



PATIENT

Leo McCoy

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

Pending

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Country Lakes AC

REFERRING VET

Dr. Griffith

INVOICE

37178

DATE

5/22/26

PRESENTING CLINICAL SIGNS

History: Prostatomegaly.

Current Meds: Finished Azithromycin 2 weeks ago.

Abnormal PE/Chem/CBC/UA Results: UA: 1+ protein; 2+ blood

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a thickened and irregular mottled echogenic mass involving the trigone and proximal urethra, measuring approximately 1.3 cm x 4.5 cm in size. The rest of the wall is of normal thickness with a smooth appearance. A small amount of floating hyperechogenic sediment was noted. No uroliths were evident. Normal appearance of the iliac blood vessels and normal size and appearance of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Small hypoechoic prostate was noted, measuring 1.3 cm in width.

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. The left kidney measured 6.2 cm. The right kidney measured 6.0 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.8 cm in length x 0.79 cm and 1.03 cm in width. The right adrenal gland measured 2.4 cm in length x 0.67 cm and 1.07 cm in width.

Spleen

Normal size (3.0 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 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 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.



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Pancreas

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

- Urinary bladder mass
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be neoplasia, with granuloma disease a less likely differential diagnosis. The urinary bladder sediment would be consistent with hematuria as per the patient's history.

Further assessment that could be considered would be BRAF analysis and/or a catheter-assisted aspirate/biopsy of the urinary bladder mass for cytology/histopathology. As the mass involves the trigone area and extends into the proximal urethra, surgical resection is not feasible.

Palliative therapy for urinary bladder neoplasia

Medical palliation

- NSAIDs such as piroxicam (0.3 mg/kg SID), firocoxib 5 mg/kg SID), deracoxib 2–3 mg/kg SID).
- NSAIDs combined with palladia.

Chemotherapy (combined with NSAIDs)

- Mitoxantrone 5–6 mg/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

Supportive care

- Pain control: gabapentin ± tramadol.
- Manage dysuria with prazosin or phenoxybenzamine.
- Treat UTIs based on culture.
- Control hematuria with hydration and NSAIDs.
- Manage constipation with lactulose.

Interventional palliation

- Urethral stent – relieves obstruction, improves quality of life.
- Cystostomy tube – long-term bladder drainage.
- Palliative radiation – reduces tumor bulk, hematuria, dysuria.
- Laser ablation or debulking.



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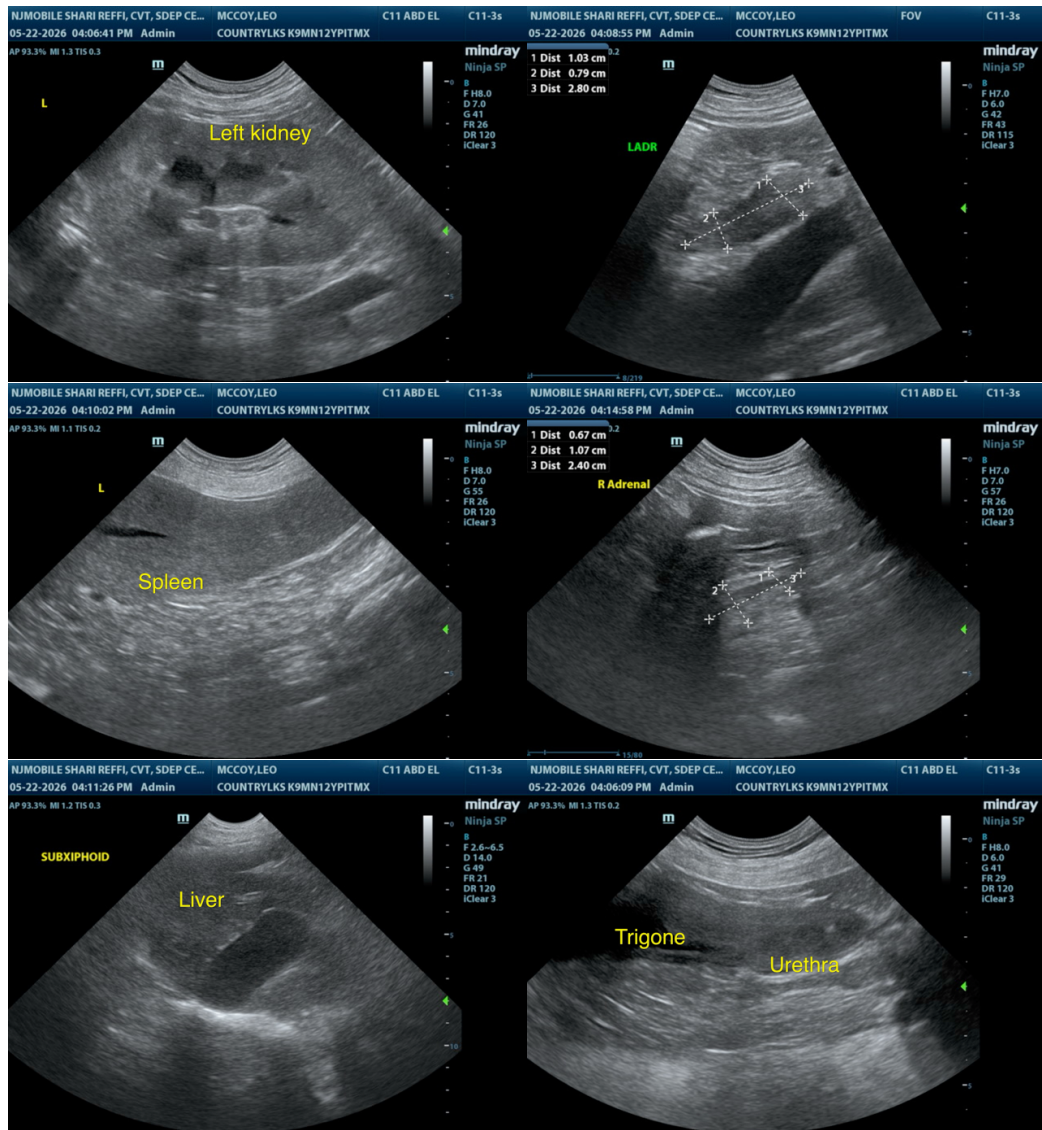
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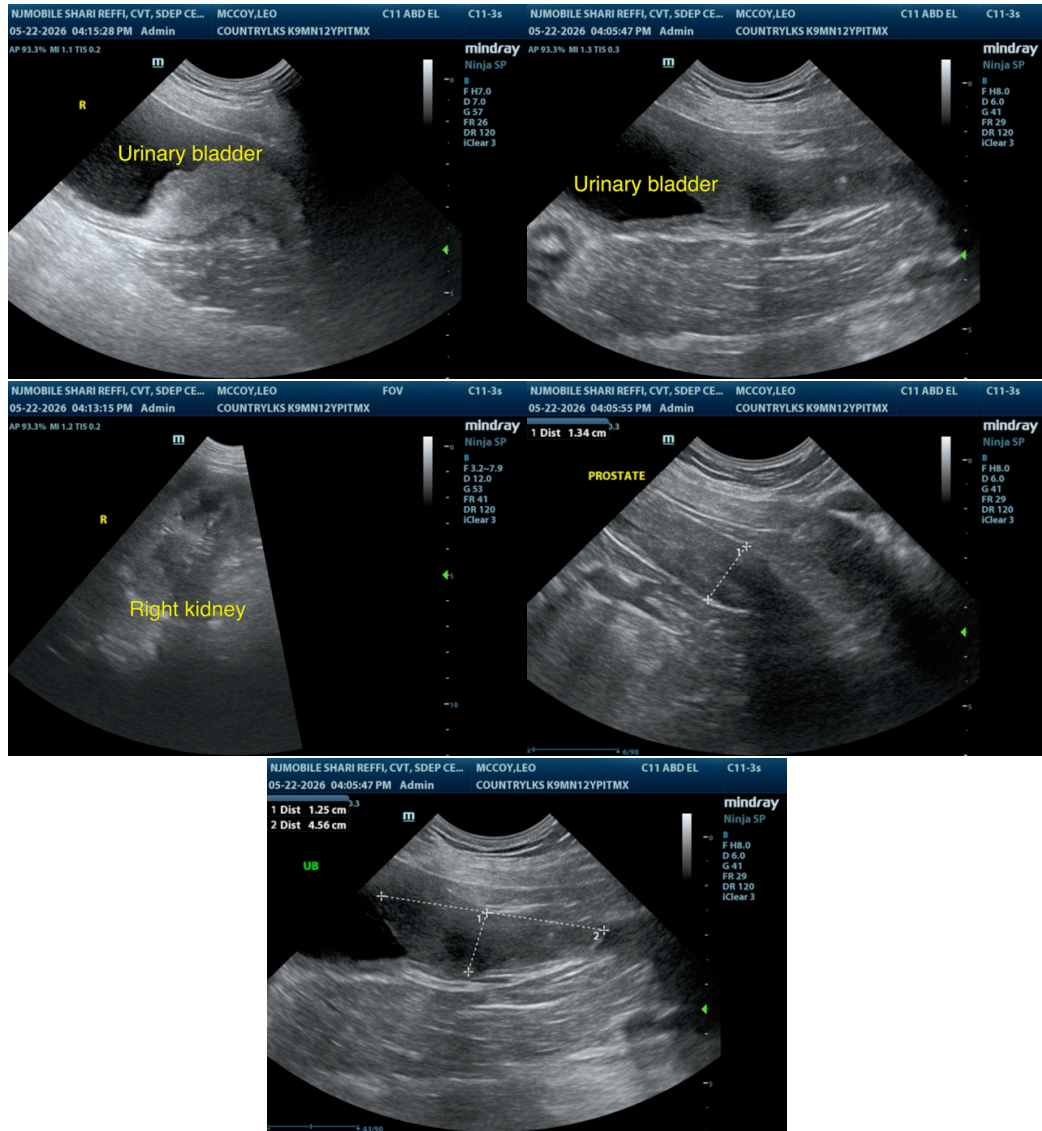
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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