenal vasculature.

The right adrenal gland was not visualized.

Spleen

Normal size (2.7 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.

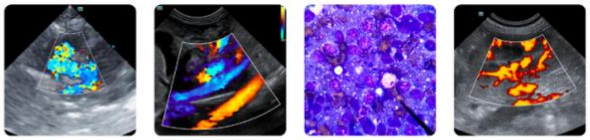
Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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

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 thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be neoplasia, with chronic bacterial cystitis and granulomatous disease less likely differential diagnoses.

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

As the thickening of the urinary bladder wall does not extend to the trigone, surgical resection could be considered.

Alternatively, palliative therapy would be recommended 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/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

Supportive care

- Pain control: gabapentin ± tramadol.
- Manage dysuria with prazosin or phenoxybenzamine.
- Treat UTIs based on culture.
- Control hematuria with hydration and NSAIDs.

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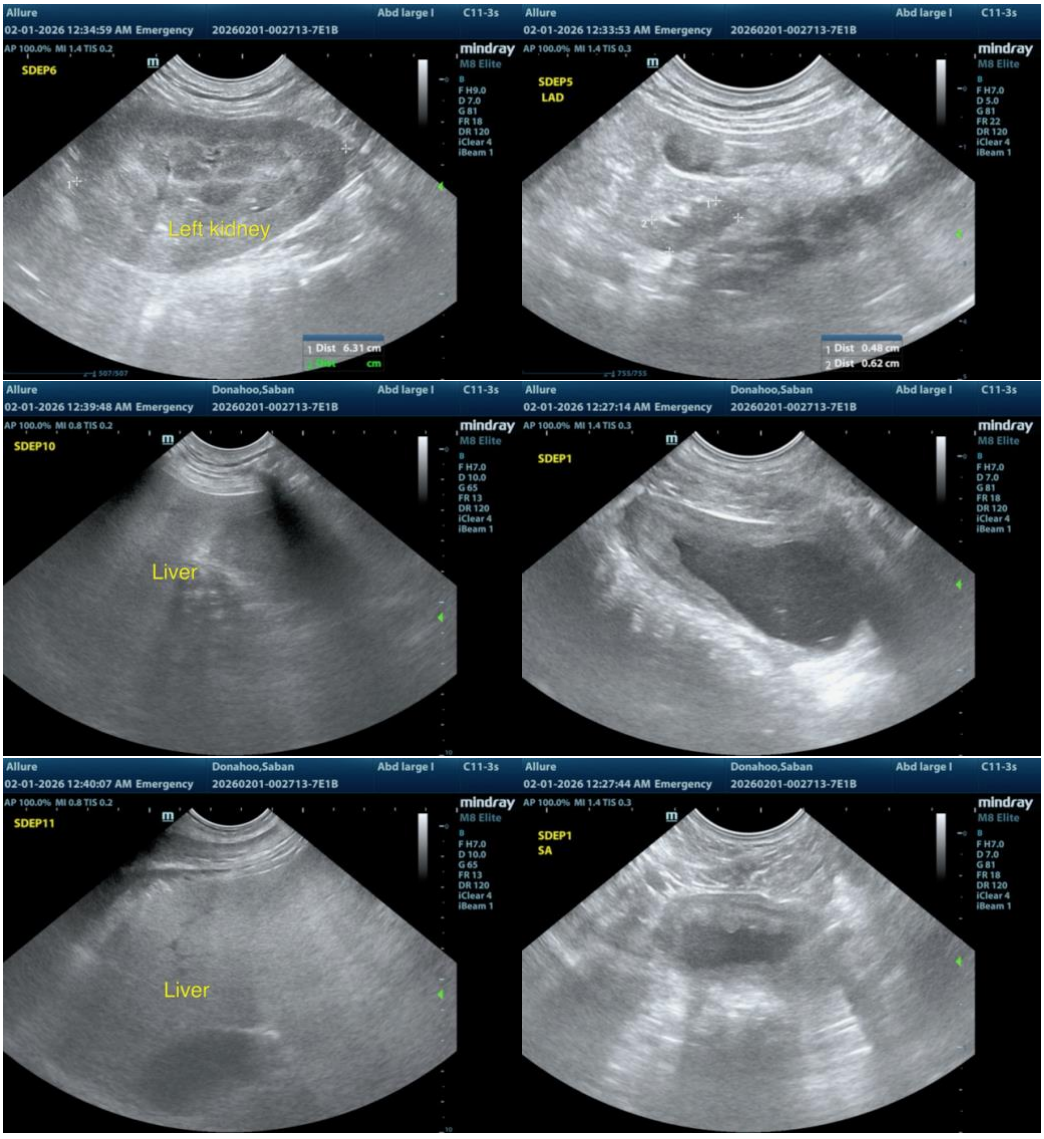
- Manage constipation with lactulose.

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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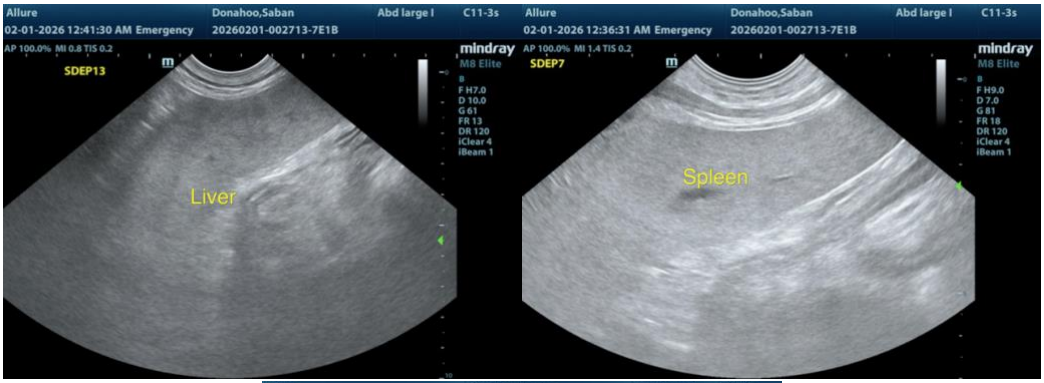

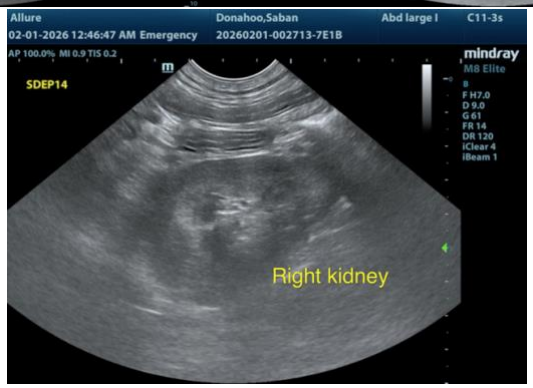

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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