



PATIENT

Rascal Underwood

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

7.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

75267

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Progressive weight loss and anemia since 12/2025. History of inappropriate urination for the last few months. Owner reports pollakiuria, increased visits to the litterbox, and occasional stranguria. Patient urinating on rugs throughout the house. Treated with Convenia 3 times between 2/5/26-3/11/26. Increased water intake noted at home over the last 1-2 weeks. Good appetite, but prefers soft/soupy food options over dry kibble for the last several months. Had dental prophylaxis performed in January with extraction of a single incisor, but still prefers soft food. Occasionally vomits after eating too rapidly. Decreased volume of stool lately. No current meds.
Abnormal PE/Chem/CBC/UA Results: Weight loss (2 lbs) since 3/12/26. Otherwise NSF on PE. PCV= 22% TT4: 3.1 UA: USG 1.014. Trace protein. 42 RBC/hpf, 2 WBC/hpf, no bacteria noted, 1-2 epith. cells/hpf Urine sediment cytology w/ stain: epithelial cells w/ characteristics of malignancy (few multinucleated cells, prominent nucleoli, anisocytosis, anisokaryosis, high N:C) Chemistry panel last performed 12/2025- WNL FIV/FelV 1/2026- neg/neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Irregular, hyperechogenic mass is noted in the trigone area measuring 0.8 x 1.4 cm in size. Thickened and irregular appearance of the proximal urethra.

Normal appearance of the iliac lymph nodes and iliac blood vessels.

Dilated distal ureter with proximal ureters not visualized, which can be considered a normal finding.

Enlarged kidneys, especially the left (left measured 4.9 cm, right measured 4.3 cm), increased echogenic appearance, loss of cortico-medullary differentiation, bilateral pyelectasia/early hydronephrosis, and a regular curvilinear capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands are not visualized.

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 0.9 cm in width.



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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 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.

Pancreas

The pancreas was not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder mass with secondary obstructive uropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the trigone mass would be neoplasia with granulomatous disease and severe chronic bacterial cystitis a less likely differential diagnosis.

Further assessment would be urine culture and if possible catheter assisted aspirate/biopsy of the trigone mass for cytology/histopathology and culture.

As the mass involves the trigone area, surgical resection is not a feasible option.

Palliative management would be the use of NSAIDs.



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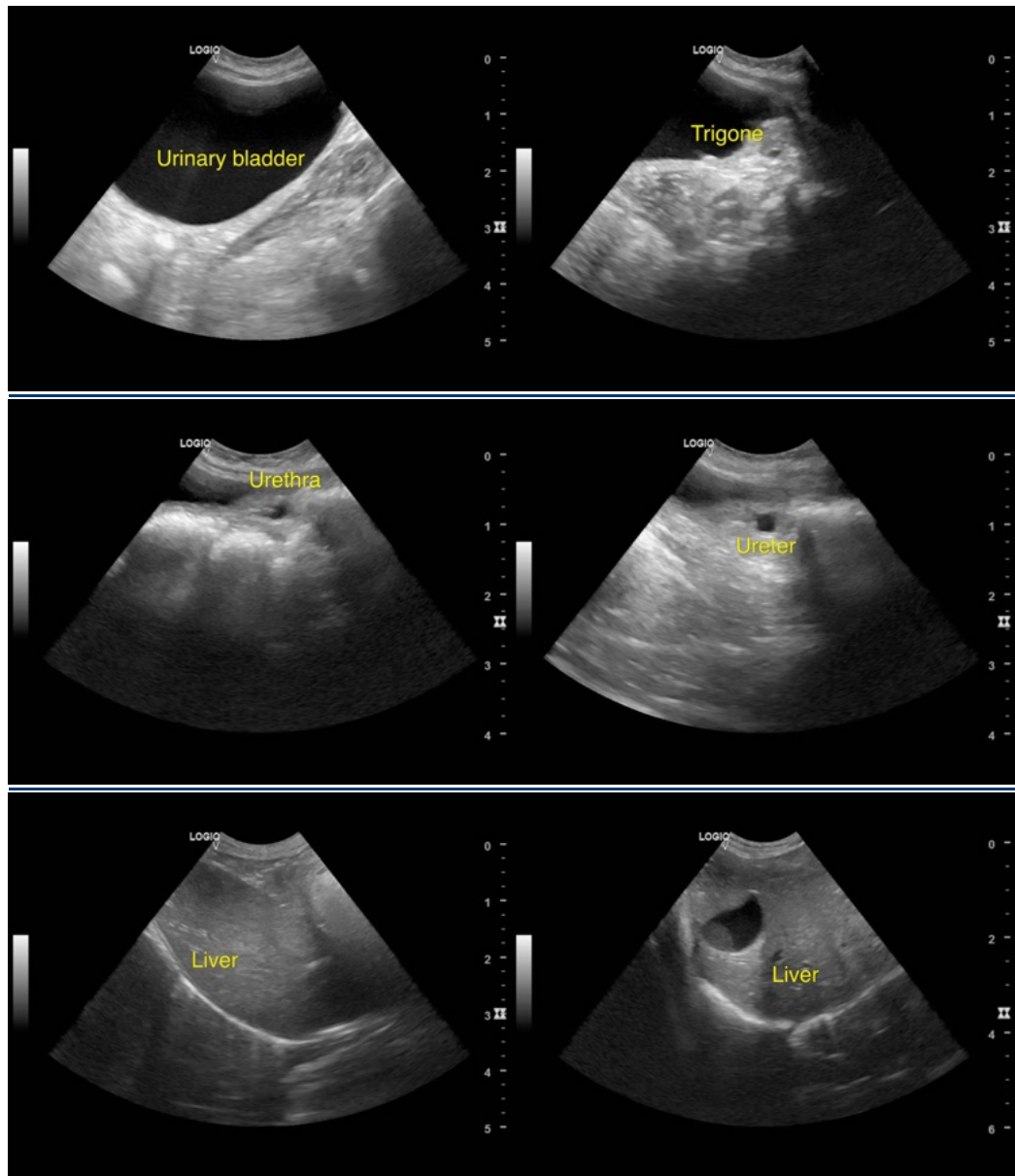
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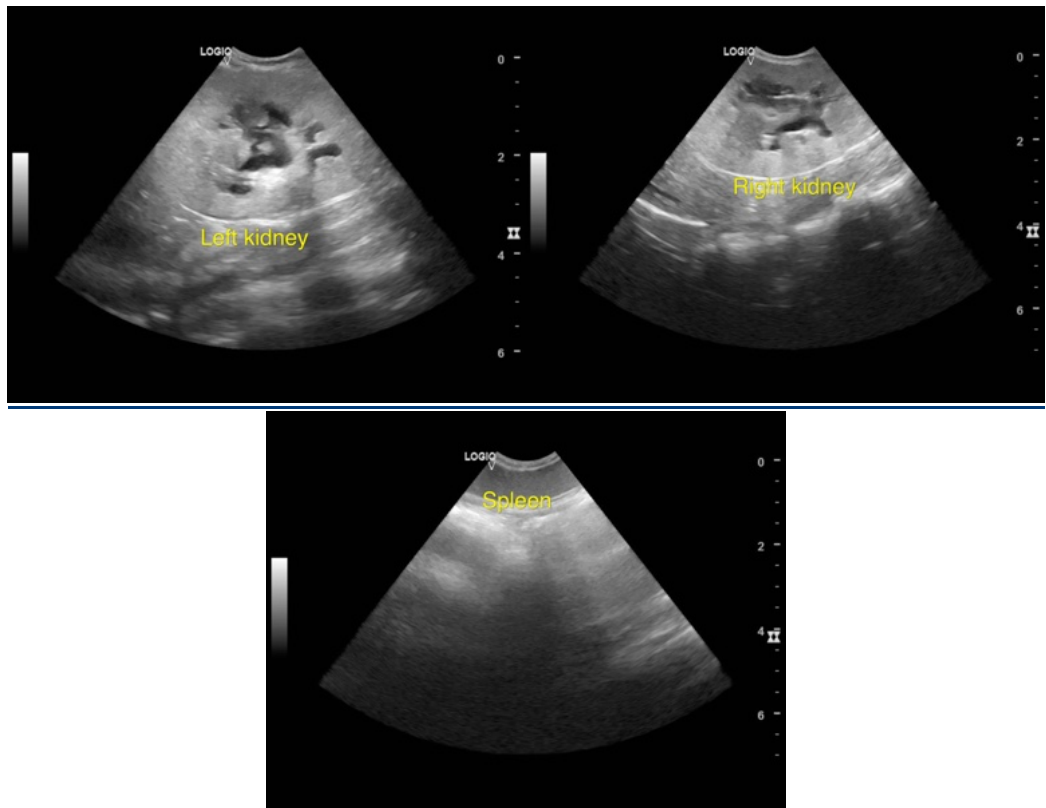
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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