



PATIENT

Sonja Carrasco

SPECIES

Canine

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

4.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lisa Miller

INVOICE

73490

DATE

3/9/26

PRESENTING CLINICAL SIGNS

P has an ongoing history with urinary concerns. 12/2024 presumed UTI and was on clavamox and gabapentin. 1/2/25 started on fluoxetine and c/d stress diet. 1/30/26 P noted as having hematuria and placed on course of clavamox and prednisolone. 2/13/26 P had abdominal radiographs and started on adequan injections. Owner is still noting blood in urine and P at times is urinating outside the litterbox. Owner feeds friskies can food. P other medications cranberry and marshmallow root OTC supplement and OTC fish oil supplement. Concern for FLUTD, FIC, uroliths, other

Abnormal PE/Chem/CBC/UA Results: PE: unremarkable rdvm 1/30/26 urine: grossly hematuria, clarity opaque, usg 1.044, blood 4+, pH 6.5, protein 3+, leukocytes 3+; wbc 9/hpf, rbc >50/hpf, bacteria none, casts none, crystals none, non-squamous epithelial cells 1-2/hpf rad 2/13: colon full of feces, food material in stomach, no visible stones in bladder, slight radiopacity in region of kidney chem 2/27: WNL cbc 2/27: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder containing a small amount of non-adhered hyperechogenic sediment. A small focal hyperechogenic polyp like lesion is noted on the ventral wall measuring approximately 0.40 cm x 0.60 cm.

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. Left kidney measured 4.1 cm. Right kidney measured 4.3 cm. Normal color flow pattern evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.36 cm in width. Right measures 0.44 cm in width.

Spleen

Normal size (0.80 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 containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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. Fecal material present within the colon.

Pancreas

Visible sections 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.

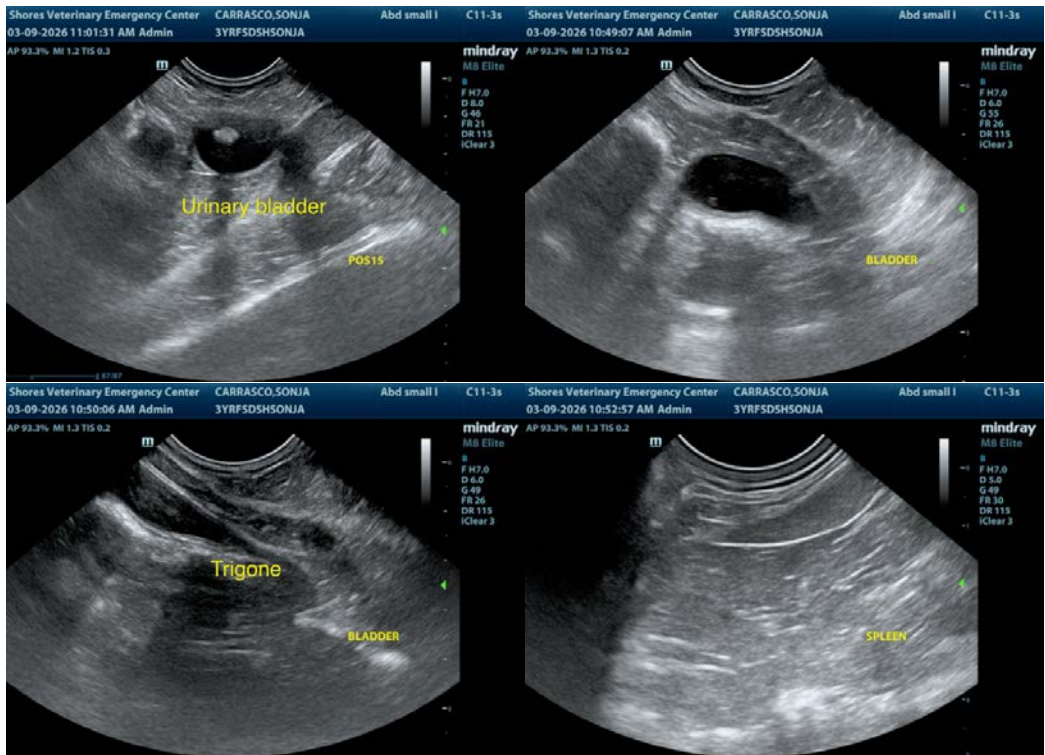
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder polyp and sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder sediment would be hematuria as per the patient's history. It is highly likely that the urinary bladder polyp is the etiology for the chronic hematuria.

Further assessment and therapy would be resection of the polyp with histopathology.





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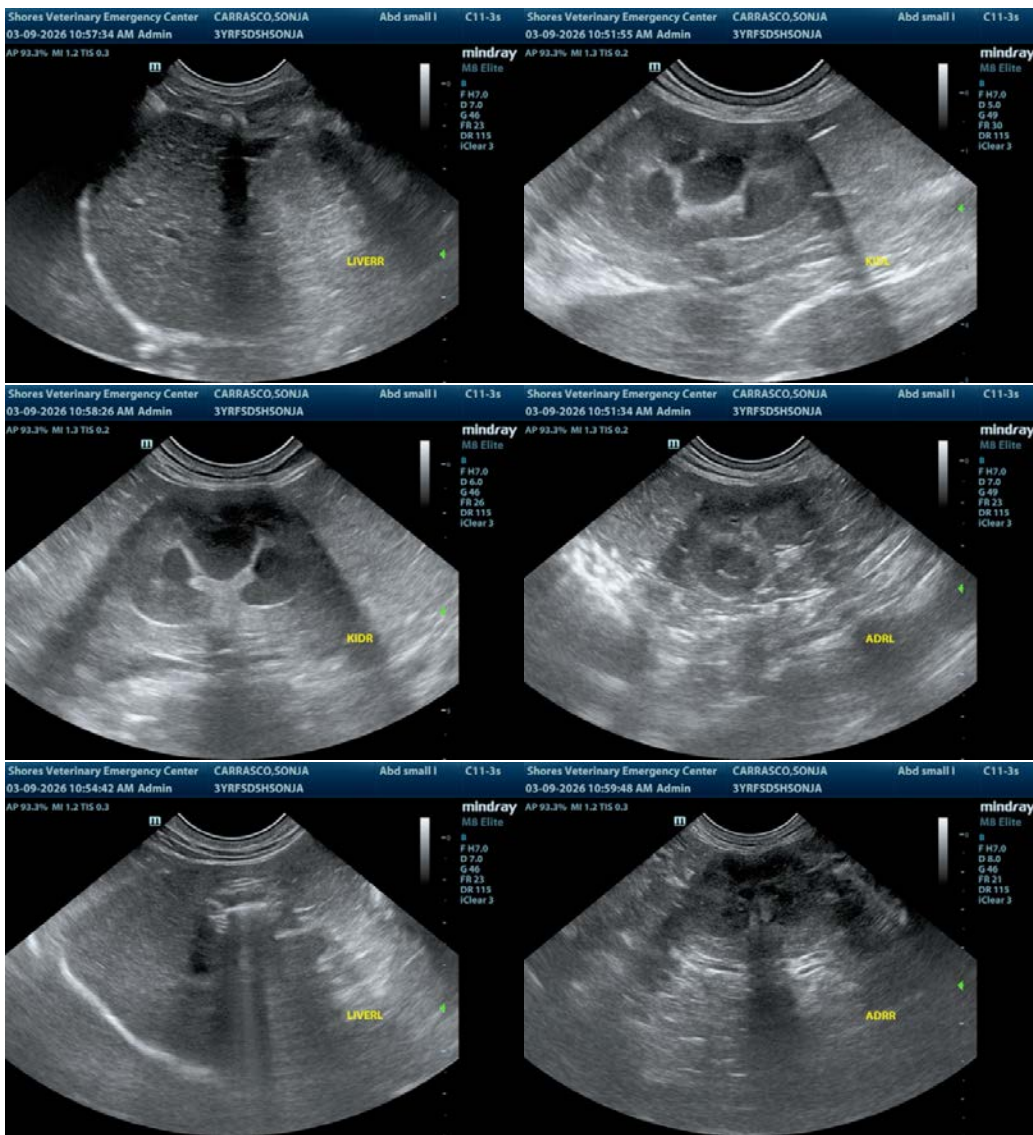
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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