

## PATIENT

Sweet Perry

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

Spayed Female

## AGE

13 years

## WEIGHT

-

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Chester AH

## REFERRING VET

Dr. Migliaccio

## INVOICE

75084

## DATE

5/1/26

## PRESENTING CLINICAL SIGNS

History: Persistent hematuria. Firm + occasionally sensitive urinary bladder w/swelling of pelvic urethra on rectal. Was on Amoxi + Amoxi Clav 14 + 14 days.

Abnormal PE/Chem/CBC/UA Results: UTI 2/11/26 + 3/16/26 + 3/21/26 w/hematuria, pyuria. 4/16/26 Hematuria, pyuria. Transitional cells w/o multiple nuclei. BW-pending

## 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.

Normal appearance of the trigone area. Diffuse thickening and irregular appearance of the proximal urethra measuring up to 1.2 cm in diameter.

Enlarged iliac lymph nodes measuring up to 0.9 x 3.1 cm in size with a hypoechogenic appearance, but maintained a normal shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 3.7 cm, right measured 3.4 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 is evident in both kidneys.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.37 cm in length x 0.47 cm and 0.38 cm in width. The right adrenal gland measured 1.33 cm in length x 0.67 cm and 0.63 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. Incidental, myelolipomas are present. Focal, hypoechogenic, non-vascularized parenchymal nodule in the body of the spleen measuring 0.7 cm in size. The spleen measures 1.1 cm in width.

### Liver

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



## PATIENT

Sweet Perry

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

Spayed Female

## AGE

13 years

## WEIGHT

-

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Chester AH

## REFERRING VET

Dr. Migliaccio

## INVOICE

75084

## DATE

5/1/26

## ***Gallbladder***

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. 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.

## ***Thorax***

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

## **ULTRASONOGRAPHIC FINDINGS**

- Urethral thickening.
- Iliac lymphadenomegaly
- Splenic nodule
- Gallbladder sediment

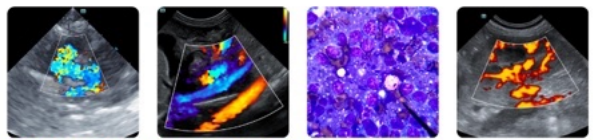
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the urethral thickening would be granulomatous urethritis and neoplasia.

Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, granuloma with emerging neoplasia a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.



**PATIENT**

Sweet Perry

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

-

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr. Migliaccio

**INVOICE**

75084

**DATE**

5/1/26

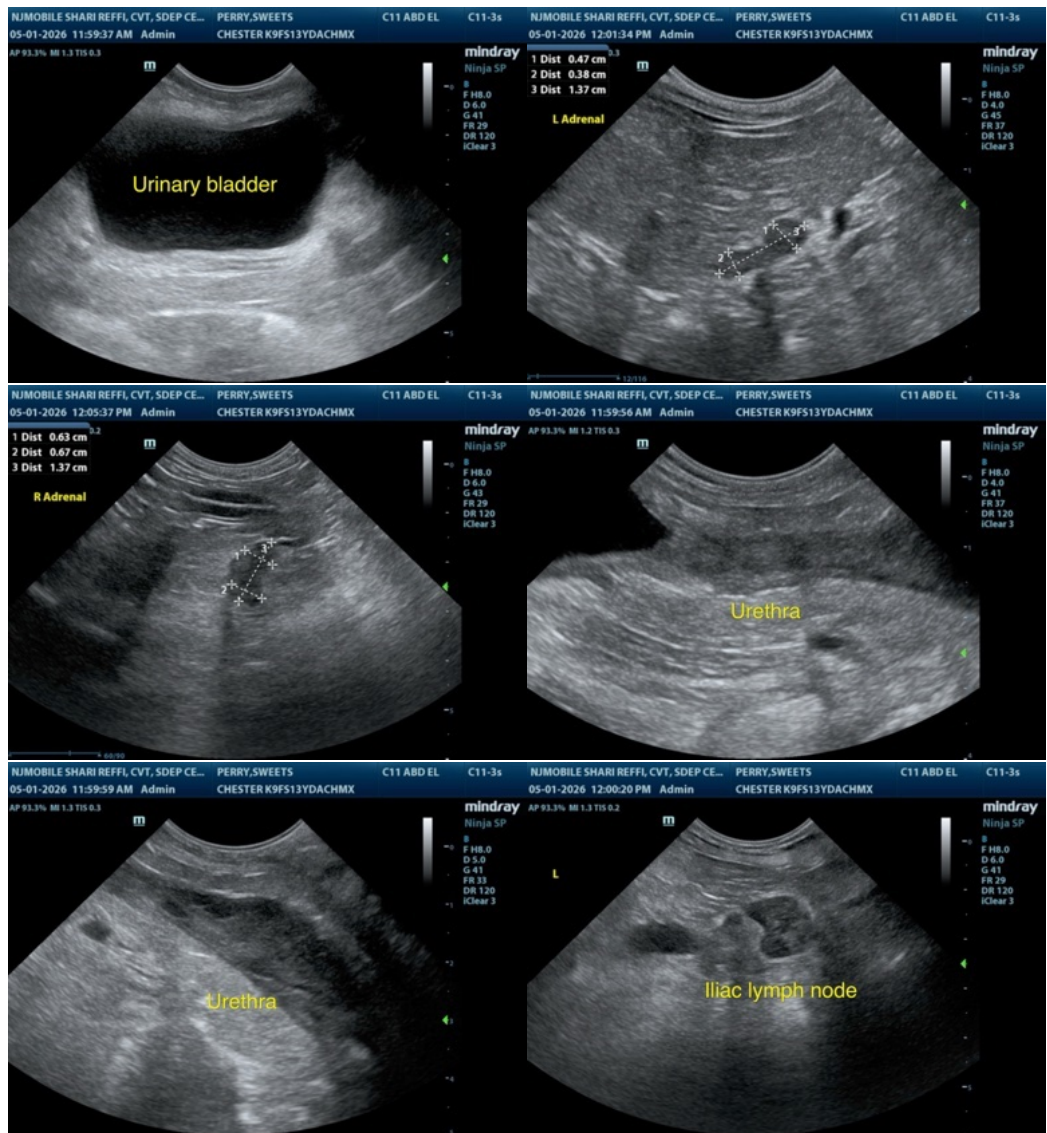
Further assessment would be BRAF analysis and/or a catheter assisted aspirate/biopsy of the urethra for cytology/histopathology and culture.

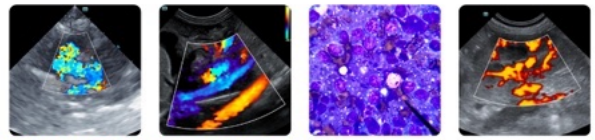
FNA cytology of the iliac lymph nodes should also be recommended.

If available cystoscopy would also be indicated.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis.





**PATIENT**

Sweet Perry

**SPECIES**

Canine

**BREED**

Dachshund Mix

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

-

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

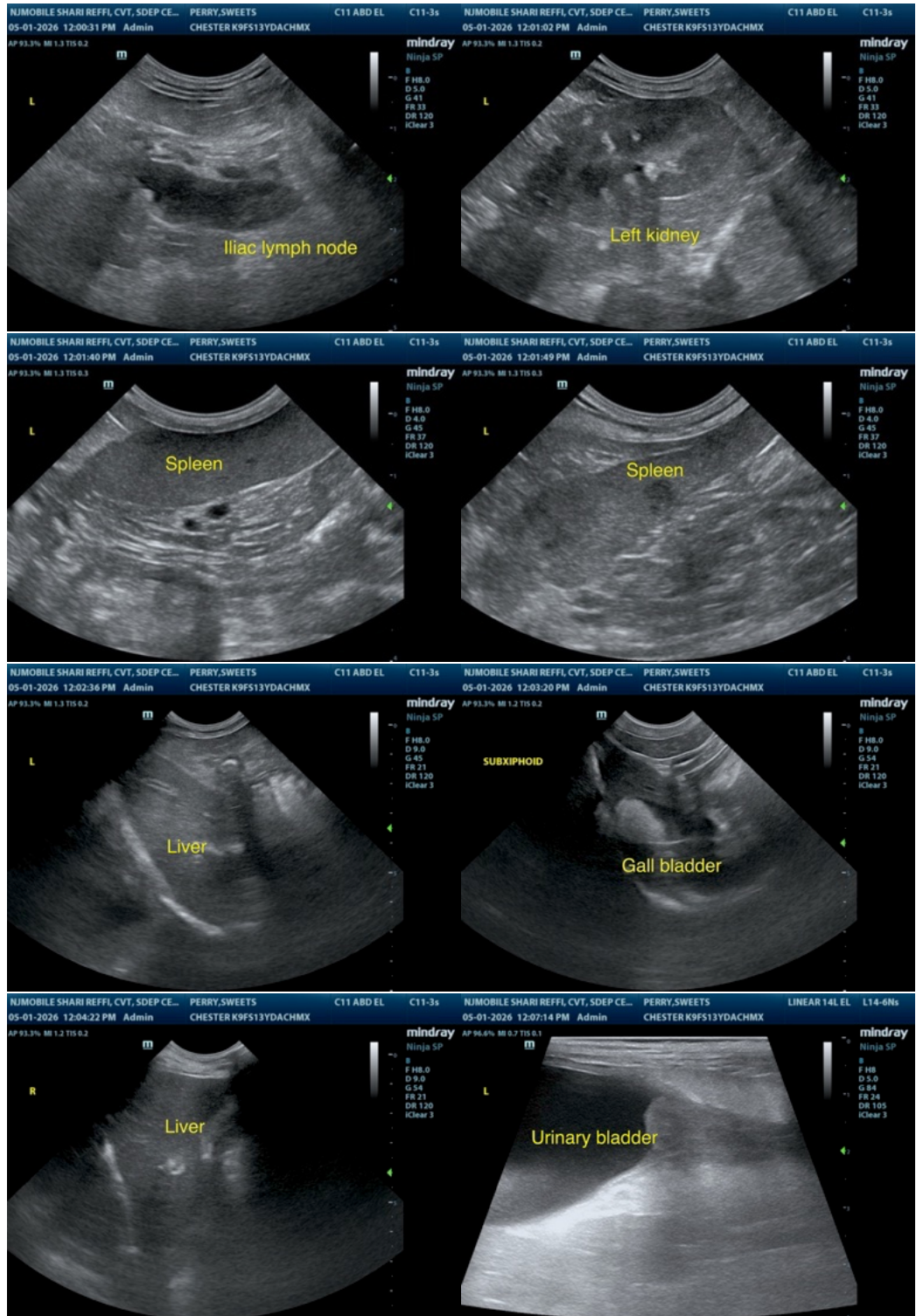
Dr. Migliaccio

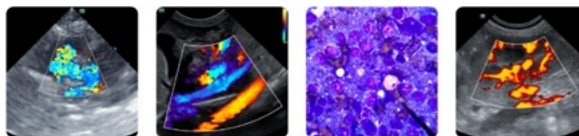
**INVOICE**

75084

**DATE**

5/1/26





## PATIENT

Sweet Perry

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

Spayed Female

## AGE

13 years

## WEIGHT

-

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Shari Reffi, CVT

## HOSPITAL NAME

Chester AH

## REFERRING VET

Dr. Migliaccio

## INVOICE

75084

## DATE

5/1/26

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](mailto:info@sonopath.com)