



## PATIENT

Maddie Basile

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed female

## AGE

10 years

## WEIGHT

27.27 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ryan Bergner LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Dr. Gilchrist

## INVOICE

73805

## DATE

3/25/26

## PRESENTING CLINICAL SIGNS

Patient was recently diagnosed with chronic intermittent enteropathy with PLE based on mucosal histopathology of stomach and duodenum. P was started 2 weeks ago on immunosuppressive prednisone, daily oral Vitamin B12 and a HA diet. This is the 2 week checkup showing resolution of ascites and ALB level is now normal. The bloodwork also revealed a hepatopathy with moderate elevations of ALT, ALP and GGT. Noted hypoechoic nodules in liver. Obtained a FNA of one of these liver nodules and this has been submitted for clinical pathology.

## 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, 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 6.1 cm, right measured 6.4 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 0.61 cm and 0.62 cm in width. The right adrenal gland was not clearly visualized, but appears 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 2.2 cm in width.

### Liver

Normal size with a diffuse increased echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. The nodules are hypoechoic, parenchymal and measure up to 1.1 x 1.6 cm in size. No masses evident. Normal appearance of the hepatic and portal vasculature.



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## ***Gallbladder***

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

## ***Gastrointestinal***

A moderate amount of ingesta is present in the stomach compatible with a recent meal. 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. The small intestine measured up to 0.45 cm.

## ***Pancreas***

The pancreas was not clearly visualized, but the visualized sections 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**

- Nodular hepatopathy.

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

Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease and possibly infiltrative neoplasia.

Further assessment needs to be based on the pending cytology results, but may require a tru cut or wedge biopsy of the liver for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic measure that could be considered would be the use of Ursodiol with regular monitoring of liver enzyme activity.



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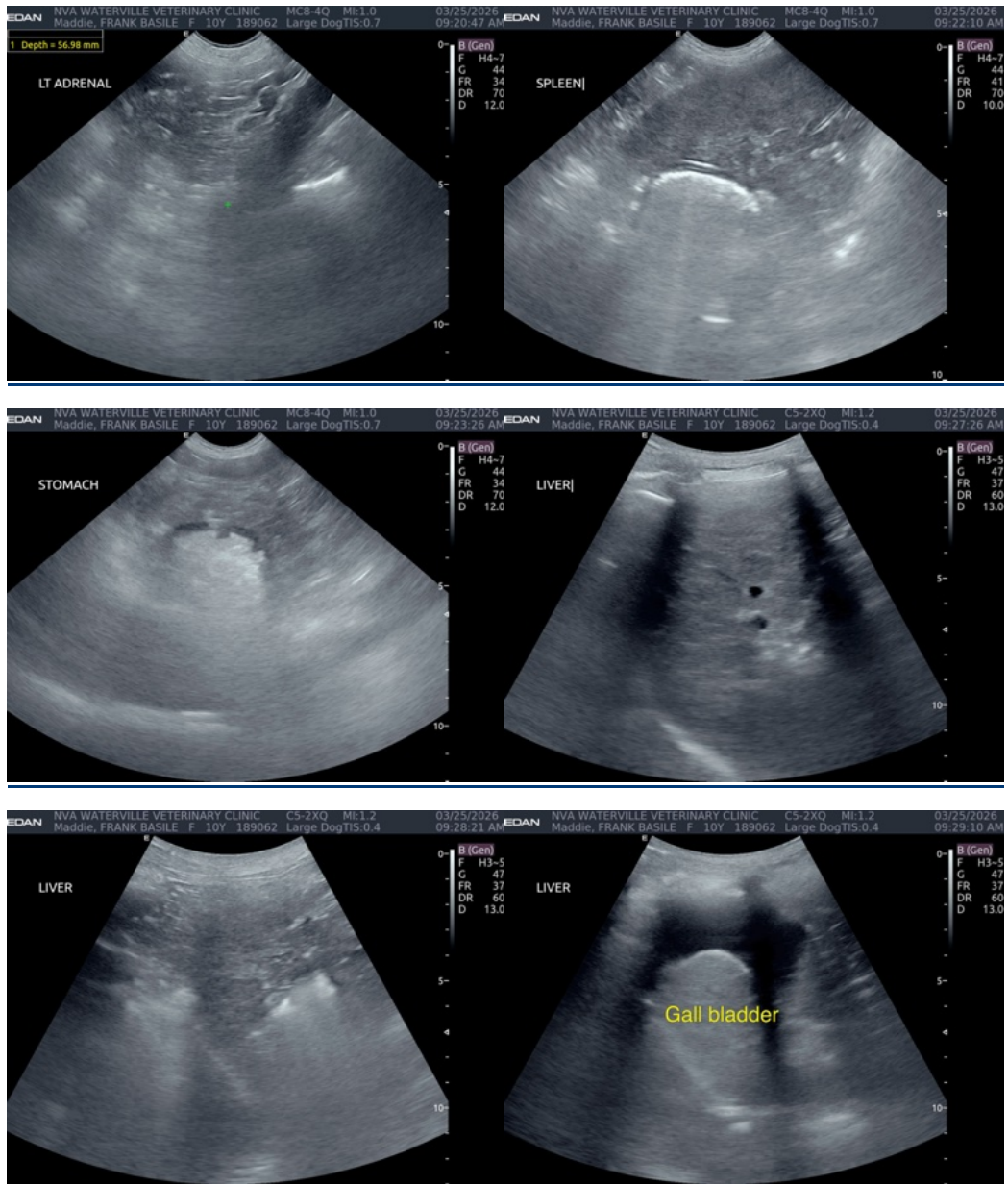
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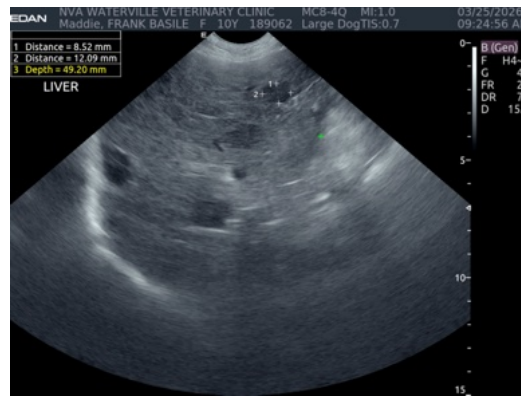
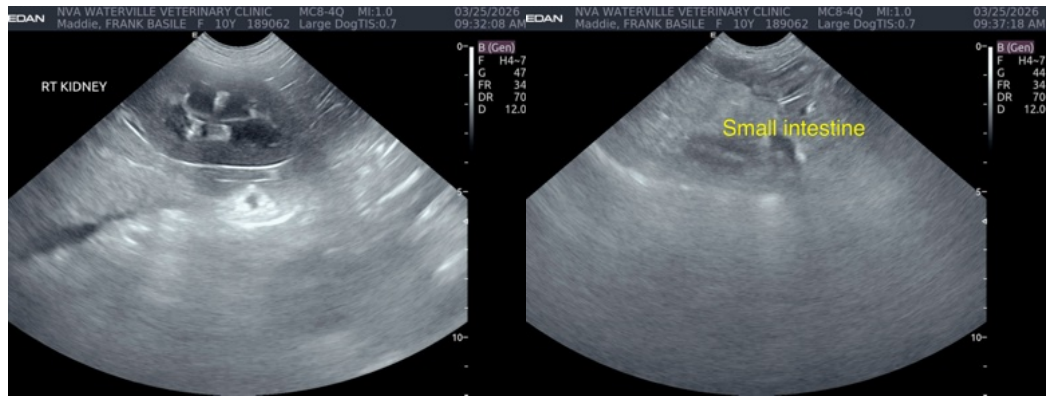
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)