

PATIENT

Lucy Lee

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

13Y, 10M

WEIGHT

12.1lbs

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

75025

DATE

5-18-26

PRESENTING CLINICAL SIGNS

Lucy presented (2/13/26) for hematuria. Bloodwork showed: RBC 4.62 10⁶/ul (5.5-8.5), HGB 10.3 g/dL (11.5-18.9), HCT 31.0 % (37-55), ALKP 476 U/L (0-175), CHOL 387 mg/dL (115-350), Triglycerides 269 mg/dL (21-140). Urinalysis: Blood 2+, Protein 1+, WBC 30 HPF, RBC 50 HPF, Amorph crystals Trace. Culture: E. coli and Beta hemolytic strept. Based on UA and culture pet was given Baytril (68 mg) 1/4 tab PO BID for 2 weeks. Follow-up bloodwork (3/20/26) was similar with slightly improved ALP, hypercholesterolemia, hypertriglyceridemia, and some lipemia. In follow-up urinalysis there were persistent hematuria, proteinuria, pyuria. Re-culture- E. coli still present. Pet was also started on Baytril (22.7 mg) 1 tab PO BID for 1 week, and recommended abdominal workup. Other medication: Denamarin, Ursodiol, Cosequin. Radiographic study (4/2/26) showed hepatomegaly. There are no visible stones. On ultrasound, no effusion. There are changes in the urinary bladder and proximal urethra without overt masses or stones. On 4/17/26, a Urine TCC Test (VBTA) was Positive and in Urinalysis performed were detected Blood 1+, pH 7.5 (5.5-7.0), Protein 2+, RBC 60 HPF (0-7), Triple Phosphate Few. A CT Scan was requested for further evaluation of urinary bladder and proximal urethra.

COMPUTD TOMOGRAPHIC STUDY OF THE ABDOMEN

Survey and post contrast CT series are available.

COMPUTED TOMOGRAPHIC FINDINGS

Both kidneys are normally positioned with regular contours and normal volume. No stones are seen.

The urinary bladder is normally distended with mild diffuse wall thickening measuring up to 3.8mm thick. No stones are seen. No urethral abnormalities detected.

Moderate hepatomegaly is present. No masses or nodules are seen. Attenuation and contrast enhancement are within normal limits.

A few small, rounded, uniformly enhancing splenic nodules are seen with the largest measuring 5mm in size.

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Adrenal glands are mildly enlarged and homogeneous. No nodules are seen. (Right is 9mm on caudal pole, left is 8.9mm on caudal pole).

There is concentric wall thickening on rectum, measuring up to 0.7 cm thickness causing mild luminal stenosis. The delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The lumbar spine appears normal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized/diffuse urinary bladder wall thickening: cystitis most likely.
- Rectum wall thickening: consider neoplastic most likely, inflammatory alternatively.



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- Splenic nodules: hyperplastic most likely.
- Hepatomegaly and splenomegaly: lymphoma can be possible. Hepatitis also possible.
- Mild bilateral adrenal enlargement: Cushing's can be possible.

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Diffuse wall thickening is usually associated with cystitis in older dogs with hematuria. Bacterial is most likely. BRAAF- test is recommended to rule out occult neoplasia (TCC), biopsy if symptoms persist.

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Rectum inflammation is less likely considering the patient has no history of gastrointestinal signs. Neoplasm such as lymphoma and adenocarcinoma should be considered in a geriatric dog. Colonoscopy is recommended.

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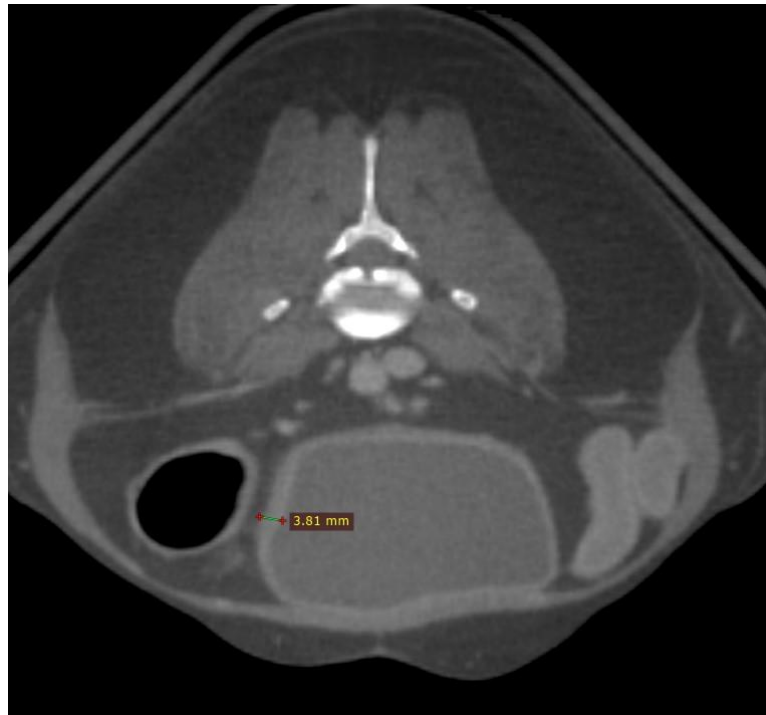
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Dr. Tais Guimarães, MV
info@sonopath.com

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