



PATIENT

Maggie Forman

SPECIES

Canine

BREED

Terrier x

SEX

Spayed Female

AGE

10 Years

WEIGHT

32

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

73158

DATE

2/20/26

PRESENTING CLINICAL SIGNS

History of chronic vomiting.

Abnormal PE/Chem/CBC/UA Results: BUN - 62 (6-31) - creatinine - 3.2 (0.5-1.6) - SDMA - 28.4 (<14.0)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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, 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, with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule. No infarcts, mineralization or renoliths evident. Left kidney measured 4.9 cm. Right kidney measured 5.3 cm.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 1.58 cm in length x 0.61 cm and 0.37 cm in width. Right measures 1.46 cm in length x 0.48 cm and 0.46 cm in width.

Spleen

Normal size (1.8 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Two focal hypoechoic parenchymal nodules are noted in the body of the spleen, one measuring 0.70 cm and the other measuring 0.80 cm.

Liver

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

Gallbladder

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. Stomach wall measured 0.27 cm. Small intestinal wall measured 0.46 cm.

Pancreas

Visible section presents normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.



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Free Abdomen

Focal enlarged mesenteric lymph node noted measuring approximately 0.70 cm x 1.6 cm in size, maintaining normal shape and echogenic appearance. The rest of the mesenteric lymph nodes appear normal.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Renal disease.
- Focal mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys would be consistent with chronic kidney disease and in line with the patient's bloodwork.

The most likely etiology for the focal mesenteric lymphadenomegaly would be incidental reactive hyperplasia.

Though renal disease can cause chronic vomiting, underlying gastric disease such as chronic gastritis, helicobacter gastritis, ulcerative disease, parasitic gastroenteritis, inflammation bowel disease, and dietary hypersensitivity should still be considered.

Further assessment of a possible gastropathy would be fecal analysis, cobalamin and folate assay, and endoscopy of the upper GI tract with biopsies.

Further management of the renal disease (if not already done) would be urinalysis, UPC, and blood pressure.

Specific therapy would be dependent on an etiological diagnosis.





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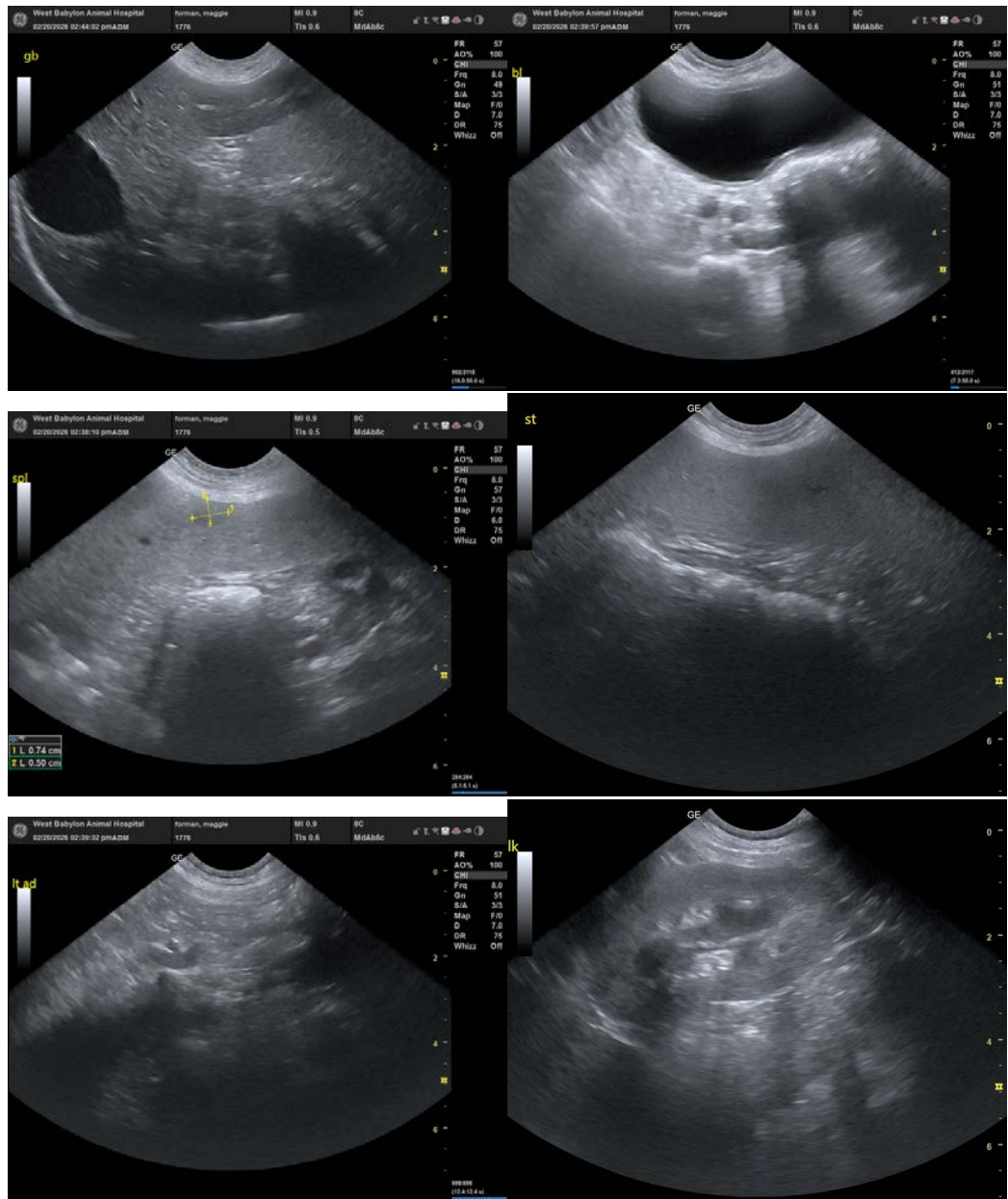
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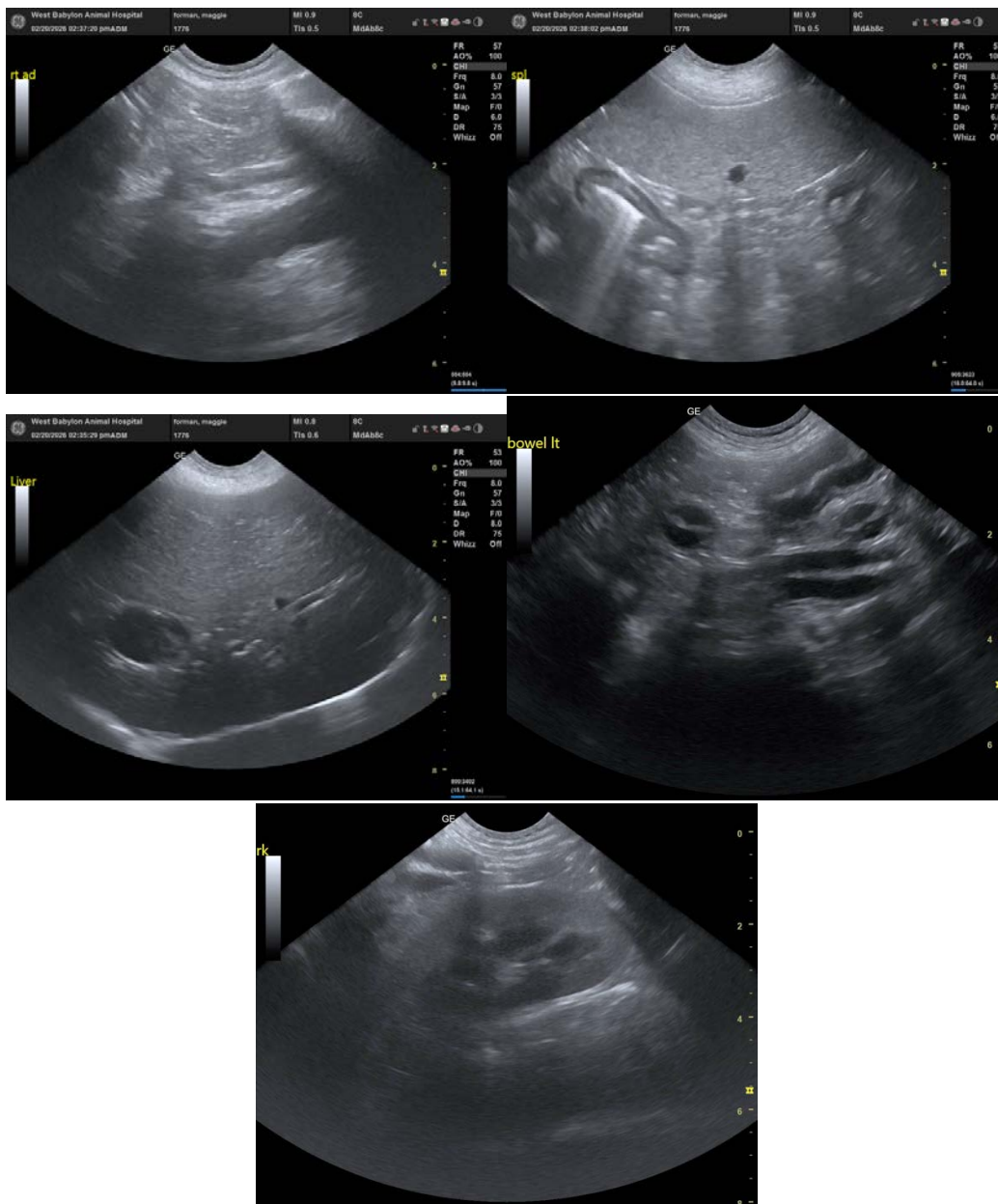
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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