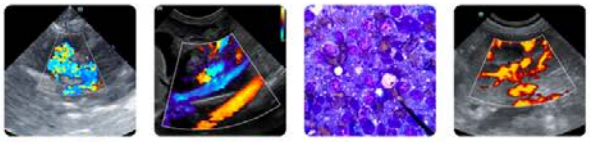

PATIENT

Rosie Sebastian

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

16 Years 9 Months

WEIGHT

4.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Anna Leppien, DVM

INVOICE

75224

DATE

5/18/26

PRESENTING CLINICAL SIGNS

Decreased appetite, diarrhea on and off for a month; now black and tarry per o. Concern for GI bleed.

Abnormal PE/Chem/CBC/UA Results: PE - mod generalized muscle wasting, mm slightly pale CBC: Hct - 35.1 (was 47.1); Hg - 12.9 (was 16.5); WBC - 23.5; neut - 17.95, Mono- 2.13, PLT - 614 Chem: SDMA - 15 (was 19), Creat - 0.8 (was 0.8), BUN - 60 (was 21), Phos - 4.6, TP - 9.1, Glob - 6.5, Alb - 2.6, ALP - 875 (was 113) **All prev bloodwork results mentioned are from 11/13/25)**

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a small hyperechogenic mass measuring approximately 0.30 cm x 0.90 cm in size on the dorsal wall. The rest of the wall is of normal thickness with a 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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Left kidney measures 2.8 cm. Right kidney measures 3.1 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 0.40 cm and 0.47 cm in width. Right measures 0.37 cm in width.

Spleen

Normal size (0.70 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

Full containing a moderate amont of non-adhered hyperechogenic sediment. 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 present within the stomach, compatible with a recent meal.

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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

- Age related renal changes versus early chronic kidney disease.
- Urinary bladder mass.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder mass would be focal granuloma or possibly neoplasia.

The gallbladder sediment can be considered an incidental finding.

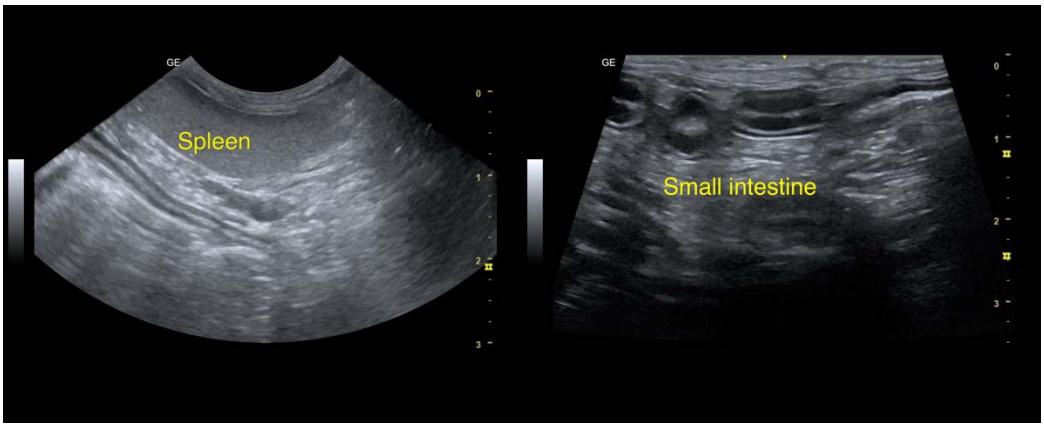
On this ultrasound there is no obvious etiology for the presenting clinical signs. Although the upper GI tract appears ultrasonographically normal, with the presenting clinical signs, mild anemia, thrombocytosis, and low-normal albumin, upper GI hemorrhage needs to be considered, with ideal further assessment being endoscopy of the upper GI tract with biopsies.

Further assessment of the urinary bladder mass would be urinalysis, BRAF analysis and/or catheter-assisted aspirate/biopsy for cytology/histopathology.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that could be considered for the presenting clinical signs and abnormal bloodwork would be gastroprotectants (Omeprazole, sucralfate).

Although the urinary bladder mass appears to be surgically resectable, the patient's age needs to be taken into consideration.



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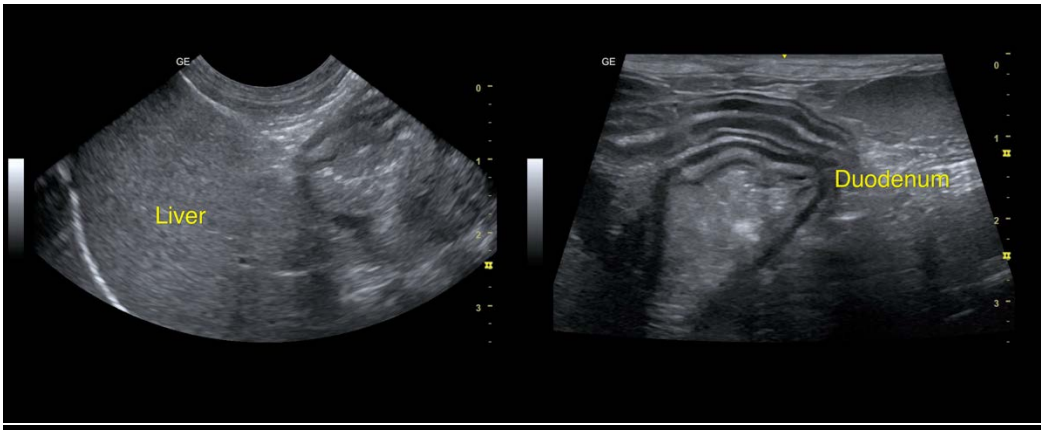

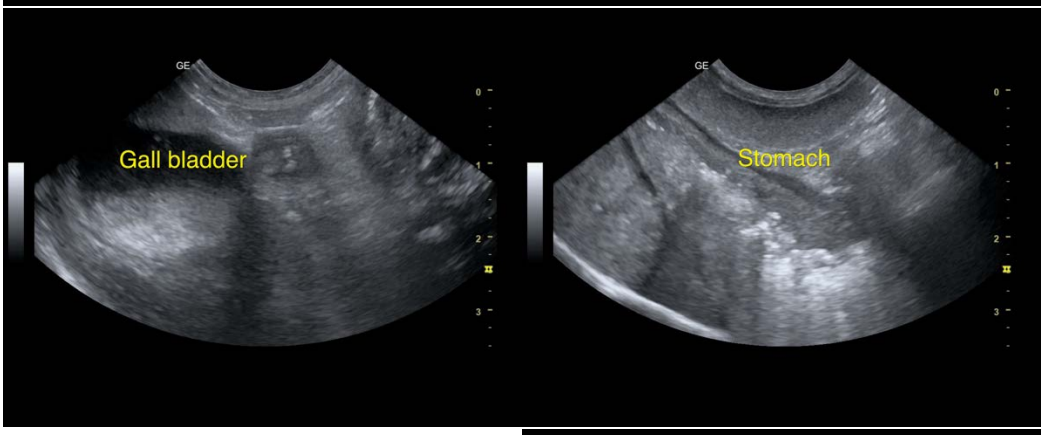

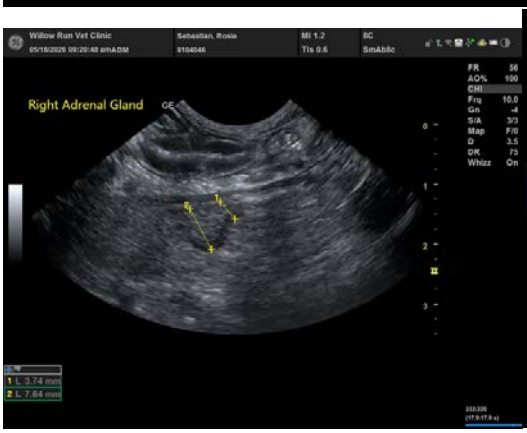

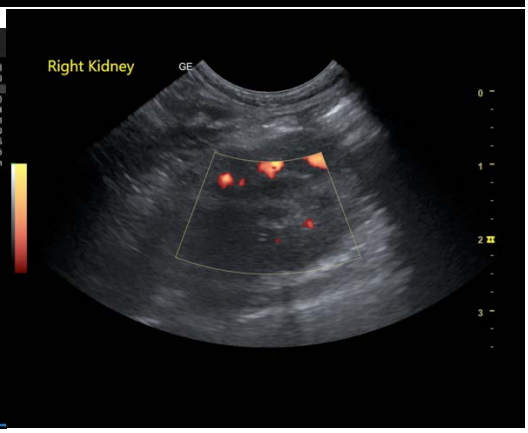

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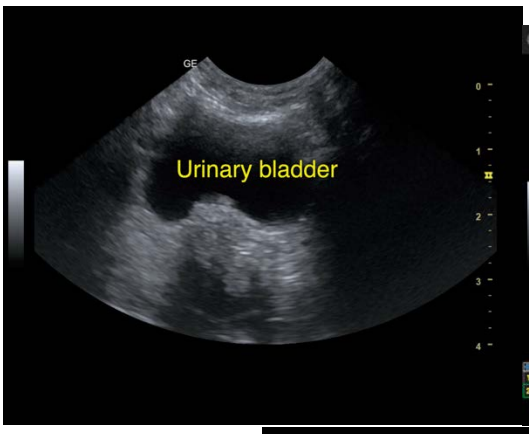

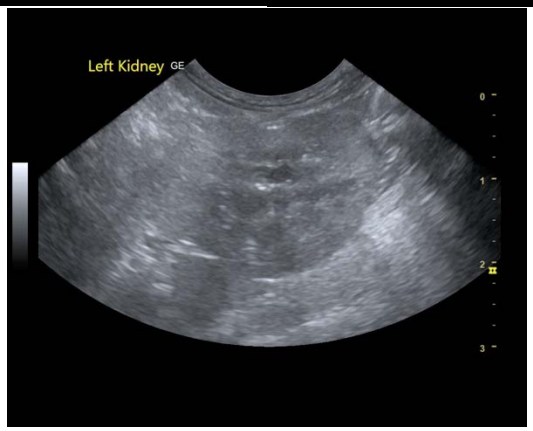

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com