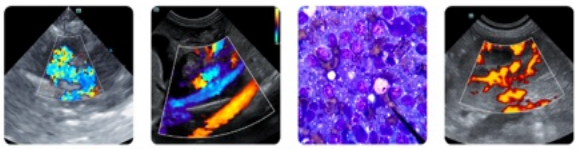


SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

PATIENT

Pebbles Clements

SPECIES

Canine

BREED

Aussie

SEX

Spayed female

AGE

12 years

WEIGHT

17.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Brochu

INVOICE

69142

DATE

11/27/25

PRESENTING CLINICAL SIGNS

History: Examined 10/01/25 for blood in urine, frequent urination and urinary accidents -Dribbling urine during exam, rest of exam unremarkable -Diagnosed with possible UTI based on urinalysis results, prescribed Apo Amoxi Clav for 7 days -Recheck urinalysis on 10/18/25 revealed ongoing UTI, prescribed Doxycycline for 10 days -11/07/25 in for bloodwork and urinalysis, still seeing blood in urine and straining to urinate/accidents, UTI still present so prescribed Baytril for 10 days and Deramaxx -Followed up with O 11/17/25 and still seeing blood in urine and frequent urination, requested ultrasound as recommended Current Medications Possibly Deramaxx and Proin (O has not picked up as of 11/21/25)
Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam Cause of urinary problems other than chronic UTI?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a large, irregular, mottled echogenic, non-vascularized mass that extended to the trigone area. Normal anechoic urine with no sediment or uroliths evident.

Normal proximal urethra and iliac blood vessels.

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

Left-sided hydronephrosis is noted.

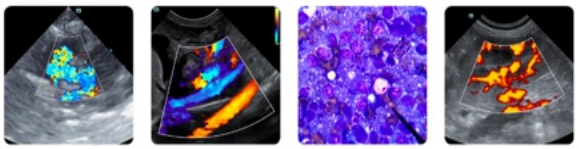
The right kidney is normal in size (7.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern was noted.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.74 cm in length x 0.78 cm and 0.77 cm in width. The right adrenal gland measured 2.66 cm in length x 0.67 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 measured 1.5 cm in width.



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Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Foal, hypoechogenic parenchymal nodule in the caudal aspect of the left lobe measuring 0.9 x 2.2 cm in size.

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 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.
- Left-sided hydronephrosis.
- Hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder mass would be neoplasia with granulomatous disease a less likely differential diagnosis.

Left-sided hydronephrosis is secondary to obstructive uropathy from the trigone pathology.

The most likely etiology for the hepatic nodule would be nodular hyperplasia with neoplasia an unlikely differential diagnosis.

Further assessment would be BRAF analysis and/or a catheter assisted aspirate/biopsy for cytology/histopathology of the urinary bladder mass. Surgical resection of the mass is not feasible.

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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)

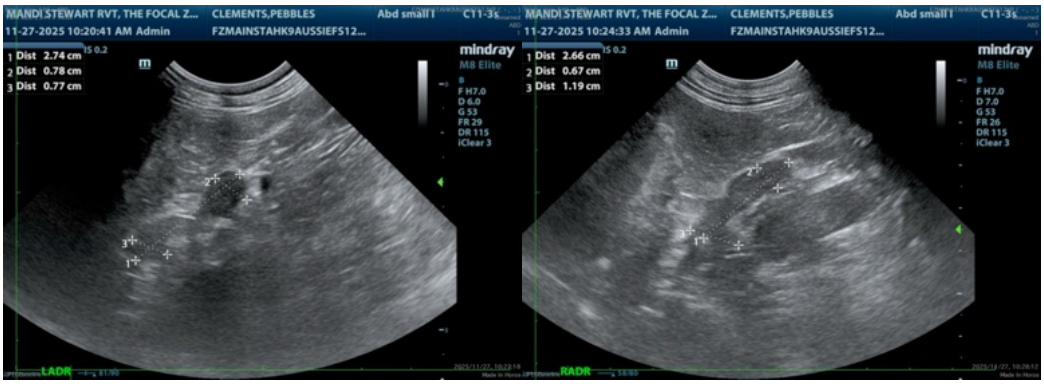
- Mitoxantrone 5–6 mg/m² IV q3wk
- Vinblastine 2 mg/m² IV q2wk.
- Carboplatin 300 mg/m² IV q3–4wk
- Chlorambucil 4 mg/m² PO q24–48h.

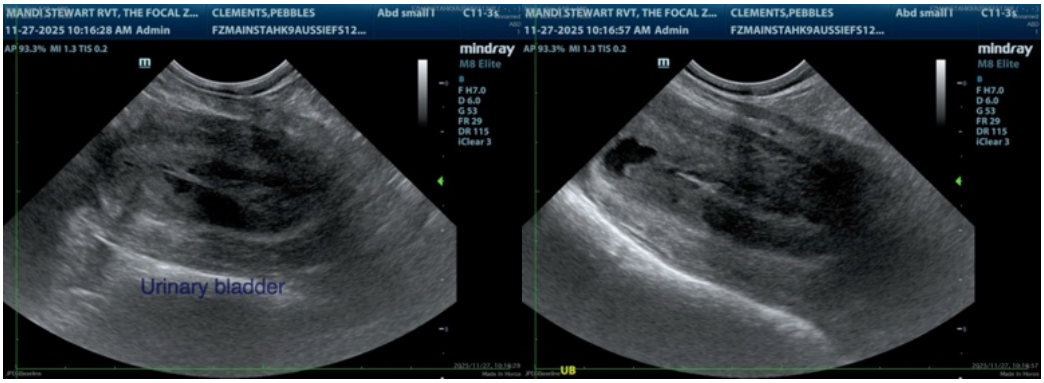
Supportive care

- 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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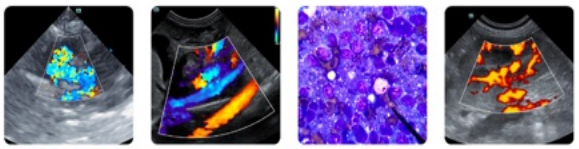

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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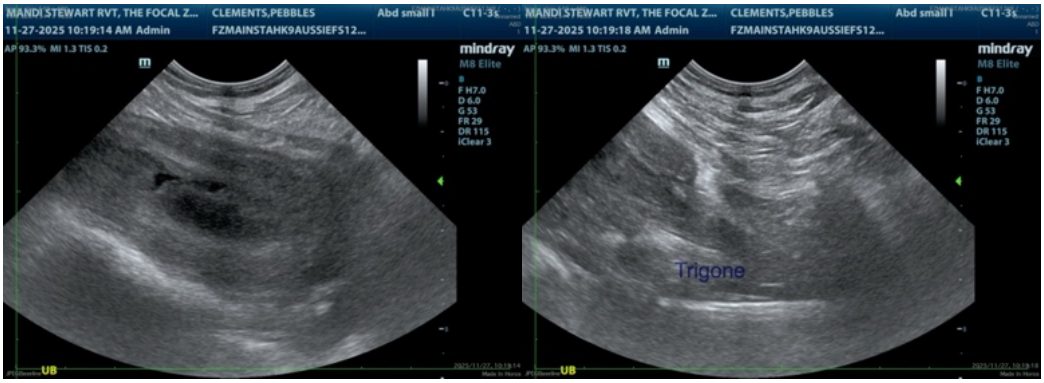

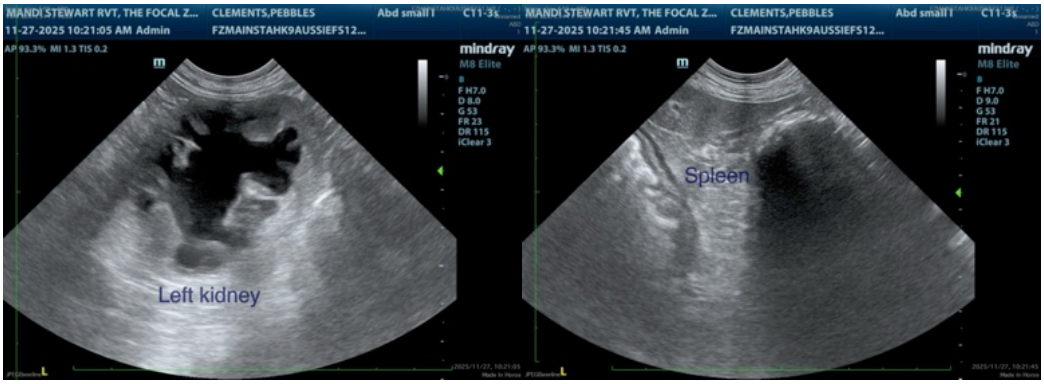

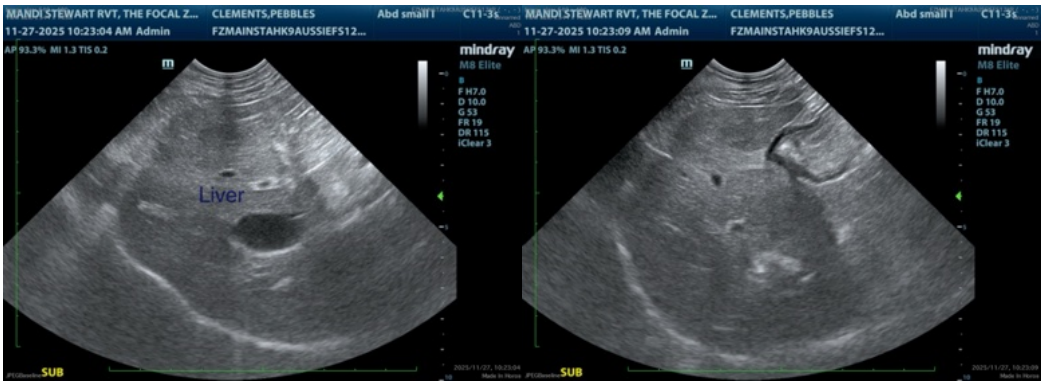

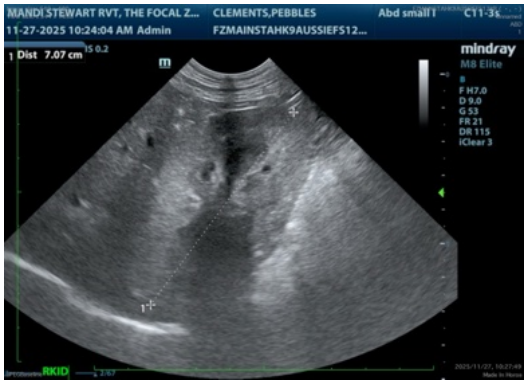

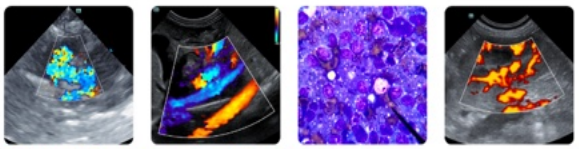

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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