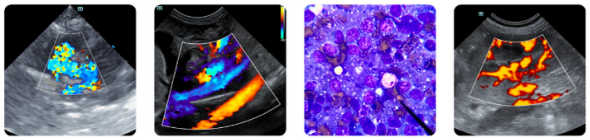


PATIENT

Riley Santiago

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

9 years

WEIGHT

62.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Brenda Buck

INVOICE

11893

DATE

5/6/2026

PRESENTING CLINICAL SIGNS

Elevated liver values. Blood and protein in urine. Riley presented to her rDVM for a physical injury (suspected pulled muscle). Blood work was performed as part of the workup and revealed elevated liver values. The physical injury has since been resolved. No change in appetite or energy. She is an "avid eater." No vomiting. No icterus noted at home. Credelio was started within the last year. No known mushroom ingestion. Owner notes pollakiuria. A mass was removed from her chest 6 months ago. No coughing or respiratory distress but does snore.

CLINICAL SIGNS: doesn't fully empty bladder when toileting; takes her a few visits outside. Otherwise, no other clinical signs.

MEDICATIONS: Apoquel 16mg, Credelio.

Abnormal PE/Chem/CBC/UA Results: 5/1/2026 ALB 4.0g/dL HIGH ALKP 1413 U/L HIGH ALT 3753 U/L HIGH Tbili = 0.2 (normal) TP = 7.8 g/dL (WNL, upper limit)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Irregular hypoechogenic mass in the trigone, measuring approximately 1.2 cm x 2.6 cm in size, with extension into the proximal urethra.

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, mineralization or renoliths evident. Left kidney measures 5.9 cm, and the right kidney measures 6.7 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature.

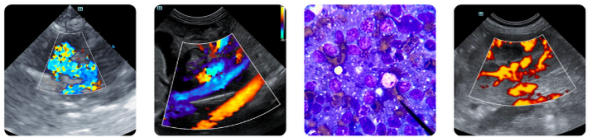
Left adrenal measures 2.01 cm in length x 0.54 cm and 0.49 cm in width. Right adrenal measures 1.99 cm in length x 0.53 cm and 0.53 cm in width.

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 measures 2.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Large, irregular, mottled, echogenic cavitated mass measuring approximately 7.0 cm x 7.0 cm in the left lobe. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

Small 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

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

- Hepatic mass.
- Urinary bladder mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma, with hematoma and granuloma less likely differential diagnoses.

Etiologies for the urinary bladder mass would be neoplasia and granuloma.

Further assessment of the hepatic mass would be three view thoracic radiographs, and FNA cytology. A tru-cut or wedge biopsy may however be required for a final etiological diagnosis.

Further assessment of the urinary bladder mass would be urinalysis, possibly urine culture, BRAF analysis, and/or a catheter assisted aspirate/biopsy or the urinary bladder mass for cytology/histopathology and culture. As the mass involves the trigone area, surgical resection is not a feasible option.

If surgery is being contemplated for the hepatic mass, then a CT scan would be recommended.

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.

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Chemotherapy (combined with NSAIDs)

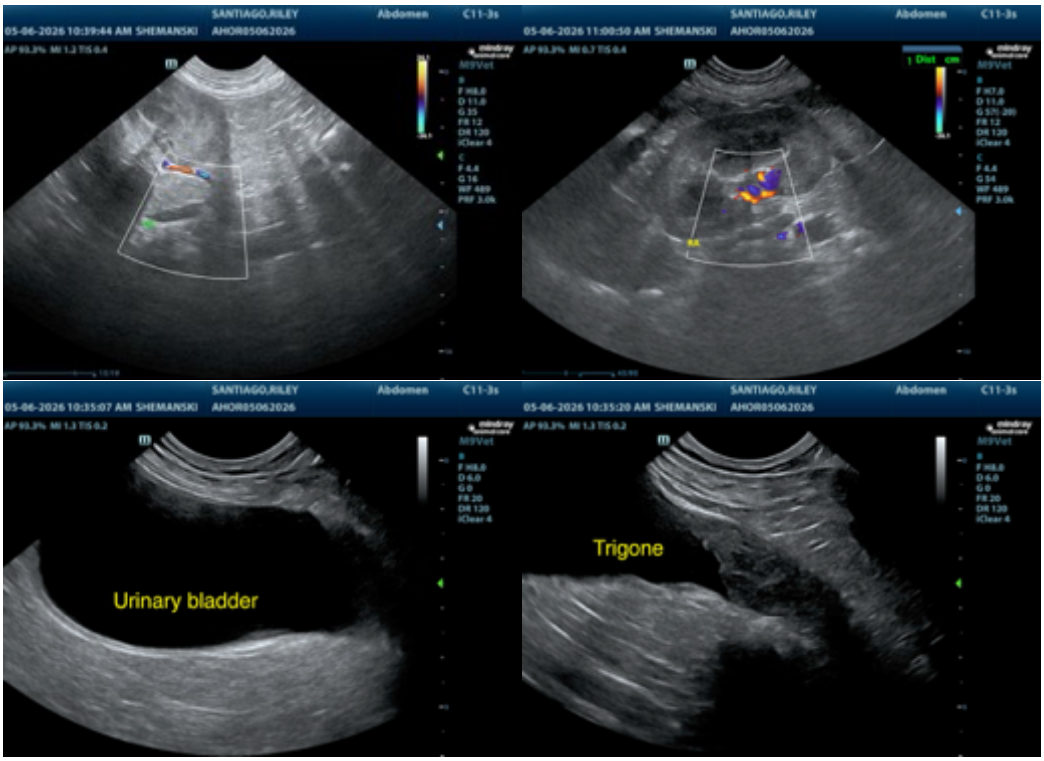
- Mitoxantrone 5–6 mg/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

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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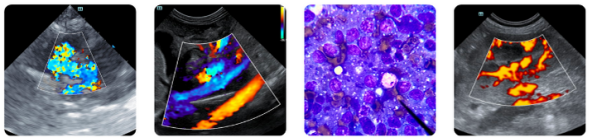

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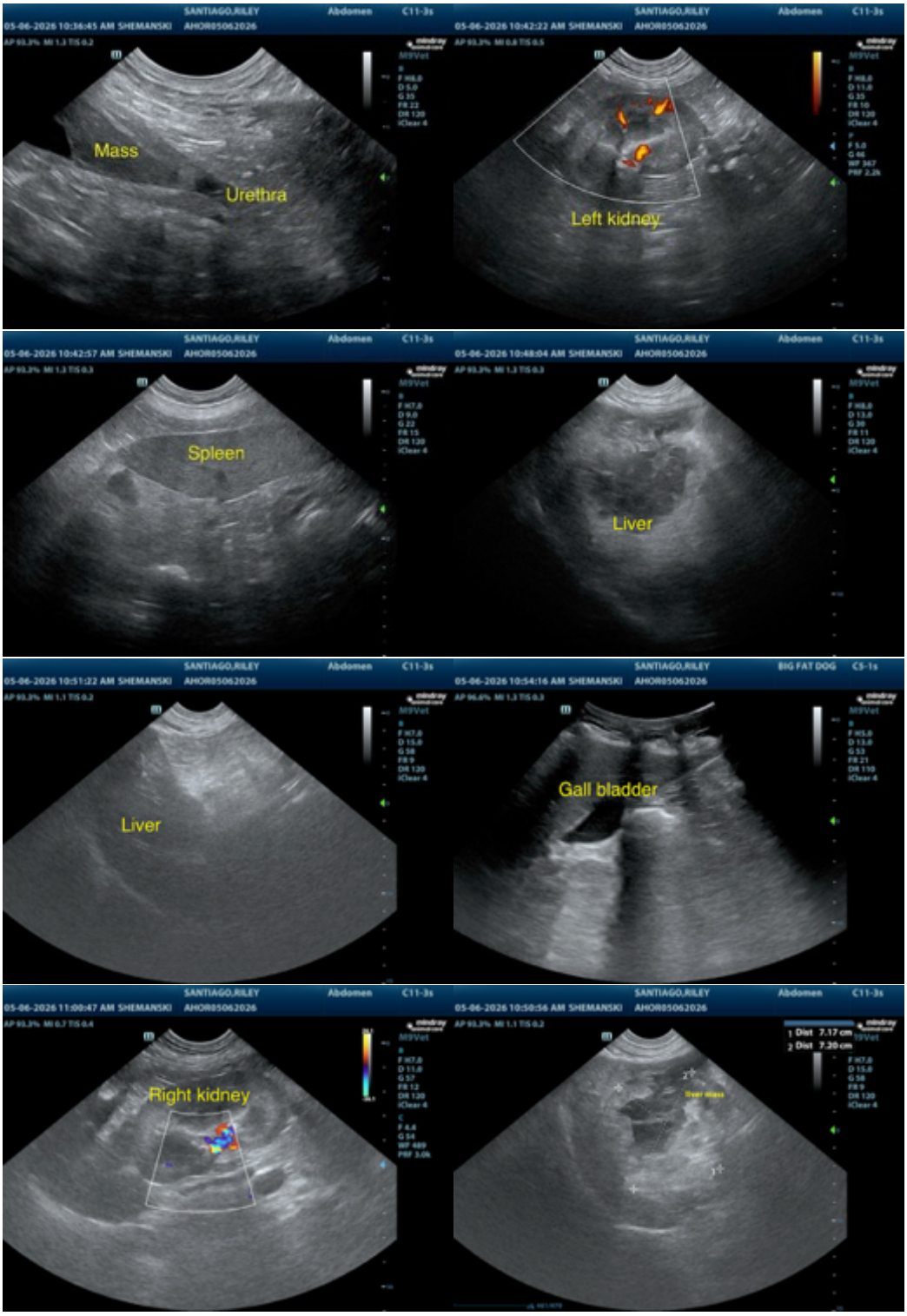

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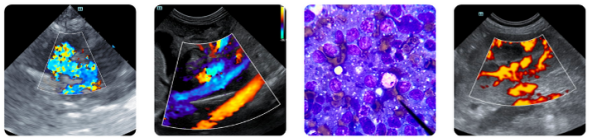

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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