



PATIENT

Pepsi Barabasz

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

64.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

M Santiago

HOSPITAL NAME

Allison Animal Hospital

REFERRING VET

Dr. Klein

INVOICE

16440

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Pt presented for AUS due to incontinence not controlled on Proin. Started more than 1 year ago. Pt is not straining and not always aware when she has to urinate. Not PU/PD. No C/S/V/D. Normal CBC/Chem. Pt was diagnosed with copper storage disease, but it is under control.

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.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. Thickened and irregular appearance of the trigone area.

The left kidney presented normal size (6.5 cm) with normal echogenic appearance, corticomedullary differentiation and a regular curvilinear capsule. Mild pyelectasia present. No infarcts, mineralization or renoliths evident. The right kidney is not visualized.

Adrenal Glands

The left adrenal gland was not clearly visualized but appears to be of normal shape, echogenic appearance and size. The right adrenal gland was 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 1.7 cm in width.

Liver

Normal size with a diffuse mottled echogenic and coarse appearance, prominent portal markings and irregular 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.

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.



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Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder thickening.
- Left sided pyelectasia.
- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the trigone thickening would be chronic bacterial cystitis, granulomatous disease and emerging neoplasia. Although the pyelectasia is most likely an age-related change, early obstructive uropathy needs to be considered. The appearance of the liver would be consistent with the diagnosis of a copper storage disease.

Further assessment would be urinalysis, urine culture and BRAF analysis and/or a catheter-assisted aspirate/biopsy of the trigone area for cytology/histopathology and culture. Specific therapy would be dependent on an etiological diagnosis.

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.



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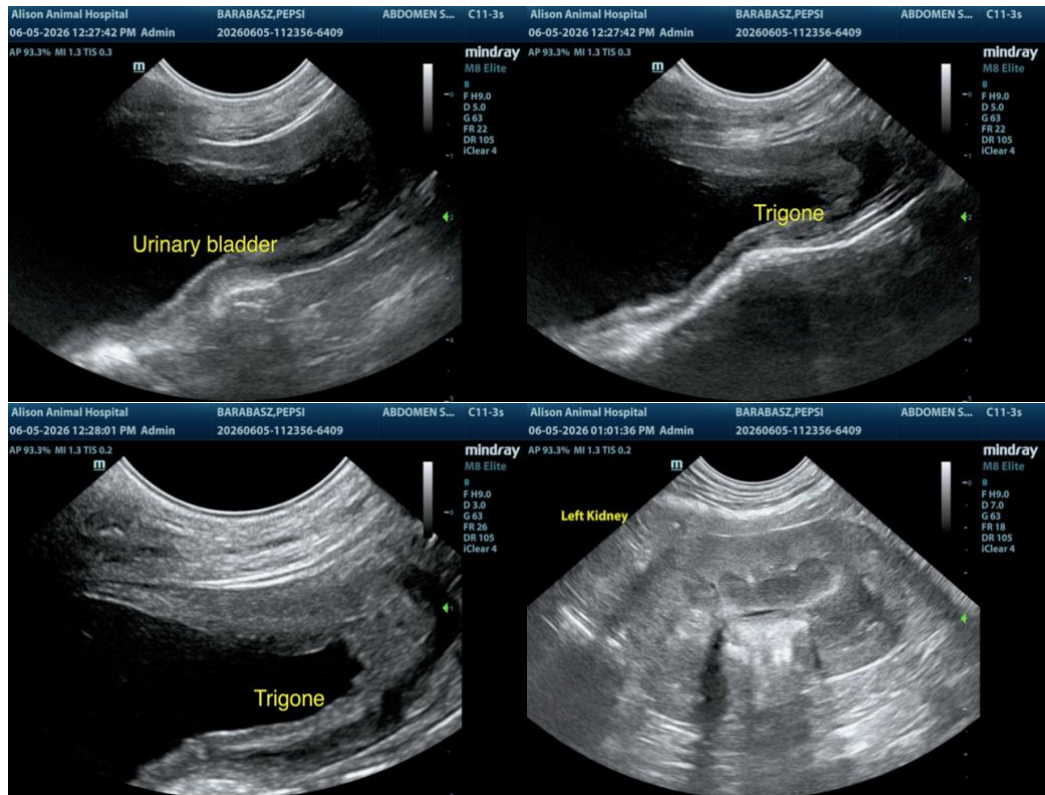
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- Manage constipation with lactulose.

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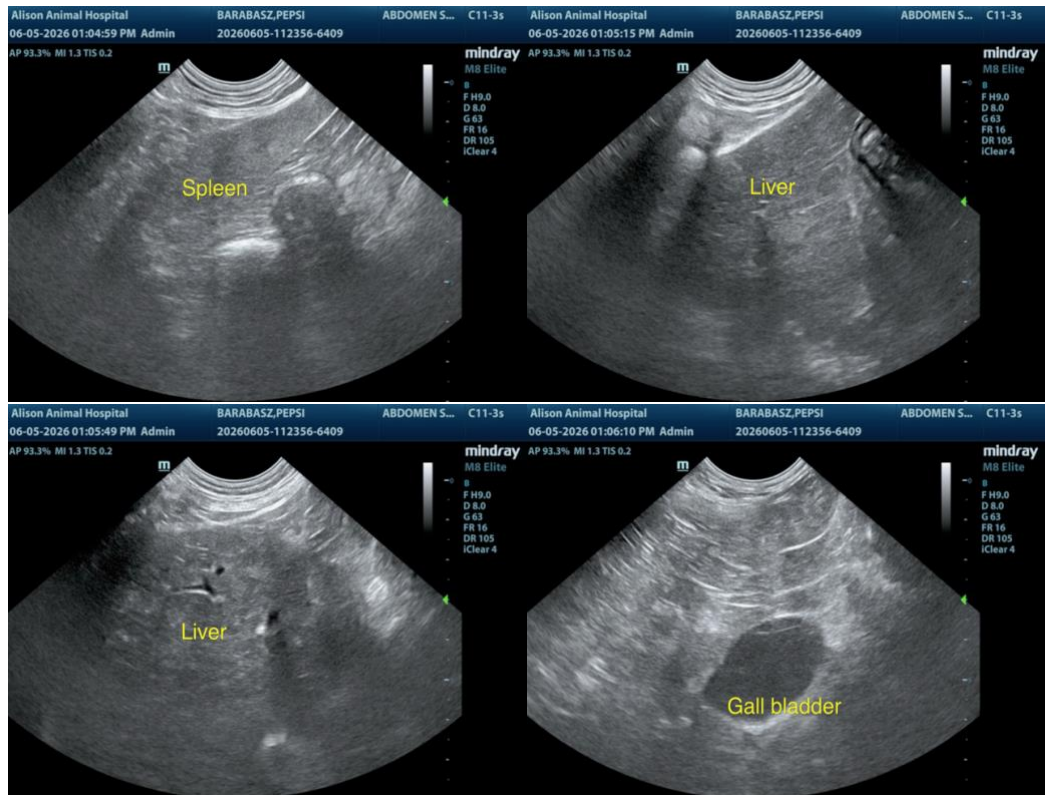
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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