



PATIENT

Bentley Egelston

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

4.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

77985

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Presented for frequent inappropriate urination in the home for ~2-4 weeks. Had diarrhea about 1 month ago that self resolved. On apoquel 3.6mg 1/4 PO q 24hr for skin disease. Persistent hypoalbuminemia noted on bloodwork 2 weeks ago.

Abnormal PE/Chem/CBC/UA Results: Hypoalbuminemia - 2.5 g/dl 5/15/26; was 2.6 in Feb 2026 In house urinalysis unremarkable other than USG 1.008. Negative for protein. Urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness with an irregular appearance of the apical wall, but of normal thickness with the rest of the wall maintaining a normal thickness and smooth appearance. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area and iliac blood vessels. The proximal urethra was not visualized.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 2.9 cm, right measured 2.8 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 0.38 cm and 0.44 cm in width. The right adrenal gland measured 0.41 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 1.0 cm in width.

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

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



PATIENT

Bentley Egelston

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

4.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

Dr. Maxey

INVOICE

77985

DATE

5/26/26

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

- Urinary bladder pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder pathology would be chronic bacterial cystitis, granulomatous disease and possible emerging neoplasia.

On this ultrasound there is no obvious etiology for the hypoalbuminemia.

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

Although the GI tract appears ultrasonographically normal, with hypoalbuminemia, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, and inflammatory bowel disease should still be considered.

Initial further assessment would be fecal analysis with additional diagnostics being cobalamin and folate assay and endoscopy of the upper GI tract with biopsies. The latter two especially if there is progressive hyperalbuminemia.

Specific therapy would be dependent on an etiological diagnosis.



PATIENT

Bentley Egelston

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

4.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

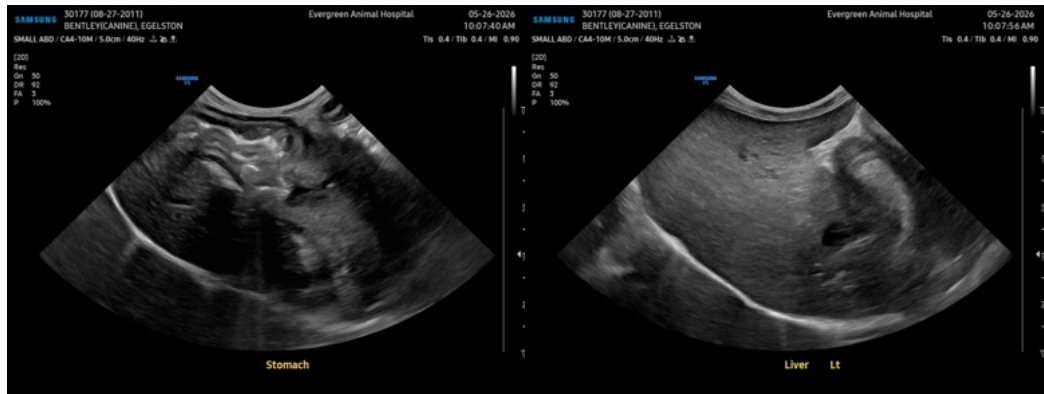
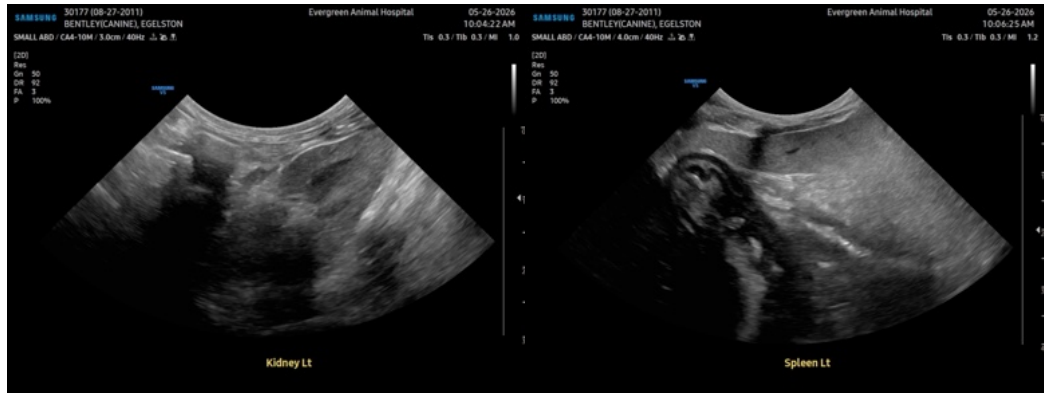
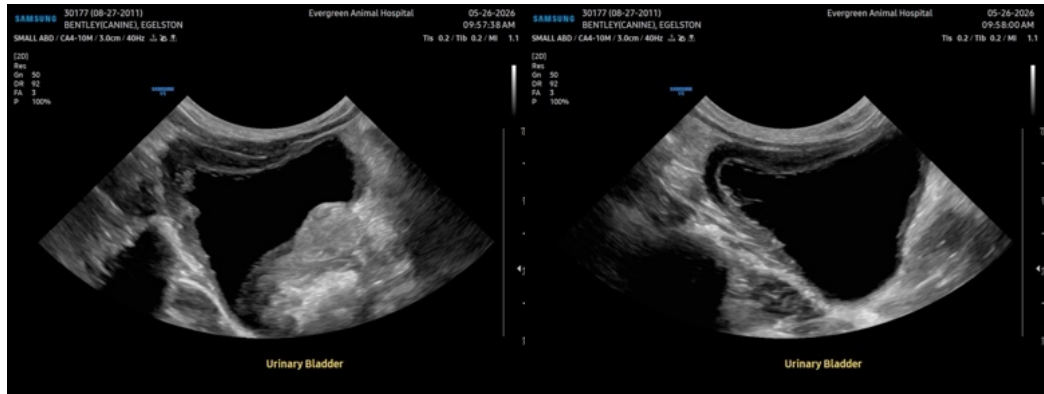
Dr. Maxey

INVOICE

77985

DATE

5/26/26





PATIENT

Bentley Egelston

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

4.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Maxey

HOSPITAL NAME

Evergreen AH

REFERRING VET

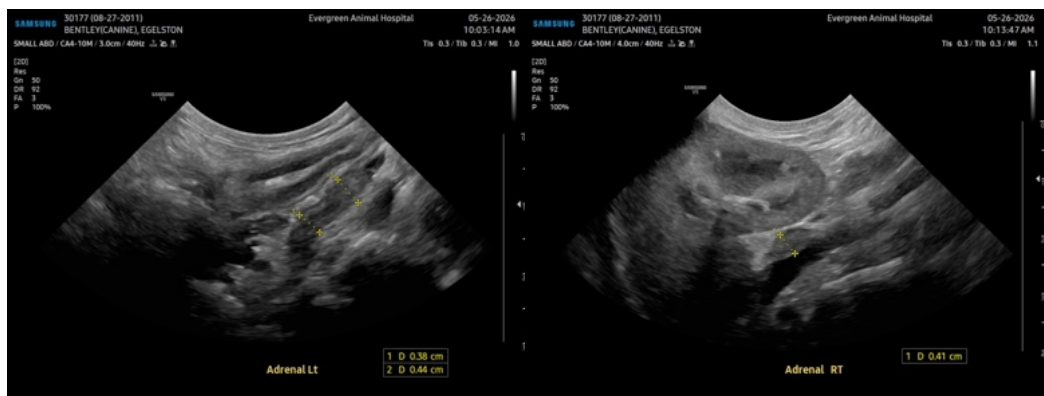
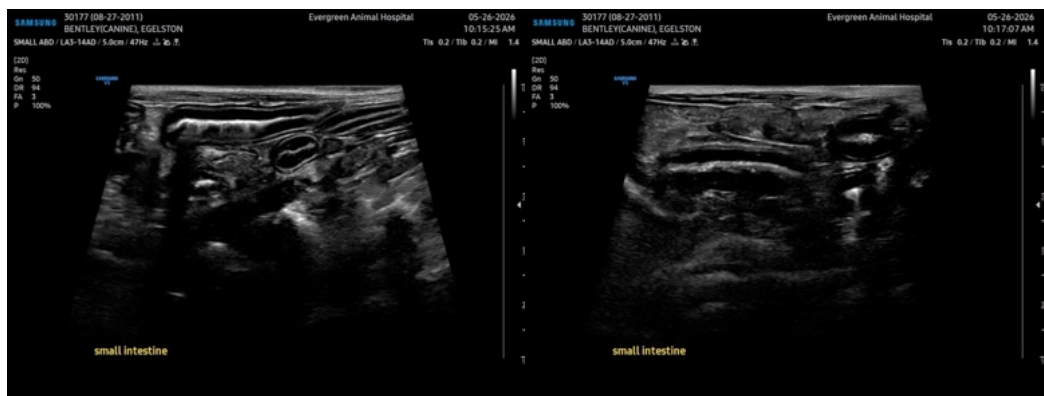
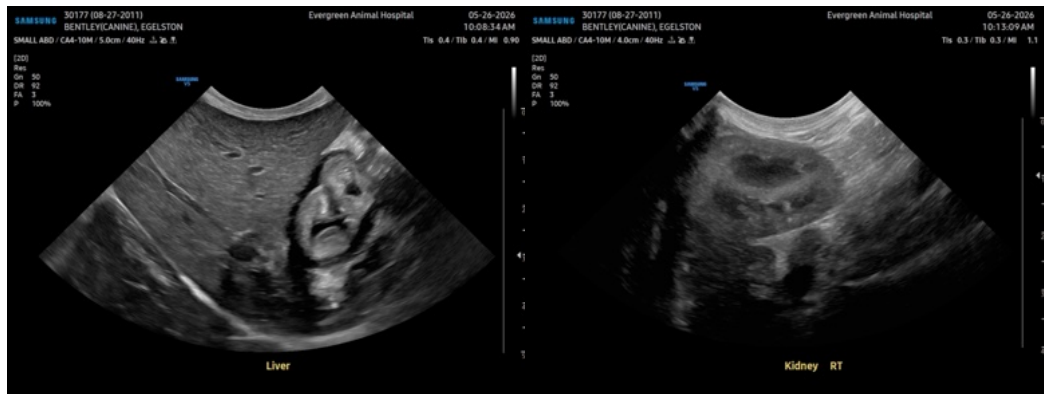
Dr. Maxey

INVOICE

77985

DATE

5/26/26



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