



PATIENT

Sadie Moore

SPECIES

Canine

BREED

Husky

SEX

Spayed female

AGE

11 years

WEIGHT

53.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Duh

INVOICE

75082

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: Presented for talking about behavior. O has a 1 year old child at home and p keeps nipping at her, o just wants to get a head of this before something bad happens.

Composure chews TGH, discussed hesitation to do Trazodone as this can sometimes lower bite inhibitions. Sent home Gabapentin as well in case the composure chews to not take the edge off enough.

Discussed Flouxetine as next step if Gabapentin does not help.

Currently has been having on and off episodes of vomiting and diarrhea.

Abnormal PE/Chem/CBC/UA Results: History of elevated liver values: May 2025 BW: ALT 195, ALP 284 April 2026 BW: Albumin 4.0, ALT 840, ALP 1977, GGT 23 Went to Cornell in 2024 for elevated liver enzymes, did U/S there with findings of: Slightly altered liver with moderate amount of biliary sludge. Had another u/s at cornell Feb 2025: multiple hyperechoic, well-defined nodules in the liver, diffuse mottled appearance of liver parenchyma, mild hepatomegaly with rounded margins; normal sized gall bladder with sludge and structured mucus on walls of gall bladder; chronic, mild, bilateral degeneration of the kidneys; nodule in the caudal pole of the right adrenal gland

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 6.8 cm, right measured 6.7 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 left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 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 1.5 cm in width.



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Liver

Normal size with a diffuse increased, echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are parenchymal, hyperechogenic and measured up to 0.7 cm in size. Large, irregular, hyperechoic mass was noted in the left lobe measuring 3.7 x 4.3 cm in size. Normal appearance of the hepatic and portal vasculature.

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, 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 0.42 cm.

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

- Nodular hepatopathy.
- Hepatic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the hepatic mass would be extension of nodular hyperplasia, granuloma and possibly emerging neoplasia.

Further assessment would be FNA cytology of the liver and hepatic mass; however, a tru cut or wedge biopsy of both may be required for a final etiological diagnosis.



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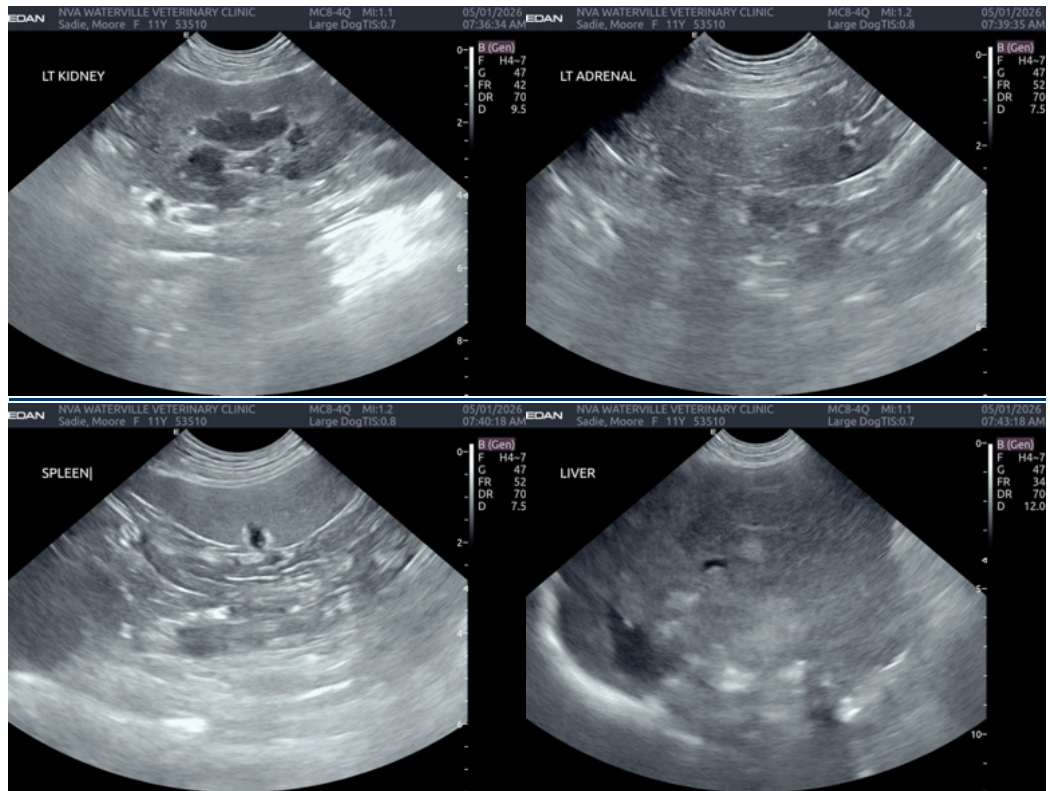
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Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered for the hepatopathy would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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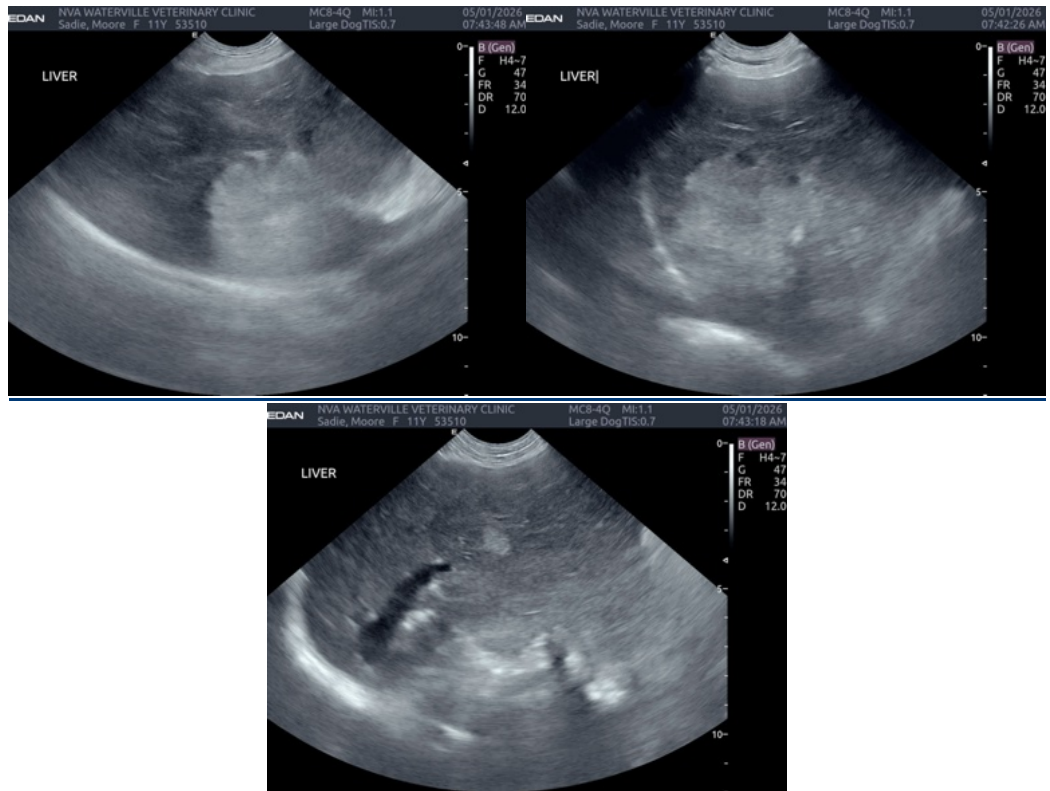
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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