



## PATIENT

Shelby Bickhart

## SPECIES

Canine

## BREED

Sheltie

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

52 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Hockenbrock

## HOSPITAL NAME

Lewisburg VH

## REFERRING VET

Dr. Lindsay  
Huepenbecker

## INVOICE

36317

## DATE

3/20/26

## PRESENTING CLINICAL SIGNS

- P had UTI in January and was on a 10 day course of Clavamox
- P finished meds 1/24
- O said the clavamox did help with bloody dark brown urine and Ps urine was slowly returning to normal color. Dark brown urine returned shortly after
- P is sometimes straining to urinate
- Followed up with a course of Enrofloxacin after assessing radiographs
- Abnormal PE/Chem/CBC/UA Results: PE- WNL UA from January 14th, 2026: UA - +++WBC, RBC, Protein, rods +, crystals Radiographs January 28th, 2026- WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder, with a large irregular mottled echogenic mass on the ventral wall and occupying at least 50% of the bladder lumen. 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, 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 5.2 cm. The right kidney measured 6.0 cm.

### *Adrenal Glands*

The adrenal glands were not clearly visualized, but appear to be of normal shape, echogenic appearance, and size.

### *Spleen*

Normal size (1.6 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*

Small 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.

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### *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.

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### *Free Abdomen*

Normal mesenteric lymph nodes.

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No ascites evident.

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## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the urinary bladder mass would be consistent with neoplasia. With the extent of the mass, surgical excision does not appear to be feasible.

### 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<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.

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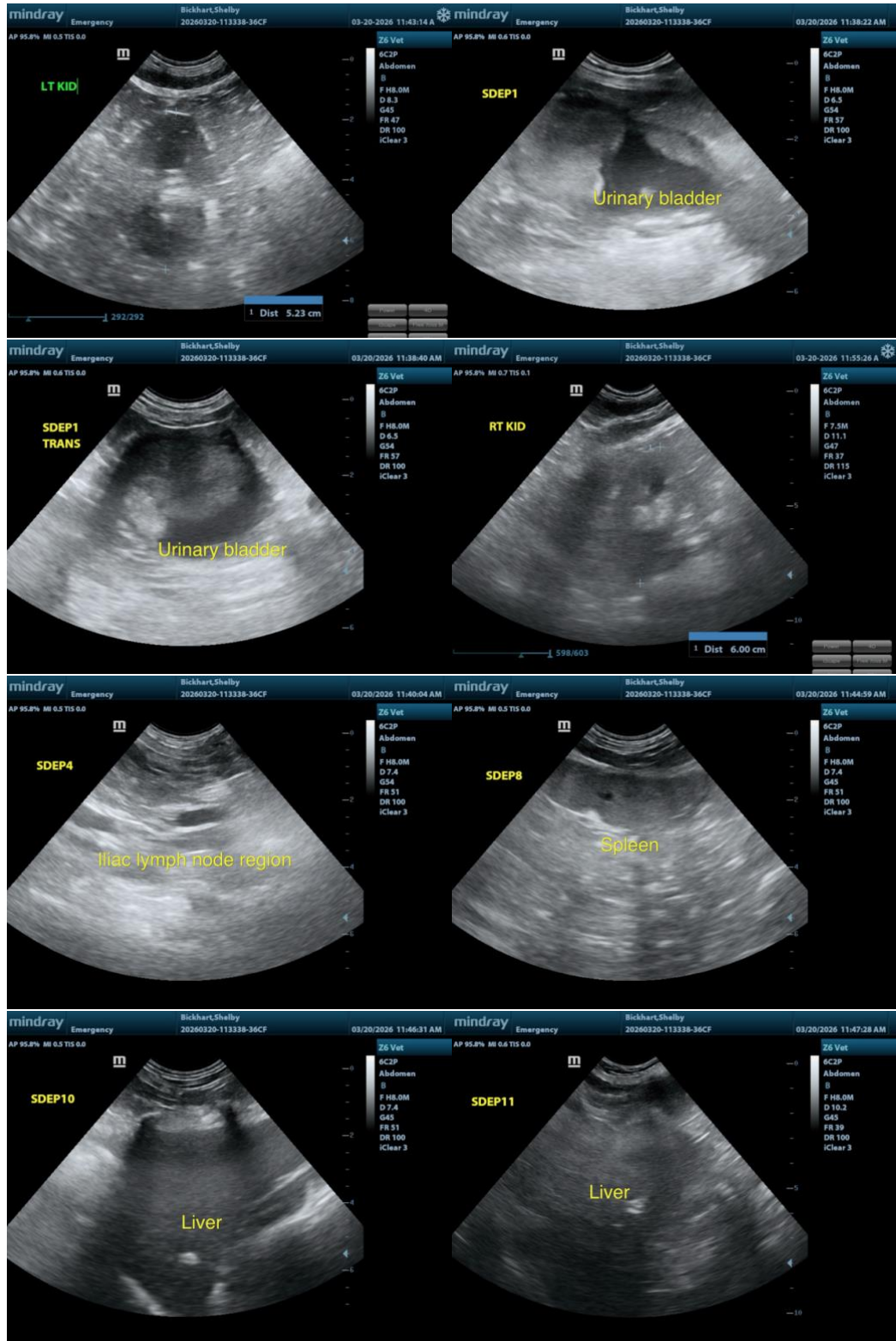
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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