



PATIENT

Maddie Basile

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed female

AGE

10 years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bergner

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Gilchrist

INVOICE

71835

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Hx of Lung Lobe Torsion in 2022
- Diarrhea (acute, large bowel) - Differentials include infectious (bacterial, parasitic), dietary indiscretion, inflammatory bowel disease, metabolic disease, or neoplasia. Diarrhea is brown liquid, no mucus noted.
- Multiple subcutaneous masses - Differentials include lipomas, cysts, or other benign or malignant tumors.
- Mild muscle atrophy - May be secondary to age, malabsorption from gastrointestinal disease, or other underlying systemic illness.
- Temp of 103.1 today. Pending Bile Acids, Urine with UPC, and fluid analysis. BW from 2/19 showed elevated WBC and Neutrophils, low TP(4) and Albumin (1.5), and elevated ALT (158), AST (96), and Amylase (1574)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary System

The urinary bladder is small 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 (left measured 6.4 cm, right measured 6.3 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

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

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 2.1 cm in width.



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Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and an irregular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is small containing normal anechoic bile. Thickened and hyperechogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Segmental thickening of the small intestine (up to 0.52 cm with no loss of layering and maintained a 1:3 muscularis to mucosa ratio.

Pancreas

The pancreas is not clearly visualized, but the visualized section 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.

A moderate amount of acellular ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Enteropathy.
- Ascites.
- Previous cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, chronic hepatitis with infiltrative neoplasia and metabolic diseases less likely differential diagnosis.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma a possible differential diagnosis.



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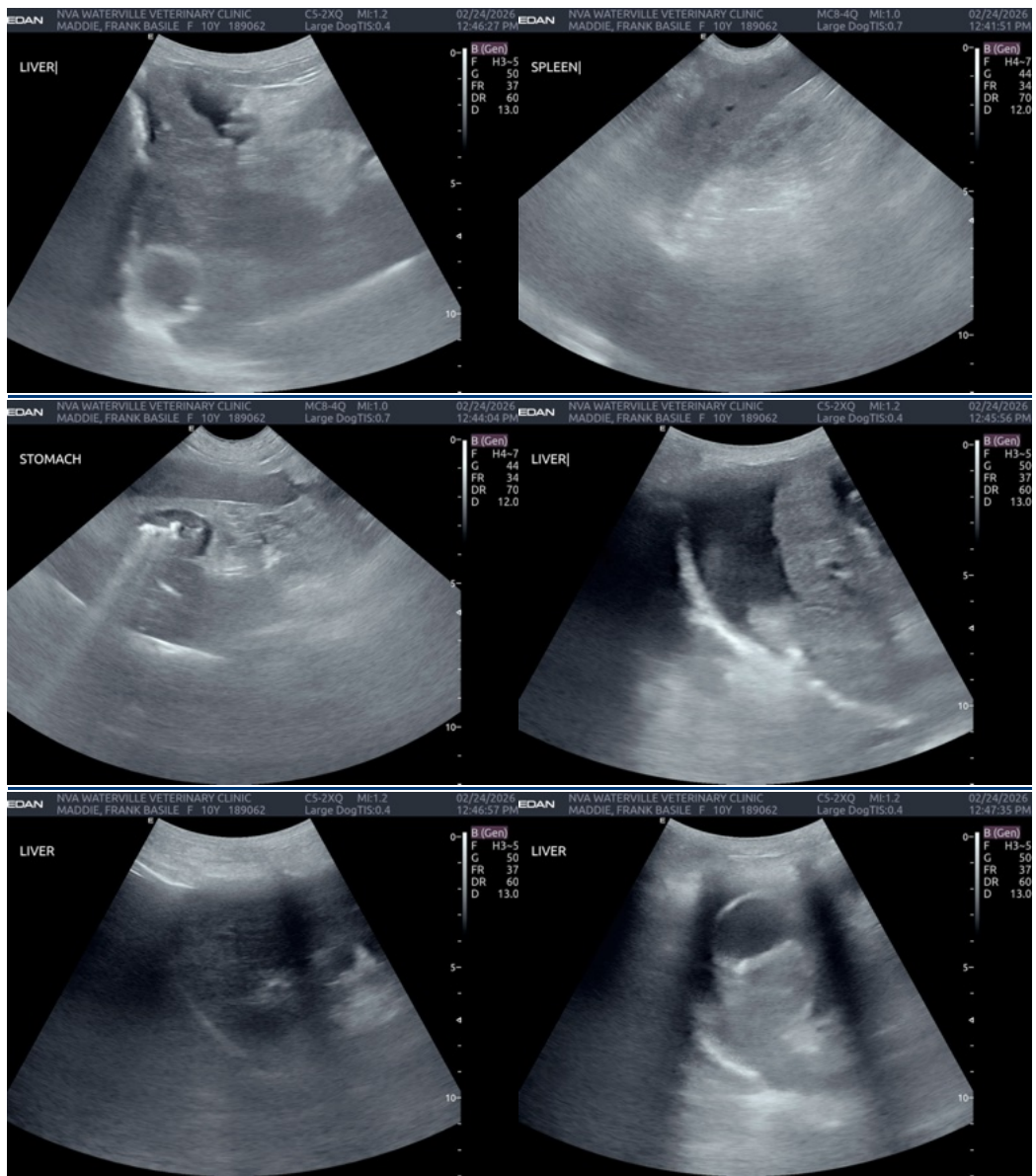
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The ascites can be ascribed as secondary to the hepatopathy, enteropathy as well as the hypoalbuminemia.

Further assessment would be based on the pending results, but could include fecal analysis, cobalamin and folate assay, endoscopy of the upper GI tract with biopsies and FNA cytology of the liver.

A tru cut or wedge biopsy of the liver may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.





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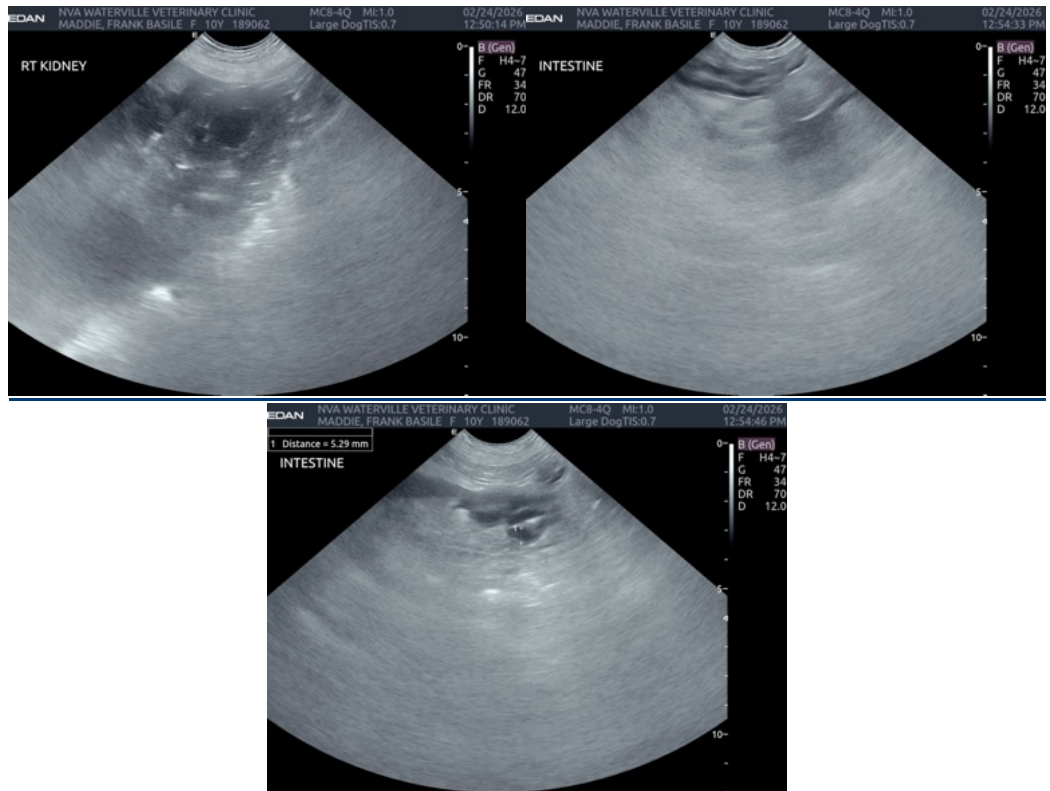
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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