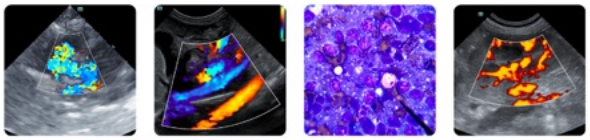


PATIENT

Brewster Morway

SPECIES

Canine

BREED

Gordon Setter

SEX

Neutered male

AGE

9 years

WEIGHT

96 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Pfannenstiel

HOSPITAL NAME

Mill Brook Animal Clinic VBF

REFERRING VET

Dr. Pfannenstiel

INVOICE

72287

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Brewster, a 9.3-year-old male neutered Gordon Setter, has a significant history of chronic, progressive bilateral cranial cruciate ligament (CCL) disease with secondary osteoarthritis, which has recently worsened. The patient is also managed for being overweight as the patient's primary issue is progressive orthopedic disease.
- The condition worsened, and by the visit on 03/03/2026, the owner reported increased lameness. The assessment at that time was severe, progressive bilateral CCL disease, with a suspected full rupture of the right CCL and a possible meniscal tear in the left, a condition considered potentially life-limiting. Management has included monthly Adequan injections (started around 10/2025), and as of 03/03/2026, prescriptions for Galliprant, Codeine, and a course of laser therapy were initiated for pain management. Weight management has been consistently emphasized.
- Worsening lameness 03/03/2026 Did a chem 10 and the liver values were a lot worse. hepatoprotectant supplement (SAMeLQ) was prescribed. Came in for AUS and Bile Acids.
- Likely will do a joint US with PRP inject bilaterally in the coming weeks
- While initial labs on 10/22/2025 showed only a mild ALT elevation (123 U/L) chemistry panel on 03/03/2026 revealed a significant increase in liver enzymes, with ALT at 353 U/L (reference range 10-125 U/L) and ALP at 311 U/L (reference range 23-212 U/L). On 10/22/2025, radiographs of the left stifle were consistent with a chronic CCL tear, showing soft tissue swelling, osteophytosis, and muscle atrophy.

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.

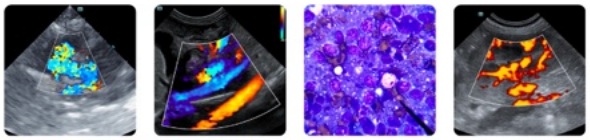
Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 7.2 cm, right measured 7.0 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.

The prostate is small and hypoechogenic.

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 0.69 cm and 0.5 cm in width. The right adrenal gland was not visualized.



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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 2.5 cm in width.

Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal 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.

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

- Hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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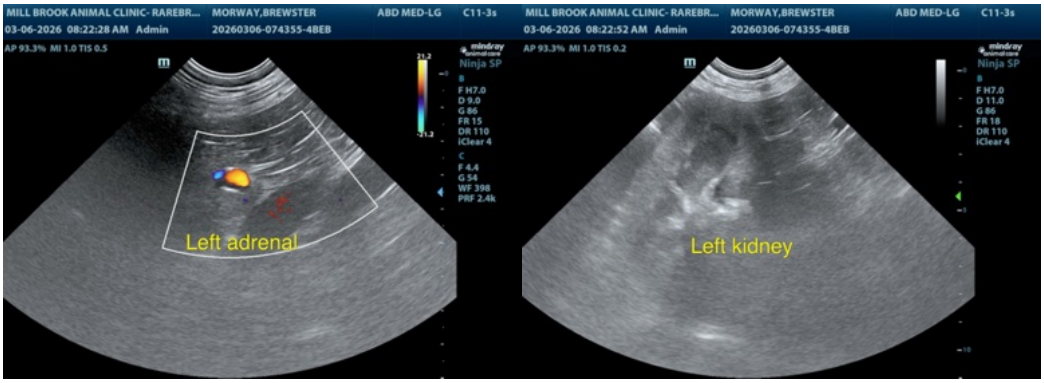
The likely etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar, metabolic and drug induced with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

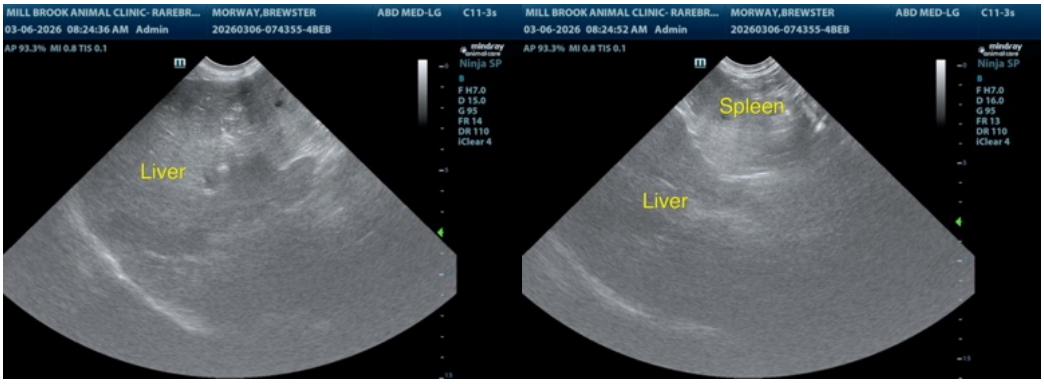
Further assessment would be FNA cytology of the liver. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Proving a drug induced hepatopathy would required discontinuing the medication, which based on this patient's presenting clinical signs is not justified.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management that can be considered would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.





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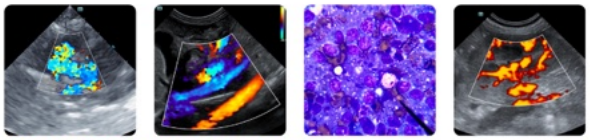

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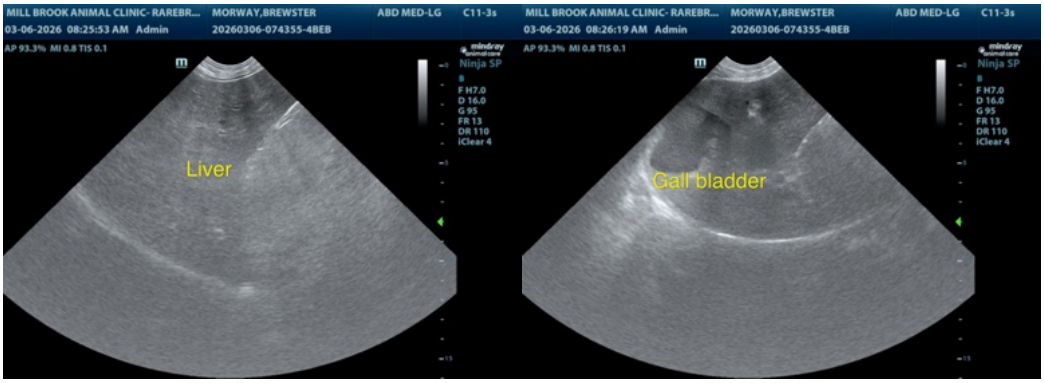

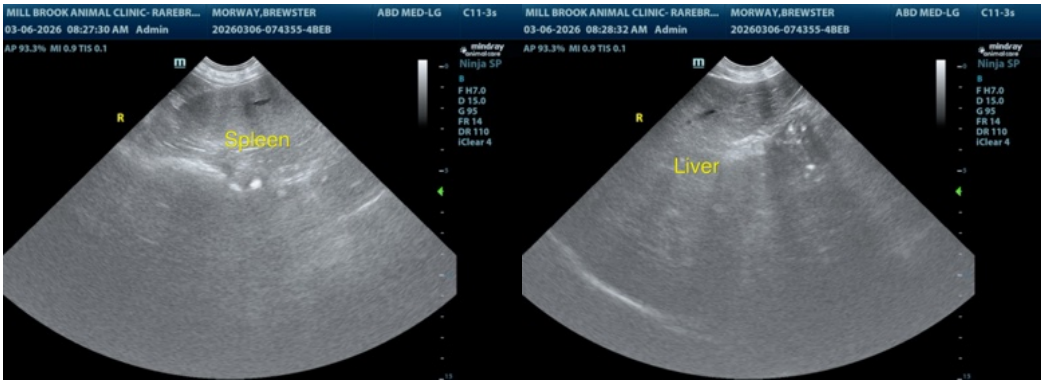

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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