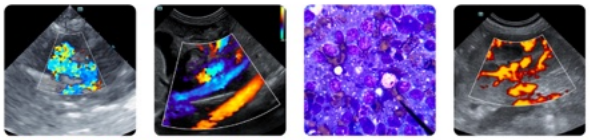


PATIENT

Sandy Morris

SPECIES

Canine

BREED

Mutt Cross

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wehmer

HOSPITAL NAME

Evendale Blue Ash Pet Hospital

REFERRING VET

Dr. Wehmer

INVOICE

74675

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: - History of chronically elevated ALT since 9/2024
- Initiated Denamarin 11/2024 - rechecked liver panel 1 month later and ALT still trending up
- Performed bile acids test - results WNL
- Performed COHAT 12/2024 - rechecked ALT one month post-op - remained stable
- We have done periodic rechecks of values over the last year and a half
- Stayed on Denamarin consistently
- 9/2025 - ALT and ALP elevated + protein present on UA
- 9/29/2025 - newly proteinuric on UPC
- Initiated Telmisartan 20mg (Give 1/2 tab SID) - did not see 50% decrease in UPC so increased to 3/4 tab SID 11/2025
- Recheck values 4/3/26 prompted abd u/s recommendation
- She is clinically doing well at home otherwise
9/6/24 ALT - 168 ALP - 137 10/11/24 ALT - 204 11/26/2024 ALT - 215 ALP - 153
1/14/25 ALT - 213 4/9/25 ALT - 193 9/2/2025 ALT - 202 ALP - 200
9/29/2025 UPC - 1.1 11/7/25 ALT - 154 ALP - 221 UPC - 0.8
1/6/26 ALT - 193 ALP - 212 UPC - 0.3
4/3/26 ALT - 258 ALP - 308

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.

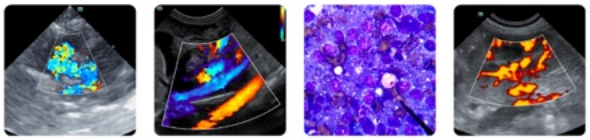
Normal renal size (left measured 5.7 cm, right measured 6.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.79 cm in length x 0.67 cm and 0.65 cm in width. The right adrenal gland measured 2.19 cm in length x 0.77 cm and 0.77 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 2.8 cm in width.



PATIENT

Sandy Morris

SPECIES

Canine

BREED

Mutt Cross

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wehmer

HOSPITAL NAME

Evendale Blue Ash Pet Hospital

REFERRING VET

Dr. Wehmer

INVOICE

74675

DATE

4/21/26

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 a small amount of non-adhered, hyperechogenic sediment. 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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.

On this ultrasound there is no obvious etiology for the elevated liver enzyme activity.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Hepatitis and infiltrative neoplasia would be highly unlikely differential diagnosis.

PATIENT

Sandy Morris

SPECIES

Canine

BREED

Mutt Cross

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wehmer

HOSPITAL NAME

Evendale Blue Ash Pet Hospital

REFERRING VET

Dr. Wehmer

INVOICE

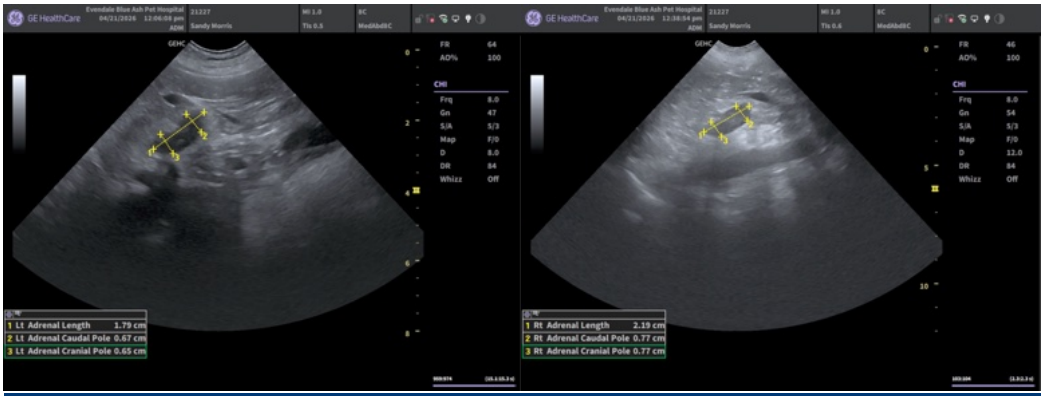
74675

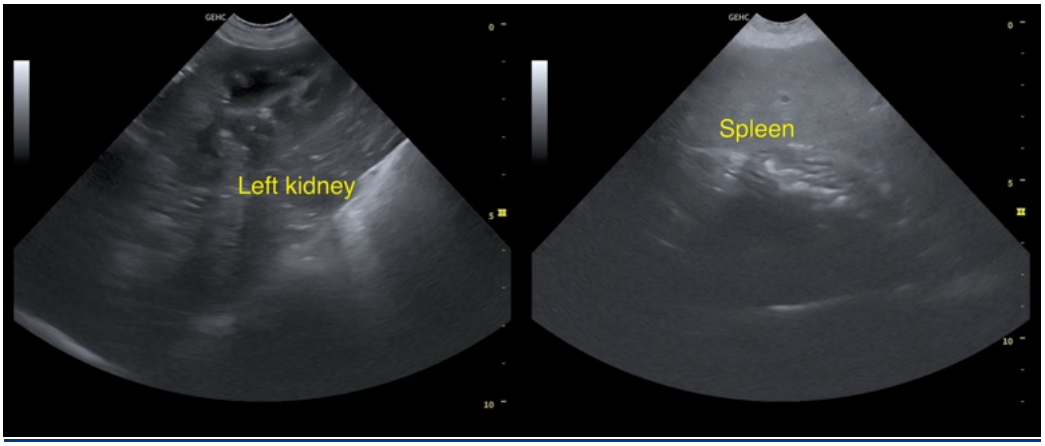
DATE

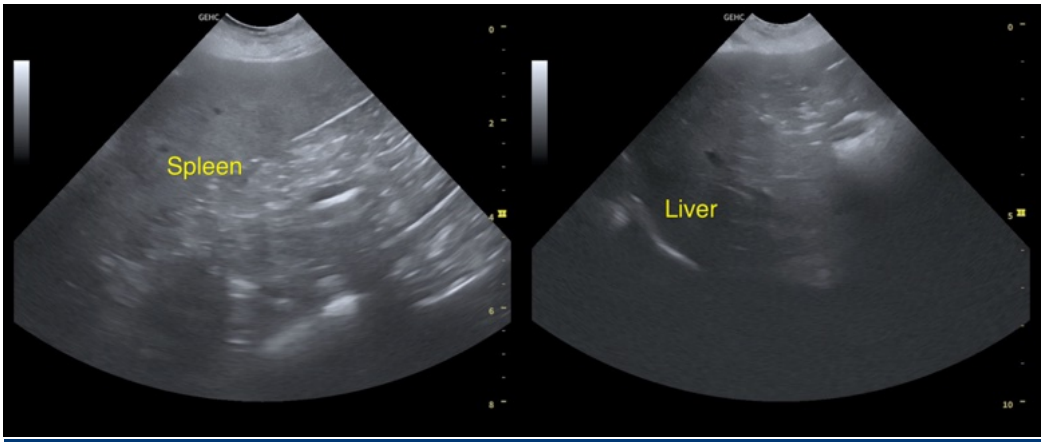
4/21/26

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

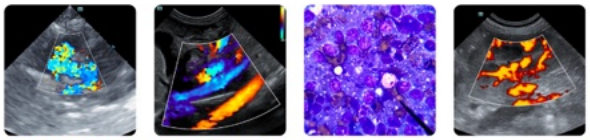
Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be to continue with the current therapy and to add Ursodiol with regular monitoring of liver enzyme activity.







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Sandy Morris

SPECIES

Canine

BREED

Mutt Cross

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wehmer

HOSPITAL NAME

Evendale Blue Ash Pet Hospital

REFERRING VET

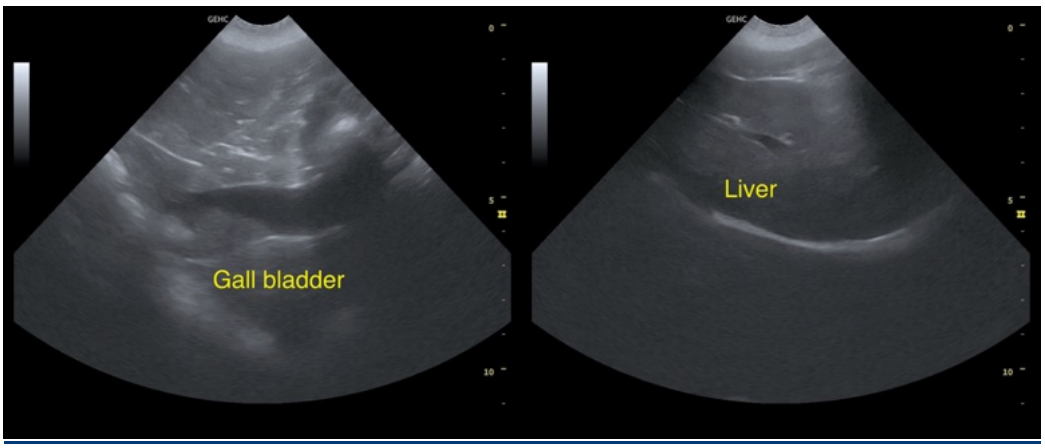
Dr. Wehmer

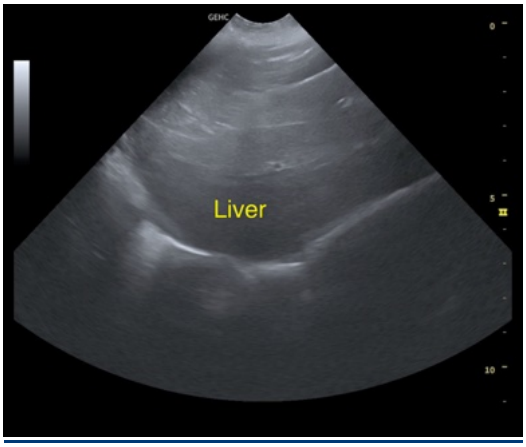
INVOICE

74675

DATE

4/21/26





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