



PATIENT

Daisy Dillenbeck

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

12 years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Vetererinary Service

REFERRING VET

Dr. Delucia

INVOICE

73534

DATE

3/17/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Daisy Dillenbeck is a 13-year-old, 14 lb spayed female Chihuahua presenting for an abdominal ultrasound due to concern for a bladder tumor. Also history of GB mucocele
- Clinical signs: recurring urinary tract infections (UTIs) and persistent straining (stranguria). On recent physical examination with the RDVM on 3/7/2026, the bladder wall felt thickened, and a distinct firmness was palpated caudally along the bladder. Recent plain radiographs did not reveal urolithiasis.
- MEDICATIONS: None
- UA evaluated by RDVM on 02/05/2026 Sg 1.030 pH 6 Pro 2+ Blood 4+ WBC 3/hpf RBC 24/hpf Non-squam Epithelial cells 3-5/hpf None provided Cystitis, concern with potential of a bladder mass due to blood an NSEC 3-5/hpf

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, non-vascularis and mineralized mass in the trigone area.

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

The distal right ureter was dilated with early right-sided hydronephrosis. The right kidney measured 5.3 cm.

Normal left renal size (4.9 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. The left kidney had a normal color flow pattern evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.87 cm in length x 0.59 cm and 0.57 cm in width. The right adrenal gland measured 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. 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 has a large mucocele with the gallbladder wall having a normal thickness and echogenic appearance. Normal size and appearance of the cystic and common bile ducts.

Gastrointestinal

A moderate amount of ingesta is present in the stomach compatible with a recent meal. 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 with secondary obstructive uropathy of the right kidney.
- Mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the trigone mass would be neoplasia with granulomatous disease an unlikely differential diagnosis.

As the mass involves the trigone area, surgical resection is not a feasible option.



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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.

Chemotherapy (combined with NSAIDs)

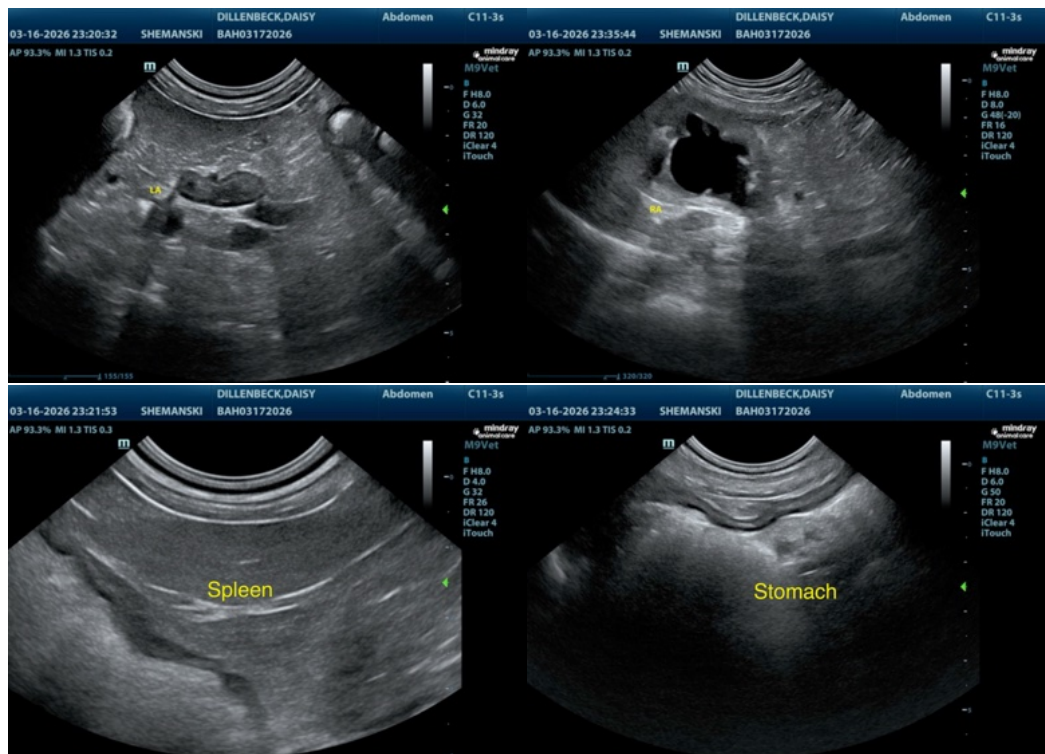
- Mitoxantrone 5–6 mg/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

Supportive care

- Pain control: gabapentin ± tramadol.
- Manage dysuria with prazosin or phenoxybenzamine.
- Treat UTIs based on culture.
- Control hematuria with hydration and NSAIDs.
- 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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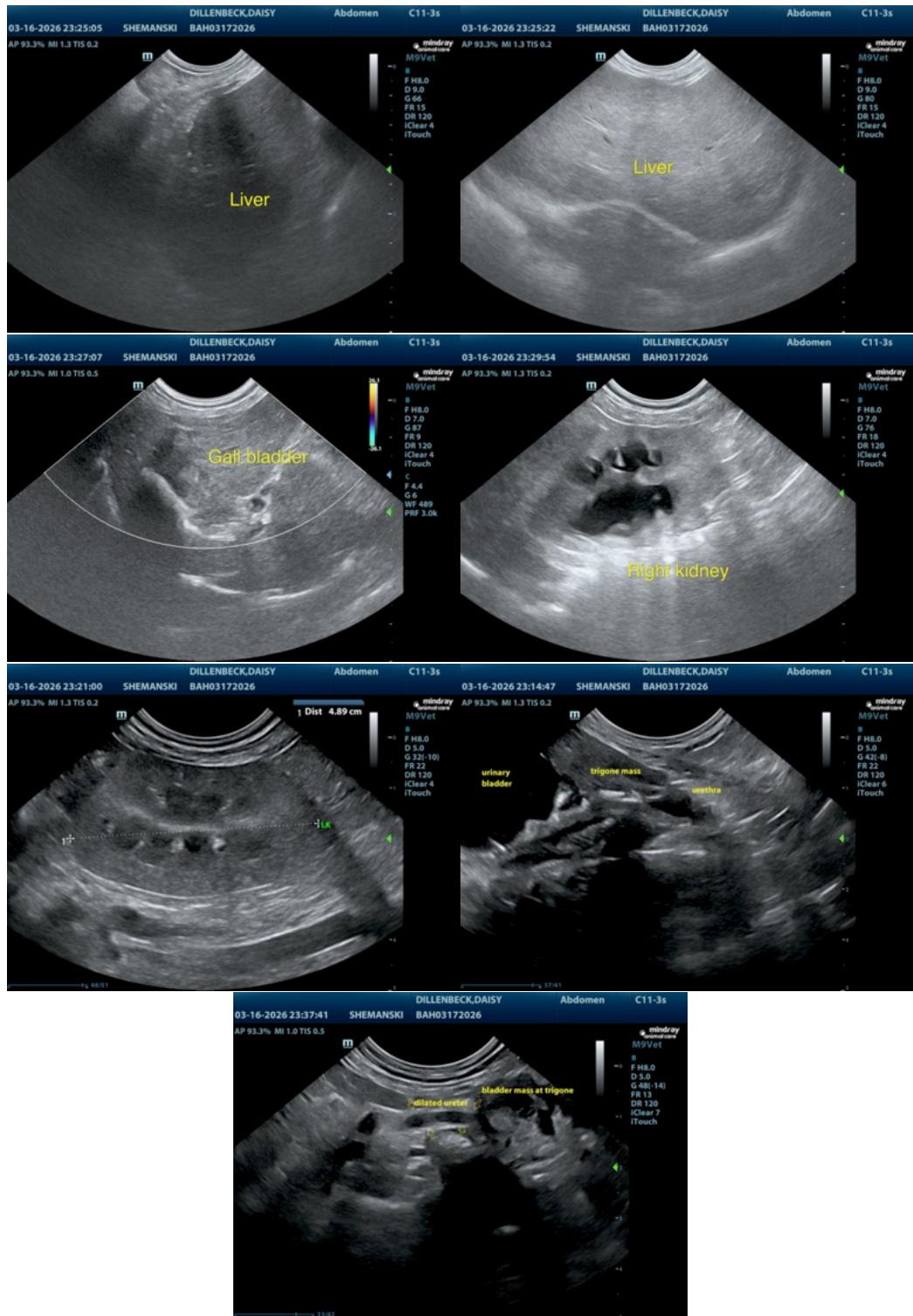
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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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