



## PATIENT

Maia Jayman

## SPECIES

Canine

## BREED

Pointer

## SEX

Spayed female

## AGE

12 years

## WEIGHT

63 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandon

## HOSPITAL NAME

Dillsburg VC

## REFERRING VET

Dr. Pryor

## INVOICE

73844

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

- Was seen at ER vet for hematuria and FAST scan revealed mass effect in urinary bladder. She was put on Carprofen and Clavamox and BRAF test was performed. BRAF mutation and other genetic signatures associated with TCC were not detected on the BRAF or BRAF PLUS test. AUS was recommended and pending results may perform a cystocentesis to check UA vs free catch. Suspicious of UTI and maybe not TCC.
- ALKP 260, CBC WNL and BRAF neg

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a thickened and irregular appearance of the apical wall measuring 1.1 cm. The rest of the wall has a normal thickness and 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 5.9 cm, right measured 7.1 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.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.98 cm in length x 0.6 cm and 0.57 cm in width. The right adrenal gland measured 1.1 cm in length x 0.69 cm and 0.39 cm in width.

### Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Incidental myelolipoma is present. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.9 cm in width.

### 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***

The gallbladder is full 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. Small amount of ingesta is present with the stomach compatible with a recent meal.

## ***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.

## **ULTRASONOGRAPHIC FINDINGS**

- Focal thickening of the urinary bladder wall.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies to consider for the urinary bladder thickening would be chronic bacterial cystitis, granulomatous disease and neoplasia. The latter is still possible even though BRAF analysis was negative as test sensitivity is around 85%.

Further assessment would be urinalysis, urine culture and a catheter assisted aspirate/biopsy of the urinary bladder wall thickening for cytology/histopathology and culture.

Specific therapy would be dependent on an etiological diagnosis.

If a diagnosis of neoplasia is made, then surgical resection of the apical wall could be considered as the mass does not extend towards the trigone area.



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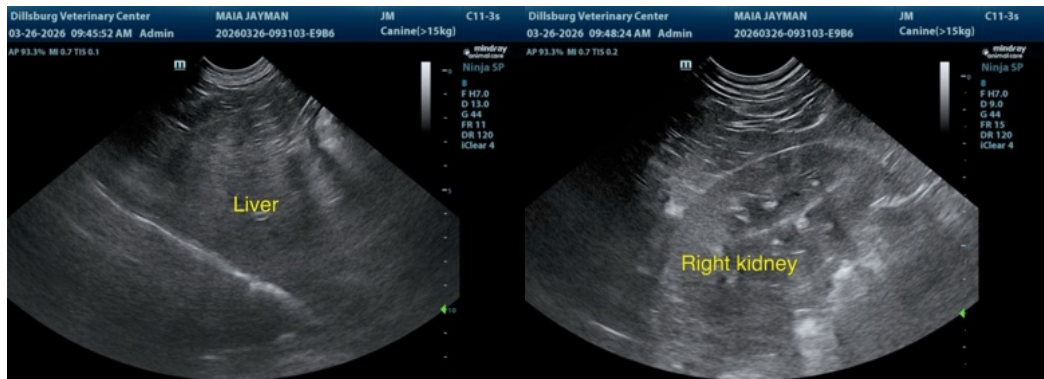
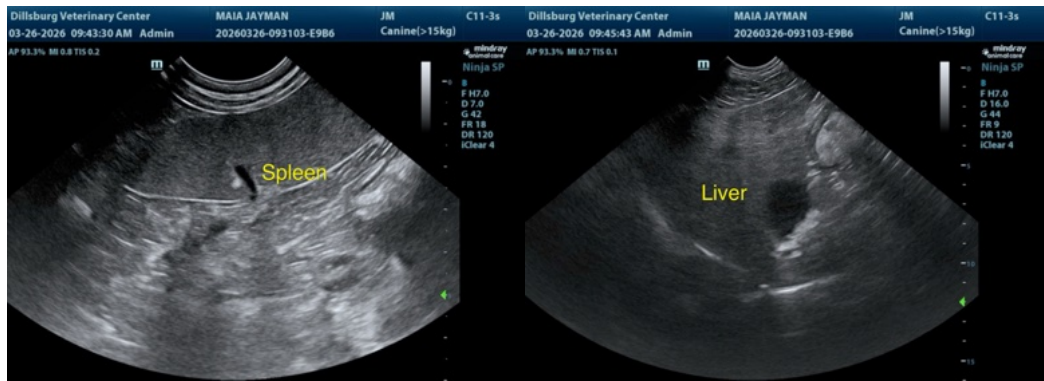
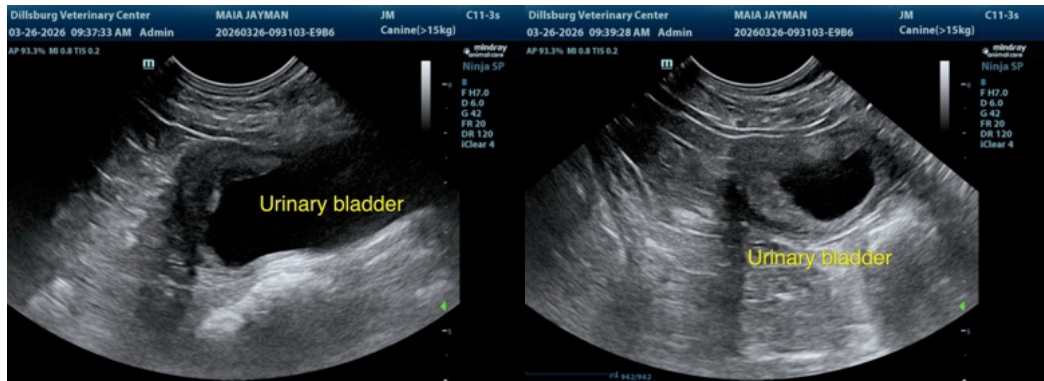
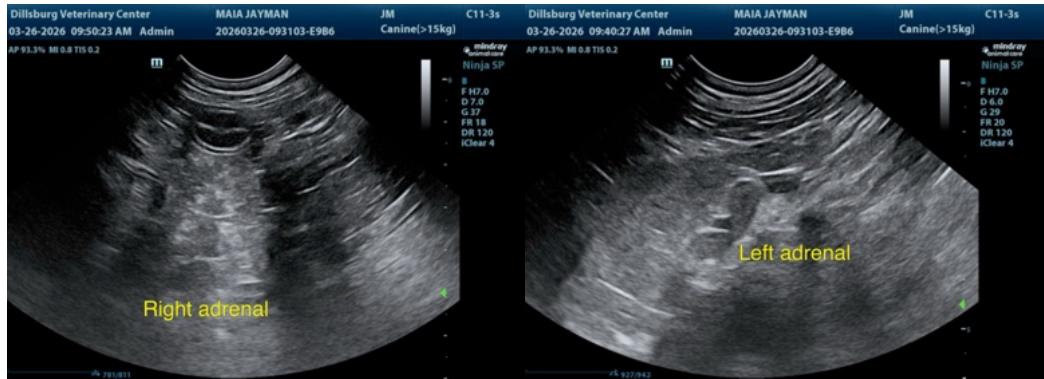
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)