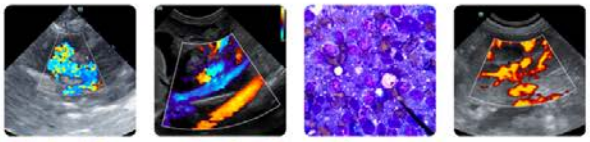


PATIENT

Mac Whitman

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

3.72 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

73901

DATE

3/22/26

PRESENTING CLINICAL SIGNS

Pneumonia treated with clavamox 2 months ago, shortly after developed polyuria. After new signs of stranguria, hematuria and dribbling urine occurred, treated with 14 day course of baytril, patient improved but once completed abx signs reoccurred 2 days later. Prior diagnostics (verbally reported, not provided) revealed crystalluria, no bladder stones and potentially enlarged prostate.

Abnormal PE/Chem/CBC/UA Results: Abdominal: Tense with palpation, thickened bladder, with continued pressure able to manually express bladder though weak stream and patient is actively straining; yellow urine with a blood clot voided Ears: hair in canals Integument: several warts Musculoskeletal: RF abduction Nervous system: historic right sided head tilt, mild ataxia Rectal: enlarged symmetrical nonpainful prostate PCV/TS: 53/8.8 EPOC: Hct 56 H, Na 158 H, pH 7.324 L; BUN 17, Creat 0.94

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder containing a small amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall.

Irregular mottled echogenic mass noted affecting the trigone area, measuring approximately 0.40 cm x 1.2 cm in size. Normal appearance of the 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. Left kidney measures 3.4 cm. Right kidney measures 3.8 cm. Normal color flow pattern evident in both kidneys.

Reproductive System

Enlarged prostate (for a neutered male), measuring approximately 2.1 cm x 2.8 cm in size, with a mottled echogenic appearance and a mildly irregular shape. Normal appearance of the periprostatic tissue.

Adrenal Glands

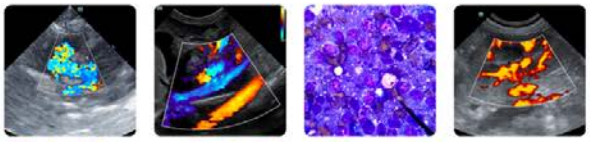
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.48 cm and 0.49 cm in width. Right measures 0.36 cm in width.

Spleen

Normal size (1.2 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.



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Gallbladder

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. Moderate amount of ingesta present within the stomach, compatible with a recent meal.

Pancreas

Visible sections of the pancreas present 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

- Trigone mass.
- Prostatomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the mass would be neoplasia (uroepithelial carcinoma) involving the prostate and the urinary bladder.

The most likely etiology for the urinary bladder sediment would be hematuria as per the patient's history.

As the mass involves the trigone area as well as the prostate, surgical resection/debulking is not 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/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

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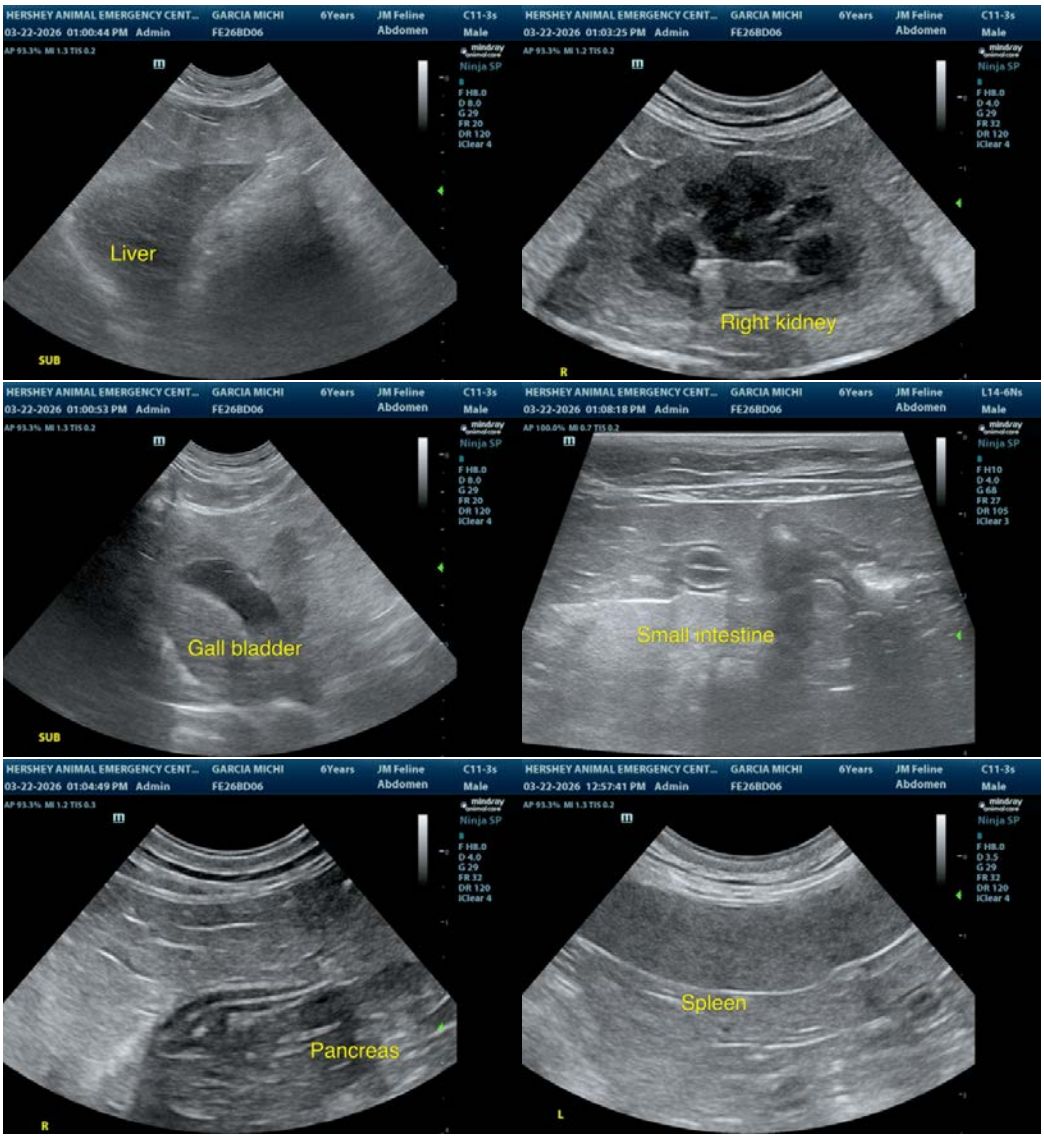
Supportive care

- 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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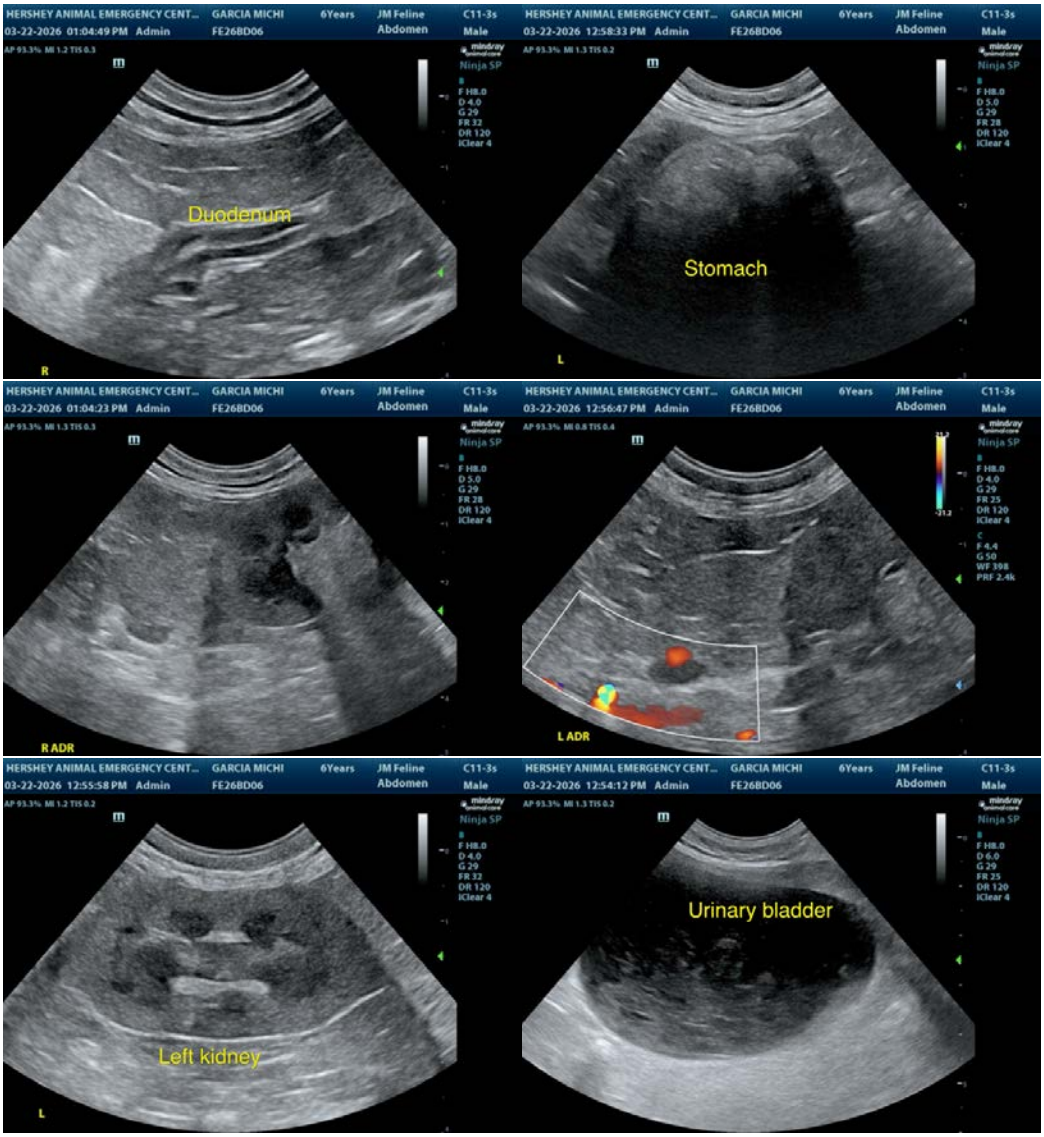

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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