



## PATIENT

Scotty Prince

## SPECIES

Canine

## BREED

Yorkie

## SEX

Male

## AGE

13 years

## WEIGHT

10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Mike Delucia

## INVOICE

71738

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

- Patient presented for issues with small, frequent urinations going back about two years, but recently, the patient started going in the house as well.
- Rectal exam at rDVM revealed a normal, small prostate. Abdominal palpation seemed normal, but it was difficult to say if there was thickening of the bladder as it was so small.
- Owner reports a lump in his neck. Regarding urination, he doesn't seem to empty his bladder completely. He will go outside and dribble a little, come back in, and then 10 minutes later needs to go out again. He has had accidents while walking, which is unusual for him as he never goes in the house. He does not seem to be aware when he is leaking urine. He had bilateral knee surgery for luxating patellas when he was about five years old.
- MEDICATIONS: Dasuquin small dog
- Recent UA: SG=1.010, pH=5.0, bld=1+ Sed=NSF, RBC= <1/HPF Recent BW: Platelets 534 148 - 484 K/ $\mu$ L H Potassium 9.1 3.5 - 5.8 mmol/L H Amylase 499 500 - 1,500 U/L L

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a mottled echogenic, non-vascularized mural mass on the dorsal wall measuring 0.9 x 1.2 cm in size. The rest of the wall is of normal thickness maintaining a smooth appearance. Normal anechoic urine with no sediment or 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 (left measured 3.9 cm, right measured 4.3 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. Normal color flow pattern is evident in both kidneys.

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

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.7 cm in length x 0.69 cm and 0.65 cm in width. The right adrenal gland measured 1.53 cm in length x 0.55 cm and 0.45 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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 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 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.

## *Thorax*

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

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder mass would be granuloma and neoplasia such as a leiomyosarcoma or leiomyoma.

Further assessment would be FNA cytology of the mass.



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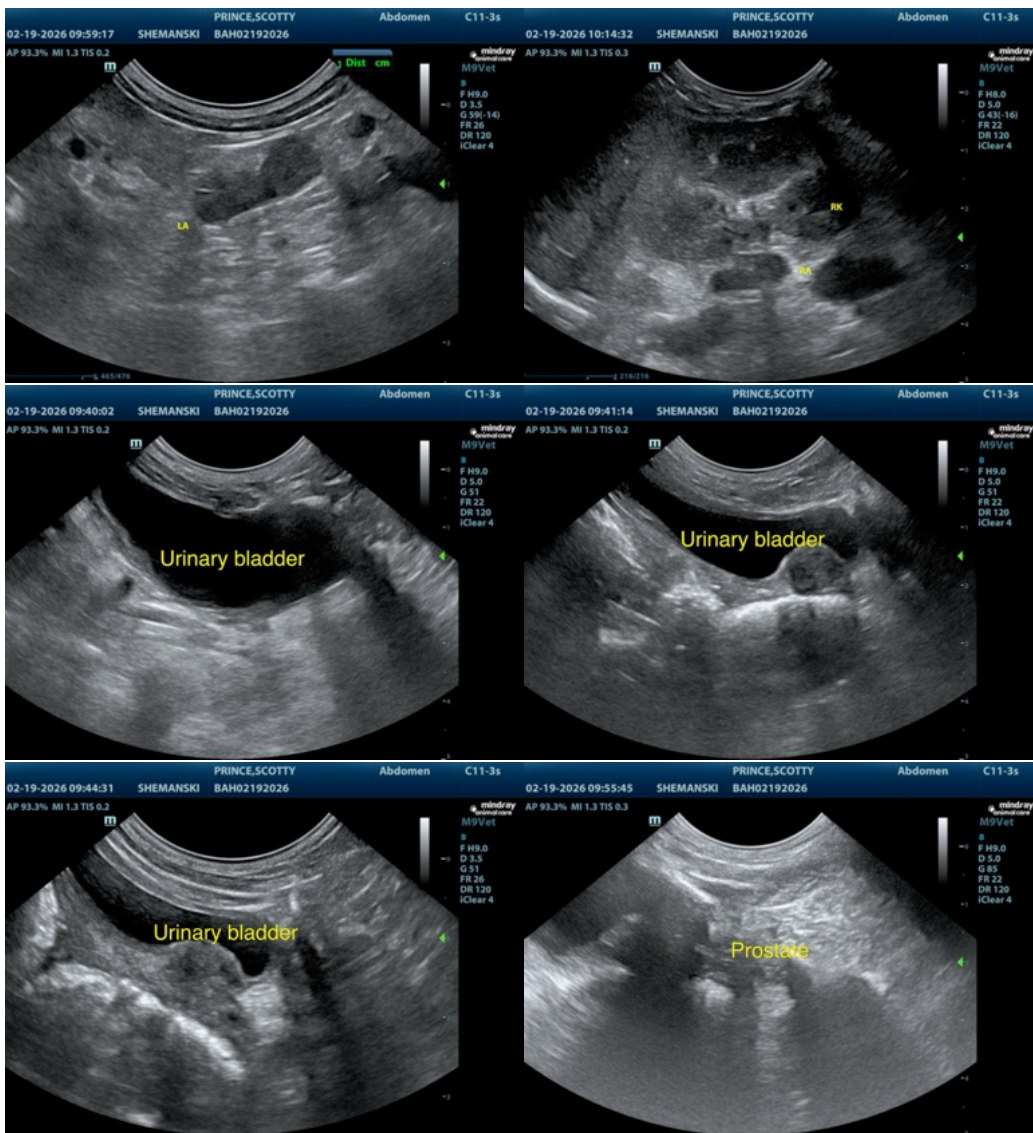
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BRAF analysis and/or a catheter assisted aspirate/biopsy is not indicated as the mass does not communicate with the lumen of the urinary bladder.

Specific therapy would be dependent on an etiological diagnosis. As the mass does not involve the trigone area, surgical resection could be considered.





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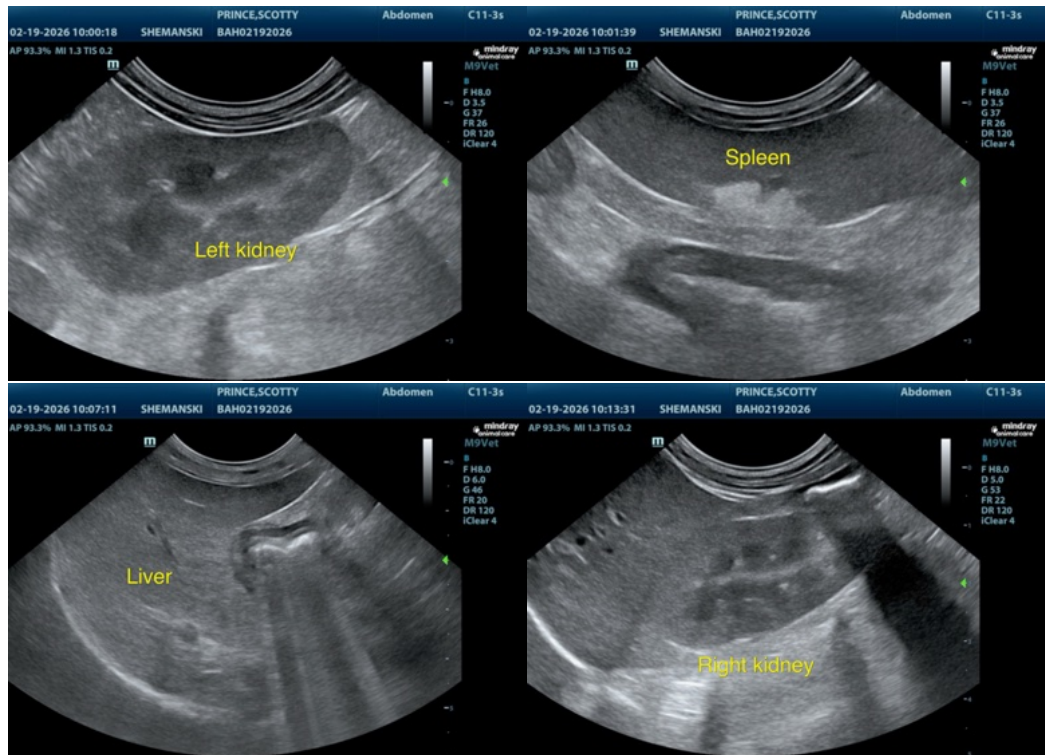
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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