



PATIENT

Maddie Humphries

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed female

AGE

11 years

WEIGHT

32.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

69321

DATE

12/4/25

PRESENTING CLINICAL SIGNS

History: Maddie is an 11yo FS collie mix presenting for abd ultrasound for large cranial abdominal soft tissue mass noted on abdominal radiograph. A small potential soft tissue mass was noted in cranial mediastinum on lateral thoracic radiograph as well. Medications: meloxicam, zeniquin and amoxicillin (for recent UTI) Weight loss noted as well.

Abnormal PE/Chem/CBC/UA Results: Prev lab abnormalities: UTI (> 50RBC and WBC per HPF 11-26-2025), responded to treatment with zeniquin and amoxicillin (culture negative 12-04-2025 after treatment, no pre treatment culture) Last bloodwork was Oct 2024, CBC chem, no abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened apical wall (1.2 cm), but maintained a smooth appearance. The rest of the bladder wall is of normal thickness with a smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, 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.

Normal renal size (left measured 6.9 cm, right measured 6.8 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 0.52 cm in width. The right adrenal gland measured 0.5 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.

Liver

Large, irregular, mottled echogenic mass measuring 4.5 x 6.0 cm in size in the caudal aspect of the right lobe. The rest of the liver is of normal size, maintaining a normal echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is 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

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

- Hepatic mass.
- Urinary bladder thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be primary hepatocellular carcinoma.

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis and possibly emerging neoplasia.

Further assessment and therapy needs to be based on the pending cytology results.

Further assessment of the urinary bladder would be urinalysis, urine culture, BRAF analysis and/or catheter assisted aspirate/biopsy of the urinary bladder wall for cytology/histopathology and culture.

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



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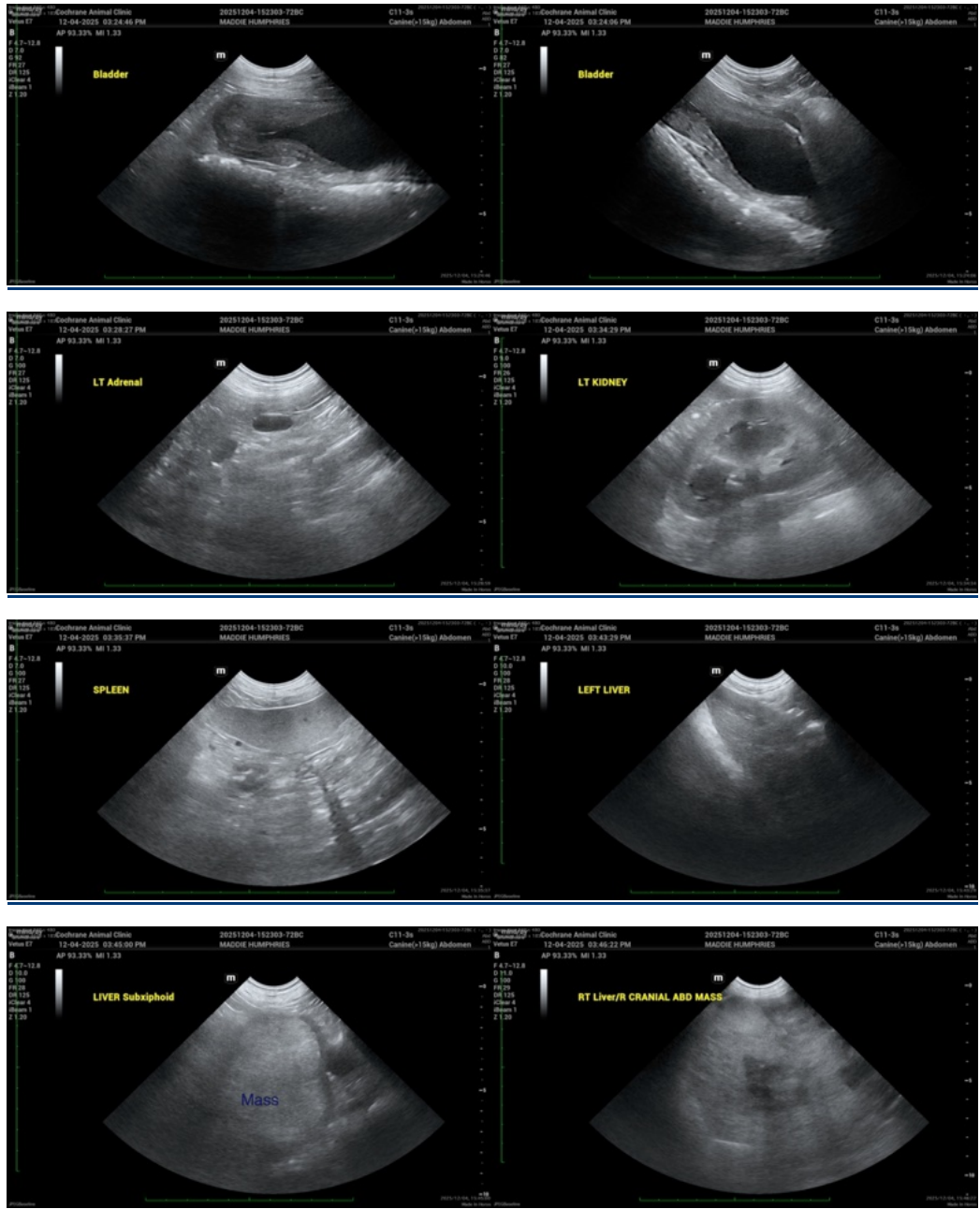
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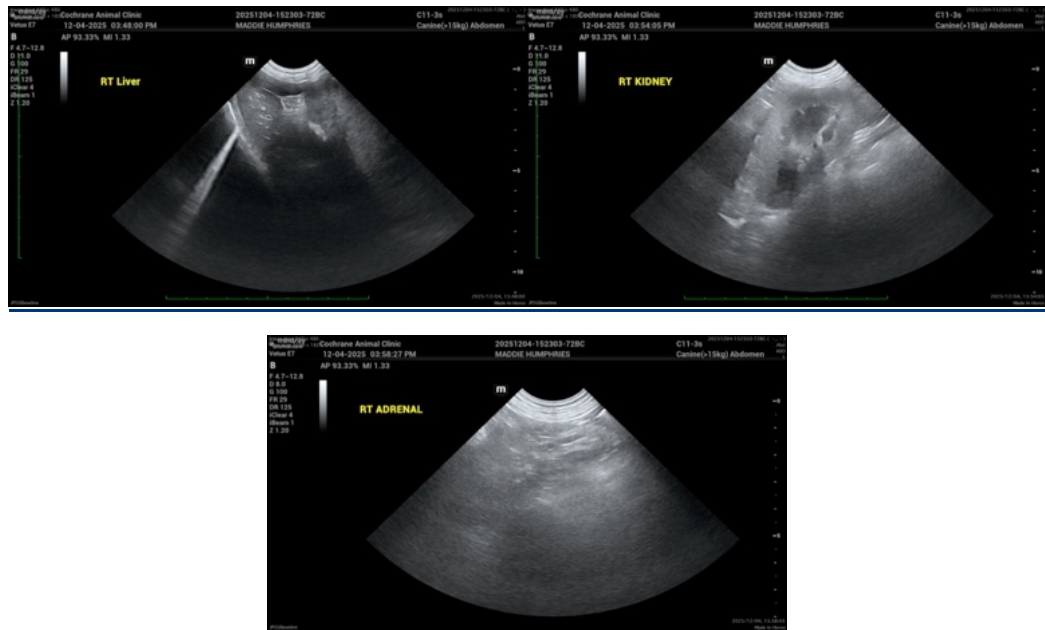
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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