

PATIENT

Lily Moser

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

23.64 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights
Animal Hospital

REFERRING VET

Dr. Sechrist

INVOICE

15393

DATE

04/23/26

PRESENTING CLINICAL SIGNS

P presented for US due to pacing, dripping urine on floor, squatting to urinate with only a few drops coming out. Chronic hematuria, elevated WBC's, epithelial cells

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a diffuse thickening of the wall measuring up to 0.5 cm. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area and iliac blood vessels. Thickening of the proximal urethra measuring up to 0.3 cm with patchy areas of mineralization within the wall evident.

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 evident. Mild cortical mineralization evident in both kidneys. A small non-obstructive urolith evident in the left kidney measuring approximately 0.4 cm, The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.54 cm in length x 0.48 cm and 0.47 cm in width. The right adrenal gland measured 2.29 cm in length x 0.40 cm and 0.50 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 1.3 cm in width.

Liver

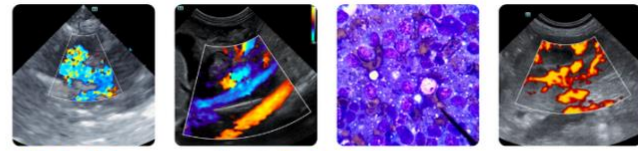
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full 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

Normal appearance of the 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. Normal thickness of the stomach wall with no loss of layering but with an increase in the muscularis to mucosa ratio. Normal peristaltic activity and no distention of the lumen.



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Pancreas

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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.

SPECIES

Free Abdomen

Canine

Normal mesenteric lymph nodes.

BREED

No ascites evident.

Beagle Mix

A large irregular hyperechogenic mass-like structure in the caudal abdomen, dorsal to the urinary bladder measuring approximately 4.3 by 5.3 cm in size with possible organ of origin being the sublumbar lymph node or the uterine stump.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Urinary bladder thickening.
- Urethral thickening.
- Caudal abdominal mass.
- Gastropathy?

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for both the urinary bladder thickening and the urethral thickening would be chronic bacterial infection, granulomatous disease and neoplasia. Etiologies for the caudal abdominal mass would be granuloma, organized hematoma and neoplasia. Etiologies for the gastropathy would be incidental finding, parasitic disease, inflammatory bowel disease, chronic gastritis and possibly helicobacter gastritis. The left-sided renolith can be considered an incidental finding.

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Further assessment would be urine culture, BRAF analysis and FNA cytology of the caudal abdominal mass. If available, cystoscopy would be recommended.

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Specific therapy would be dependent on an etiological diagnosis.

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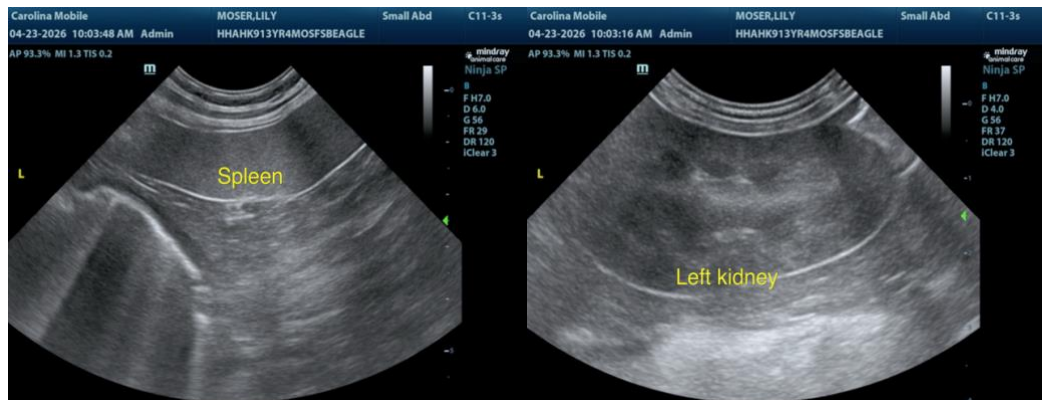
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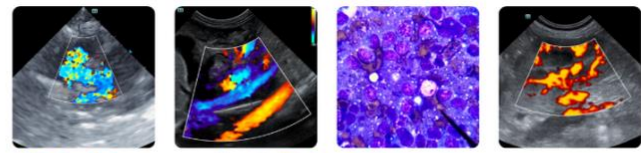
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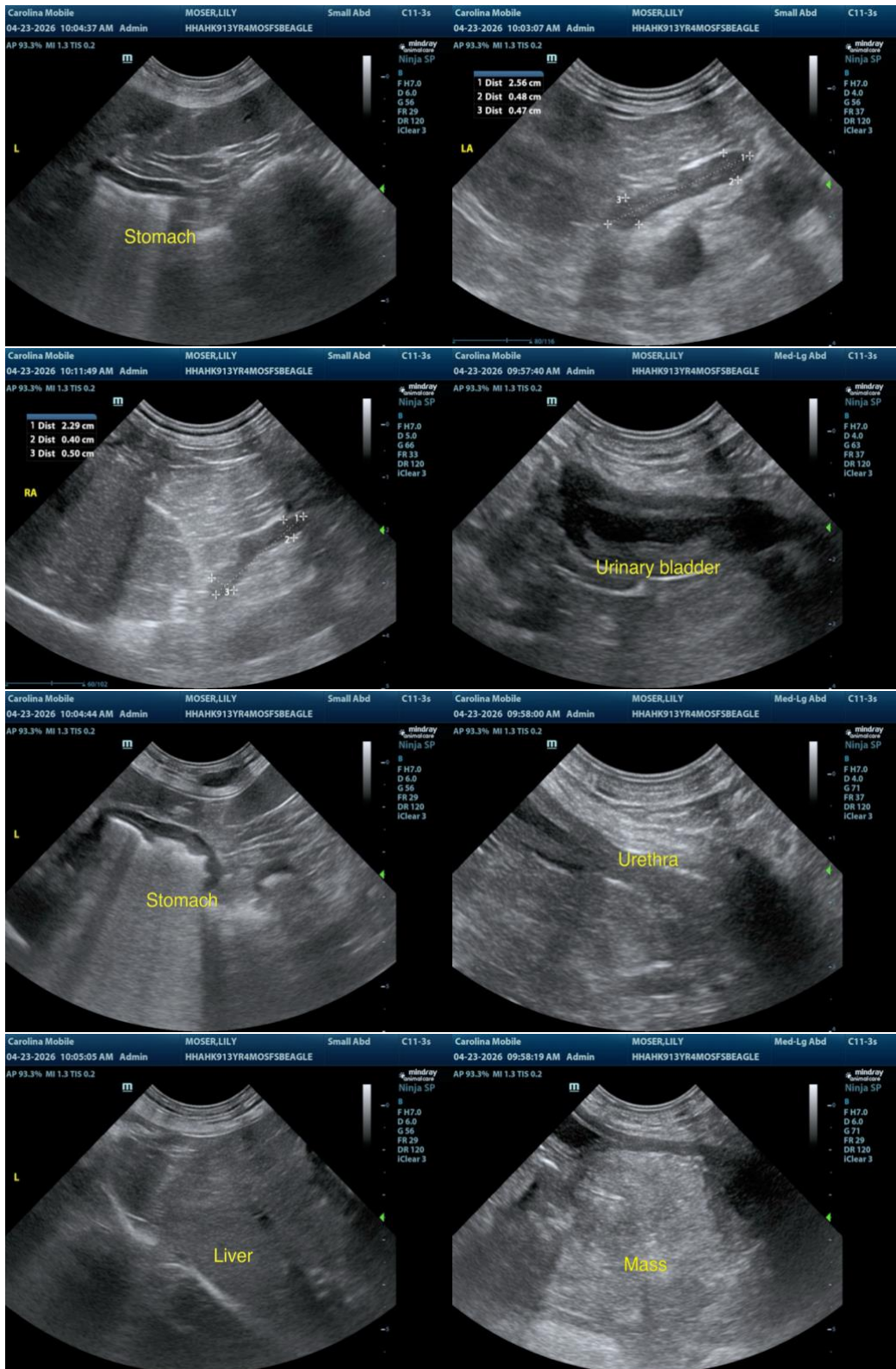
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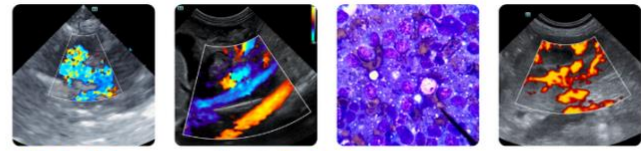
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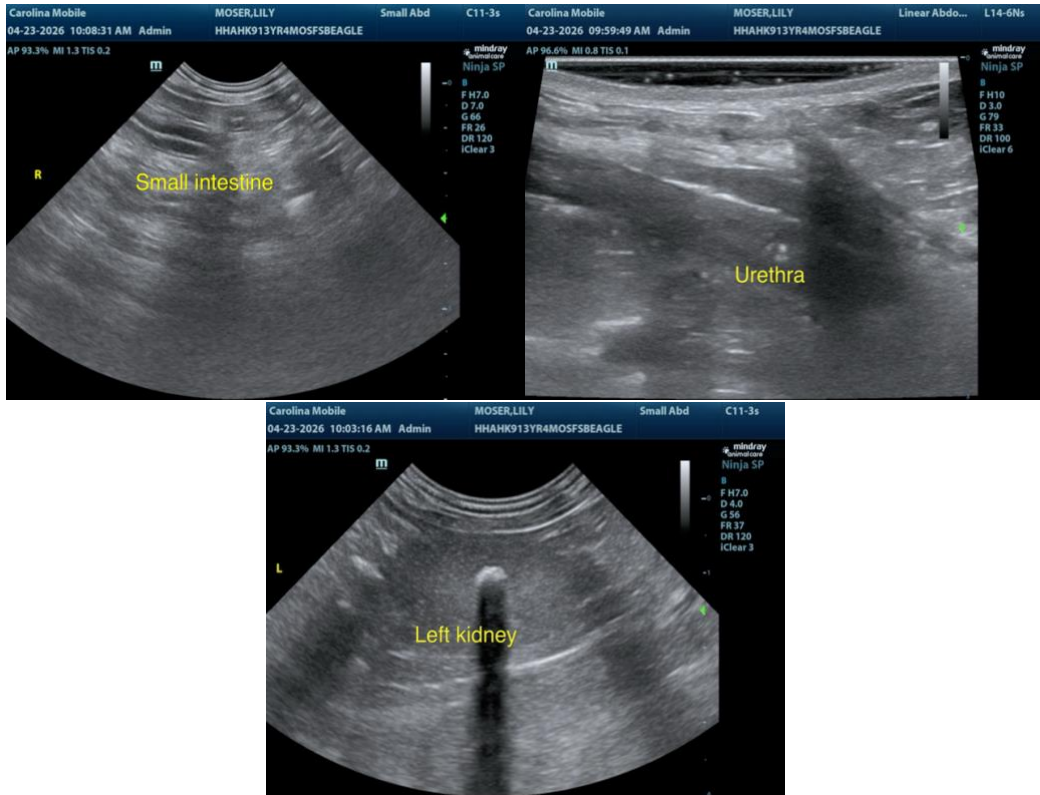
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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