



PATIENT

Walter Ledwon Beck

SPECIES

Canine

BREED

Husky

SEX

Neutered male

AGE

6 years

WEIGHT

38.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sammi Fuller

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Fuller

INVOICE

73981

DATE

3/31/26

History

2-3 week duration of lethargy, weight loss and hyporexia.

Current therapy

- 800 mg Zentonil SID.
- 25 mg prednisolone BID.
- 1000 mg Amoxil 1000 mg BID.
- 500 mg Ursodiol SID.
- 20 mg furosemide BID.
- 150 mg Baytril SID.

Physical Examination

Ascites, icterus.

CBC

Thrombocytopenia (89) with increased mean platelet volume.
Rest within reference range.

Serum biochemistry

Moderately elevated ALT activity (498).
Mildly elevated ALP (271) and GGT (18) activity.
Mild hypoalbuminemia (22).
Severely elevated bilirubin (110).

Thyroid Function

Low-normal T4.

Abdominal Ultrasound

Hyperechoic liver.

Large amount of ascites.

Abdominal Fluid Analysis

Low protein transudate.

Negative bacterial culture.

INTERPRETATION

The ultrasound findings, elevated liver enzyme activity, elevated bilirubin, and hypoalbuminemia are all consistent with chronic-active hepatitis, with possible etiologies being:



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- Idiopathic hepatitis.
- Immune-mediated hepatitis.
- Copper/iron-associated hepatopathy.
- Infectious (viral, bacterial, *Leptospira*).
- Chronic exposure to hepatotoxins (aflatoxin, algae, cycads, NSAIDs).

The thrombocytopenia is most likely an incidental finding but needs to be monitored as it may represent an early hemorrhagic diathesis.

The low-normal T4 can be ascribed to non-thyroidal illness syndrome (previous named euthyroid sick syndrome).

FURTHER RECOMMENDATIONS

- Patient history for possible toxin exposure.
- *Leptospira* PCR and serology.
- Coagulation profile.
- Possibly pre-and post-prandial bile acids.
- FNA cytology of the liver.
- Ideally a liver biopsy for histopathology (H&E as well special stains for copper, iron, and fibrosis), quantification of copper and iron, and bacterial culture.

MANAGEMENT

Specific management would be dependent on an etiological diagnosis.

Symptomatic management

Ideally identify and treat the underlying cause – chelation for iron or copper overload, antibiotics for bacterial hepatitis, immunosuppressive therapy for immune-mediated hepatitis.

As in the majority of cases an underlying cause is not found management is then directed at hepatoprotectants, reducing fibrosis, diet, and managing ascites, hepatic encephalopathy (when present), and coagulopathy (when present).

Recommended therapy for this patient:

- Hepato-protectants and anti-oxidants such as S-adenosylmethionine (SAME), silymarin, and ursodeoxycholic acid.
- Low-dose prednisolone (½ mg/kg SID to every 2-3 days).
- Vitamin K supplementation.
- Spironolactone (starting 2 mg/kg SID, and if no response after 10 days titrating up to a maximum of 4 mg/kg SID). If the ascites is not controlled then adding furosemide would be recommended. The degree of ascites can be judged by daily measurement of abdominal girth.
- Feeding a moderate, high-quality protein diet, avoiding severe protein restriction (as there hypoalbuminemia) unless encephalopathy develops.

Regular monitoring of body weight, liver enzyme activity, bilirubin, and albumin.

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.



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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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