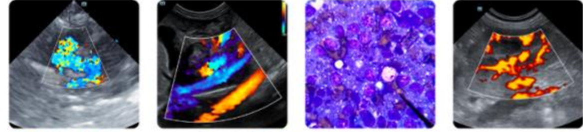
Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408

PATIENT

Marlie Bellamy

SPECIES

Canine

BREED

Hound Mix

SEX

Female Spayed

AGE

07/01/2015

WEIGHT

34.6 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr. Leslie Mucci

INVOICE

22878

DATE

4-17-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: The patient was last seen on 24/02/2026 for significant separation anxiety. Lab work from 24/02/2026 revealed an elevated alanine aminotransferase of 689. A physical exam on 24/02/2026 revealed significant decreased range of motion and crepitus in the left shoulder and left hip. The patient has lost weight, from approximately 37 lbs a year ago to 35.7 lbs last month, and 35.1 lbs today.

Abnormal lab-work values: Liver enzymes remain significantly elevated despite trial courses of Denamarin and Metronidazole ALT: The ALT remains significantly elevated. The most recent value on 04/10/2026 was 700. This is a slight decrease from 743 on 03/23/2026 but remains elevated from the initial finding of 689 on 02/24/2026. AST: The AST remains elevated. The most recent value on 04/10/2026 was 114, which is stable compared to 115 on 03/23/2026. Alkaline Phosphatase (ALP): The ALP remains elevated. The most recent value on 04/10/2026 was 222. This is a decrease from 250 on 03/23/2026. The value on 02/24/2026 was 211. The normal reference range is up to approximately 210. BUN/Creatinine: Within normal limits as of 03/23/2026.

Current Medications: Trazodone as needed for anxiety, Firocoxib for arthritis pain, and Denamarin
Radiographic Findings: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra (visible to a depth of 2.0 cm) are normal.

The left kidney is normal in size (5.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.76 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.10 cm at cranial pole) (0.60 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.60 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure and is isoechoic relative to the

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spleen. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic- to mineralized debris/sand, +/- distinct choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is moderately-distended with ingesta and gas. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
An area of hyperechoic omentum is observed approximately mid-abdomen. The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other
A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

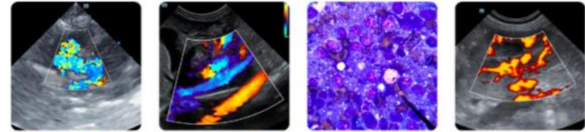
- Gallbladder debris/sand +/- distinct choleliths (nonobstructive)

Secondary Findings

- Minor bilateral age-related renal changes

- The hyperechoic omentum seen mid-abdomen likely represents an area of peritonitis (suspected to be sterile). Its significance is unclear.

- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.



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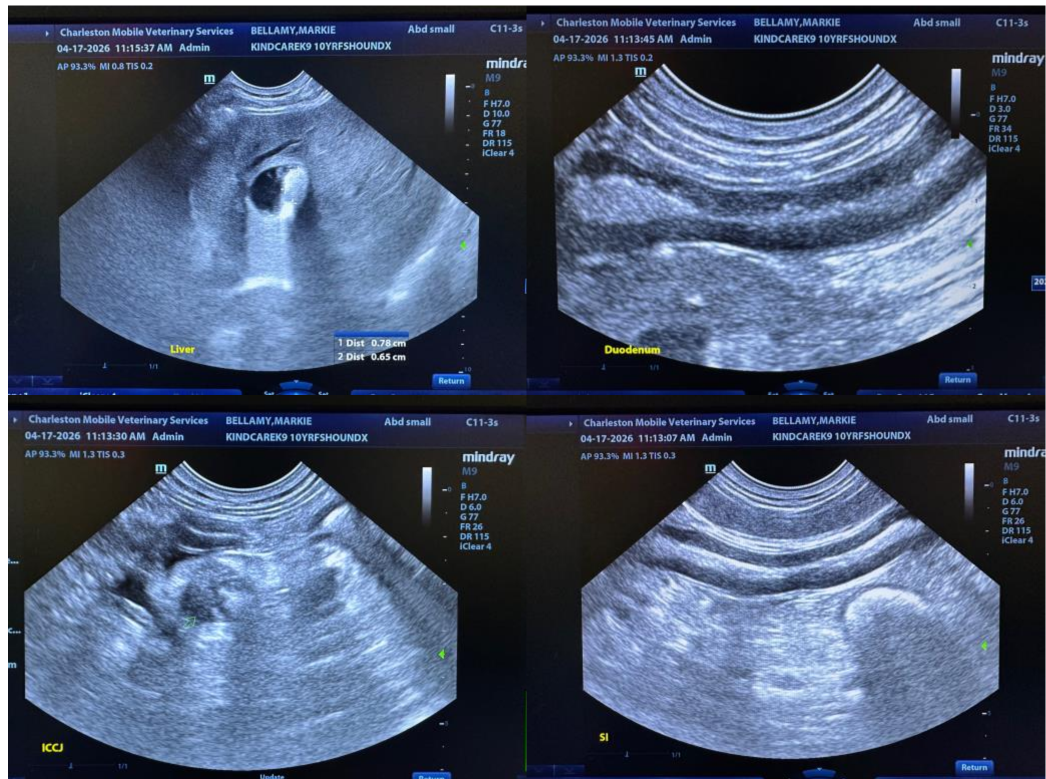
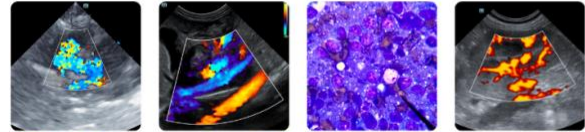
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology) is recommended, particularly if the clinical suspicion for disease is high.
- If an aggressive approach is desired, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation can be performed (assuming normal clotting status). Three-view thoracic radiographs should be performed prior to anesthesia.
- If a more conservative approach is desired, consider a second antibiotic trial with a broad-spectrum antibiotic (i.e., amoxicillin-clavulanic acid) along with continuation of hepatic antioxidants. If no improvement in the liver values is seen within 10-14 days of initiating therapy, antibiotics should be discontinued and hepatic tissue sampling revisited.





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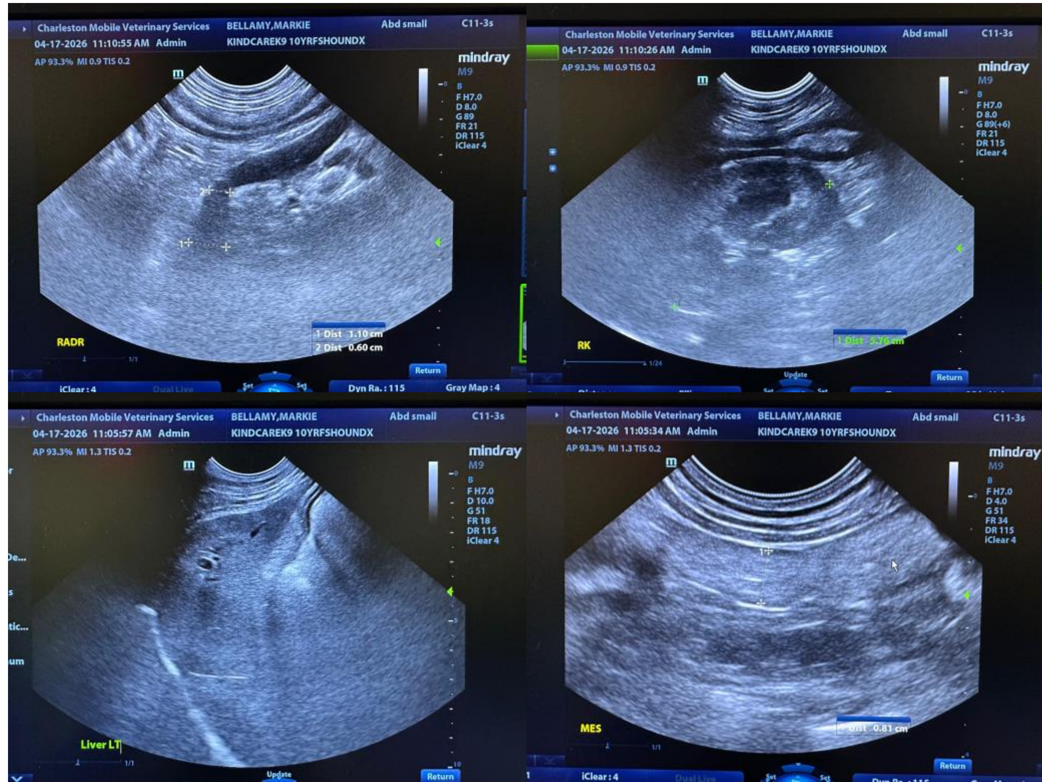

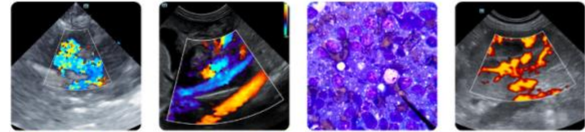

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com