



PATIENT

Mocha Yoo

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

74651

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: The patient presented to the hospital due to lethargy, and having dark brown urine, decreased appetite, and decreased water intake.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Urine Analysis are currently pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a mottled echogenic and irregular mass on the dorsal wall measuring 0.8 x 1.5 cm in size. The rest of the wall is of normal thickness with a smooth appearance.

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 3.1 cm, right measured 2.3 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 1.15 cm in length x 0.31 cm in width. The right adrenal gland measured 0.83 cm in length x 0.25 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.

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 is full containing a moderate amount of non-adhered, hyperechogenic sediment. 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.

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. The left pancreas measured 0.4 cm in width.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 1.0 x 2.6 cm in size with a hypoechogenic appearance, but maintaining a normal shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass.
- Mesenteric lymphadenomegaly.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder mass would be neoplasia, granuloma and possibly chronic bacterial cystitis.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

The gallbladder sediment can be considered an incidental finding.

Further assessment would be based on the pending urine and blood results, but could include BRAF analysis and/or catheter assisted aspirate/biopsy of the urinary bladder mass for cytology/histopathology and culture as well as FNA cytology of the mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.



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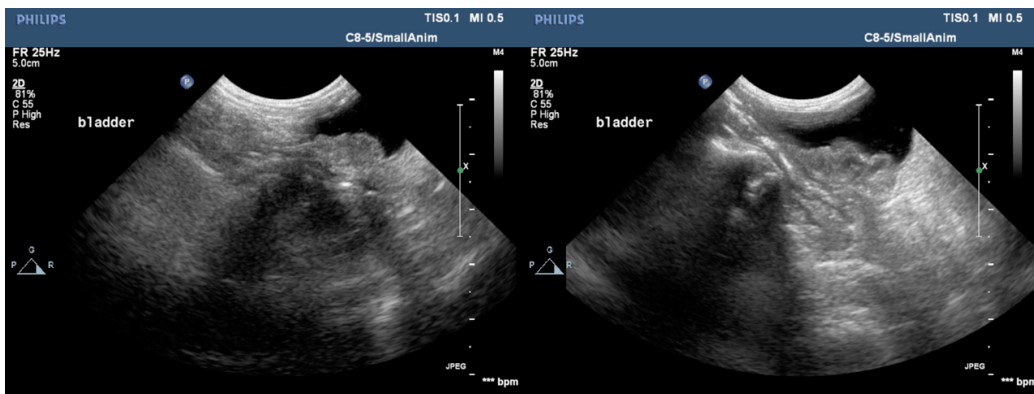
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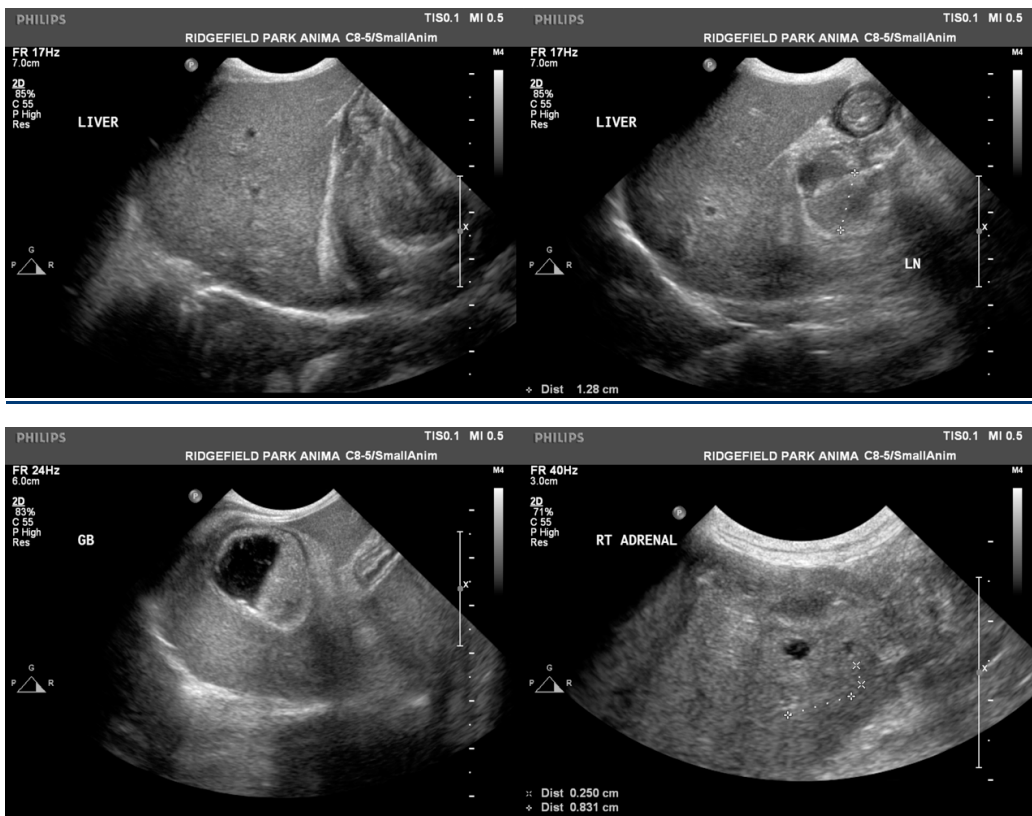
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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