



**PATIENT**

Maddie Mattes

**SPECIES**

Canine

**BREED**

Westie

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

19 lbs

**PRESENTING CLINICAL SIGNS**

History of AV block, 4/2021 ethanol alb R parathyroid nodule AV nodal dz. asymptomatic. Meds-ursodiol

Abnormal PE/Chem/CBC/UA Results: ALP-328 Cal-12 trig-696 USG-1.021

**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 4.4 cm, right measured 4.5 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. A small, incidental cortical cyst is present in the right kidney.

**INTERPRETED BY**

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

**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 0.41 cm in length x 0.45 cm and 0.49 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.

**IMAGING PERFORMED BY**

Kerri Becker

**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. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.3 cm in width.

**HOSPITAL NAME**

Marsh AH

**REFERRING VET**

Dr. Armani

**Liver**

Normal size with a diffuse, increased echogenic, coarse and nodular appearance, normal portal markings, and regular curvilinear capsule. Nodules are few in number, parenchymal, hypoechogenic and measure up to 0.4 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. 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.

**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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The likely etiologies for the nodular hepatopathy would be nodular hyperplasia, vacuolar and metabolic with chronic hepatitis, granulomatous disease and neoplasia highly unlikely differential diagnosis.

Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the Ursodiol with regular monitoring of the liver enzyme activity.



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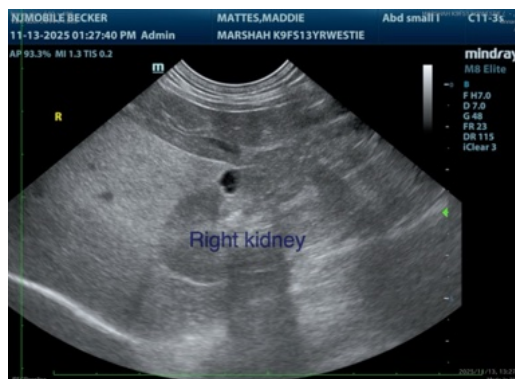
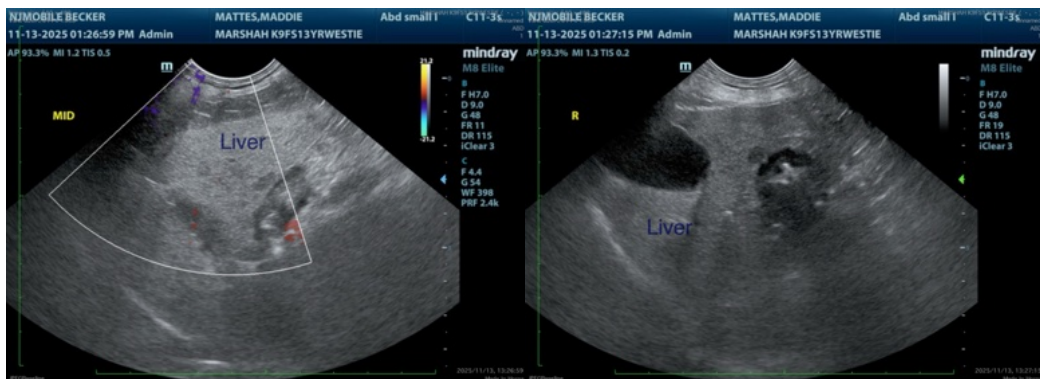
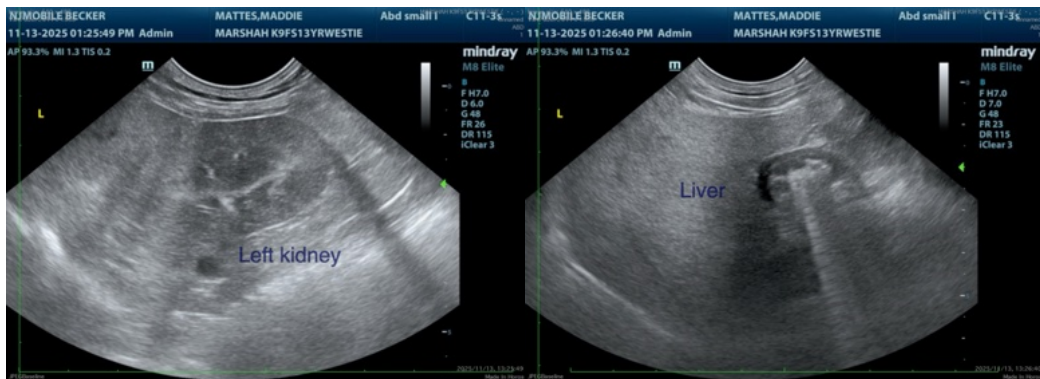
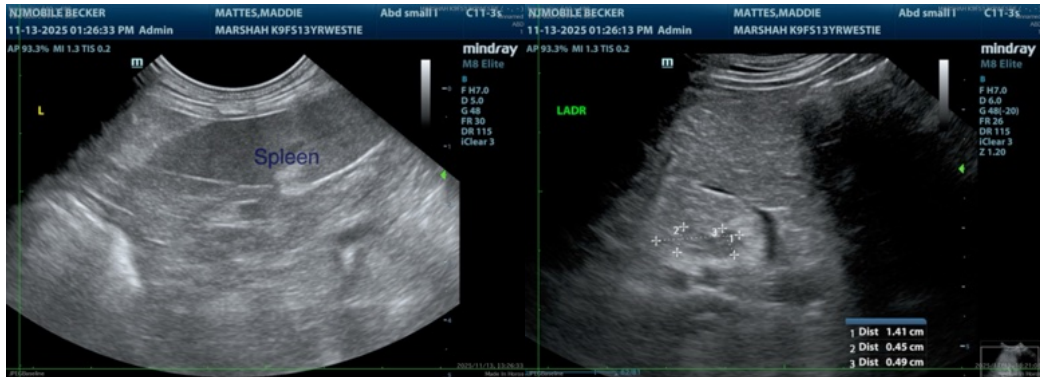
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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