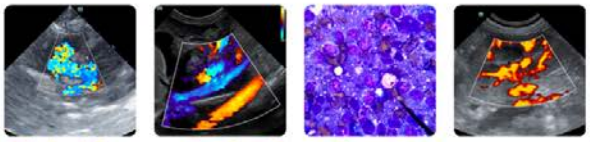


PATIENT

Roxy Liess

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

12 Years

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Mary Neilans, DVM

INVOICE

75384

DATE

5/22/26

PRESENTING CLINICAL SIGNS

The owner reports she frequently attempts to urinate. She will urinate, walk a few steps, then attempt to urinate again repeatedly. Dr. Mary started her on amoxicillin empirically in case of an underlying infection, but the behavior has persisted despite treatment. Owner reports she has been a very healthy dog over the past 10 years. Her main medical issue has been recurrent ear infections that began approximately three years ago, which have responded well to ear drops prescribed by Dr. Mary. She also had one episode of severe diarrhea last year that was treated promptly and has not recurred since. CLINICAL SIGNS: PU/PD, apparent stranguria, accidents in the house. MEDICATIONS: None (recently quit the amoxicillin last week).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Thickened and irregular appearance of the trigone area.

A mineralized mass is present within the proximal urethra. Normal size and appearance of the iliac blood vessels and iliac lymph nodes.

Dilated right ureter noted. The left ureter was 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 and capsule. Right-sided pyelectasia noted. No infarcts, mineralization or renoliths evident. Left kidney measures 6.9 cm. Right kidney measures 6.8 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 2.69 cm in length x 0.61 cm and 0.76 cm in width. Right measures 1.87 cm in length x 0.63 cm and 0.49 cm in width.

Spleen

Normal size (2.4 cm in width) with a diffuse mottled echogenic appearance and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.

Liver

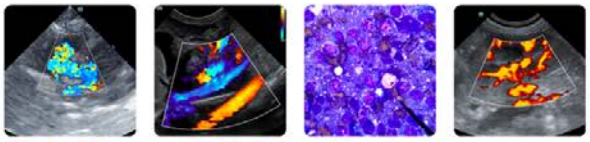
Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full containing small non-obstructive cholelithes. 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 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.

Thorax

Normal appearance of the heart. No pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass extending from the trigone into the proximal urethral with secondary obstructive uropathy present.
- The choleliths can be considered an incidental finding.
- The appearance of the spleen would be consistent with age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be neoplasia, with granulomatous disease being an unlikely differential diagnosis.

Further assessment that could be considered would be urinalysis, BRAF analysis, and/or a catheter assisted aspirate/biopsy of the trigone/urethral mass for cytology/histopathology. As the mass involves the trigone area and 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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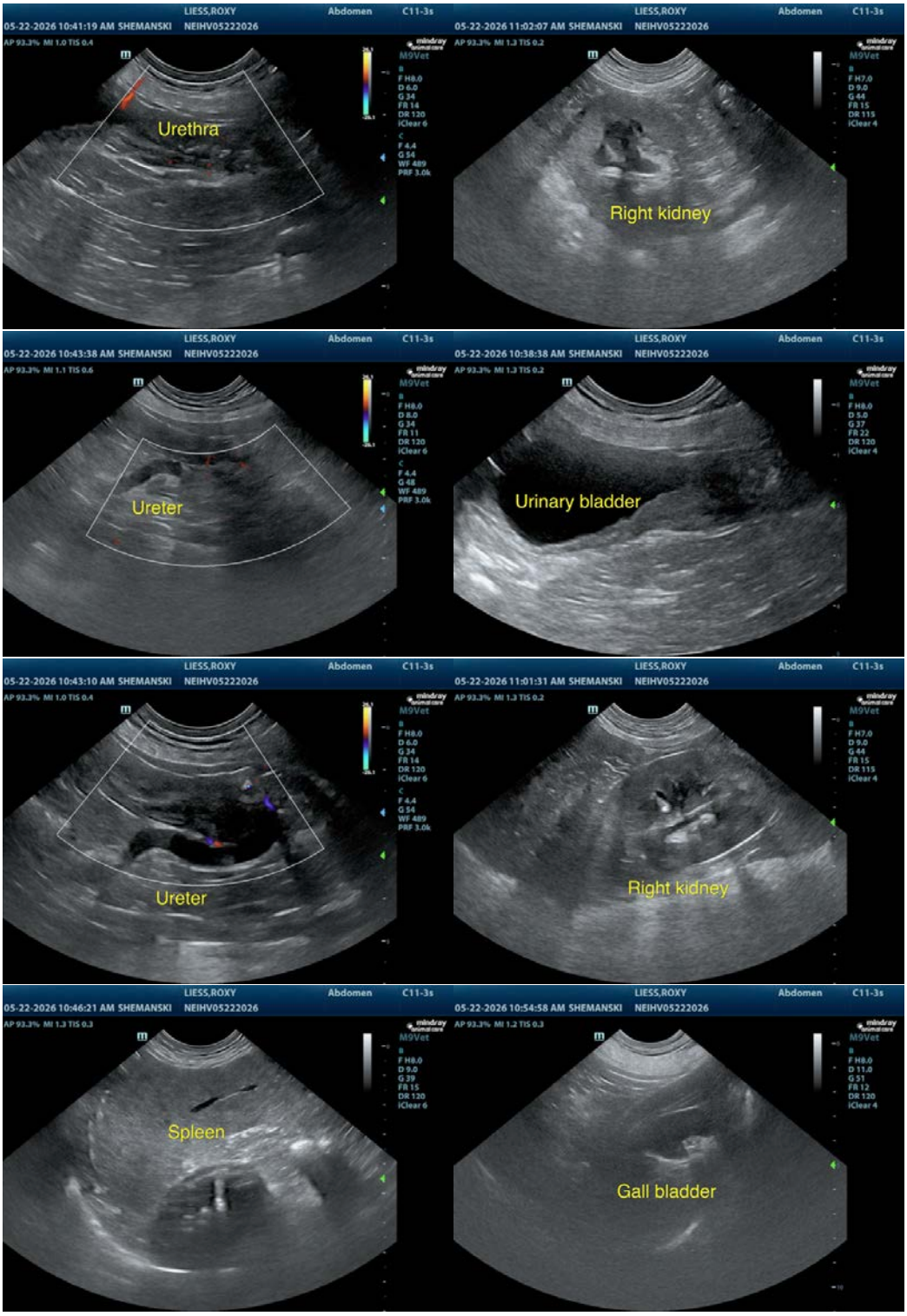

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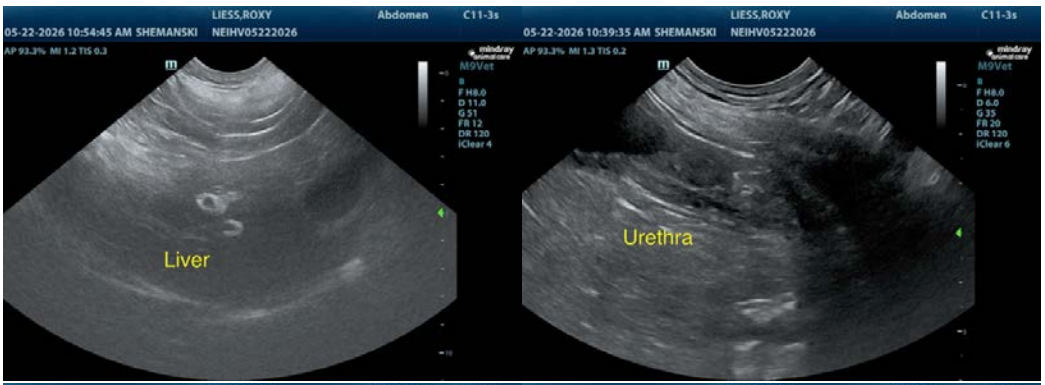

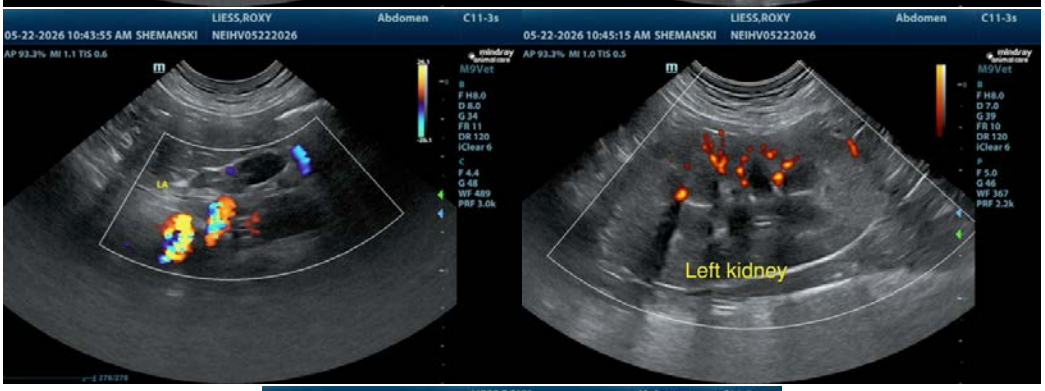

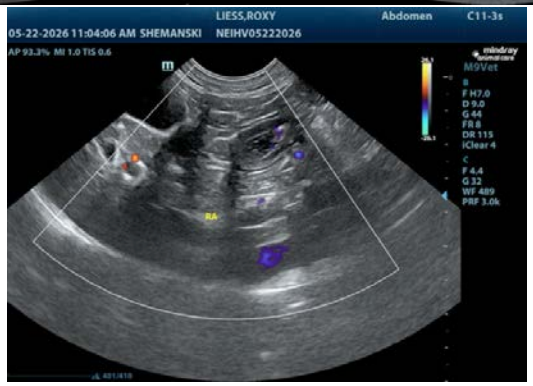

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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