



PATIENT

Lorcan Murphy

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

02-13-2015

WEIGHT

74.4 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Salt Marsh AH

REFERRING VET

Dr Samantha Thompson

INVOICE

23046

DATE

5-21-26

PRESENTING CLINICAL SIGNS

Patient under therapy for atopy AND cutaneous food allergy, IBD (diagnosed via biopsy) that then led to a PLE but his proteins have been normal the past year. He has also had various skin cancers removed. His ALP has been historically elevated, hovering around 1,500.

He saw me yesterday to assess an abscess that has popped up on his foot but O's mentioned he had vomited Monday and his appetite is off. I'll attach his blood work I ran Monday but his ALP was >2,000, ALT 465, GGT 14. His ALT and GGT have been in normal ranges on previous blood work.

Abnormal lab-work values: ALP > 2000. ALT 465. GGT 14.

Current Medications: Cyclosporine 100mg 1 cap SID, Tylosin 900mg BID, Provable DC 2 cap SID, Fluconazole 200mg Tues/Thurs/Sat - Recently has been giving SID with most recent skin flare up, Apoquel 16mg Tues/Thurs/Sat if flare every day, Hydroxyzine 50mg BID, Immunotherapy Allergy injections- added elm tree back to these

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.26 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.22 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.15 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.80 cm at cranial pole) (0.69 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 (1.09 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.

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal- to prominent-in-size with smooth peripheral contours. The parenchyma is hyperechoic



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relative to the spleen, and mildly heterogenous and mottled in appearance, with a few, small, ill-defined hypoechoic nodules (one measuring 0.97 cm). At least two small cystic areas are observed on the right side. A 2.5 x 2.4 cm heterogenous mass is also seen cranial to the gallbladder and adjacent to the diaphragm. Intrahepatic biliary stones are present. Hepatic vasculature is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is distended. The wall is normal in thickness. A moderate- to large amount of aggregated/organized, echogenic- to mineralized, partially dependent- to suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The mesentery effacing the serosal surface of the gallbladder is slightly hyperechoic.

Gastrointestinal

The gastric lumen is minimally- to mildly distended with ingesta. 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 retention of the normal layering pattern. There is evidence of mucosal speckling/striations in some segments. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

A focal area of mildly heterogenous omentum is observed in the midabdominal region. Trace free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gallbladder changes are most consistent with a developing to fully-formed mucocele with mild adjacent peritonitis.
- Cranial hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected with a lower possibility of a benign lesion (i.e., inflammatory focus, regenerative nodule, other). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to an inflammatory hepatopathy (i.e., cholangiohepatitis, chronic hepatitis), copper hepatotoxicosis, infiltrative neoplasia, regenerative nodular hyperplasia, vacuolar hepatopathy, fibrosis, and/or other hepatopathy. At least two small, cystic lesions are also seen in the right liver.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes



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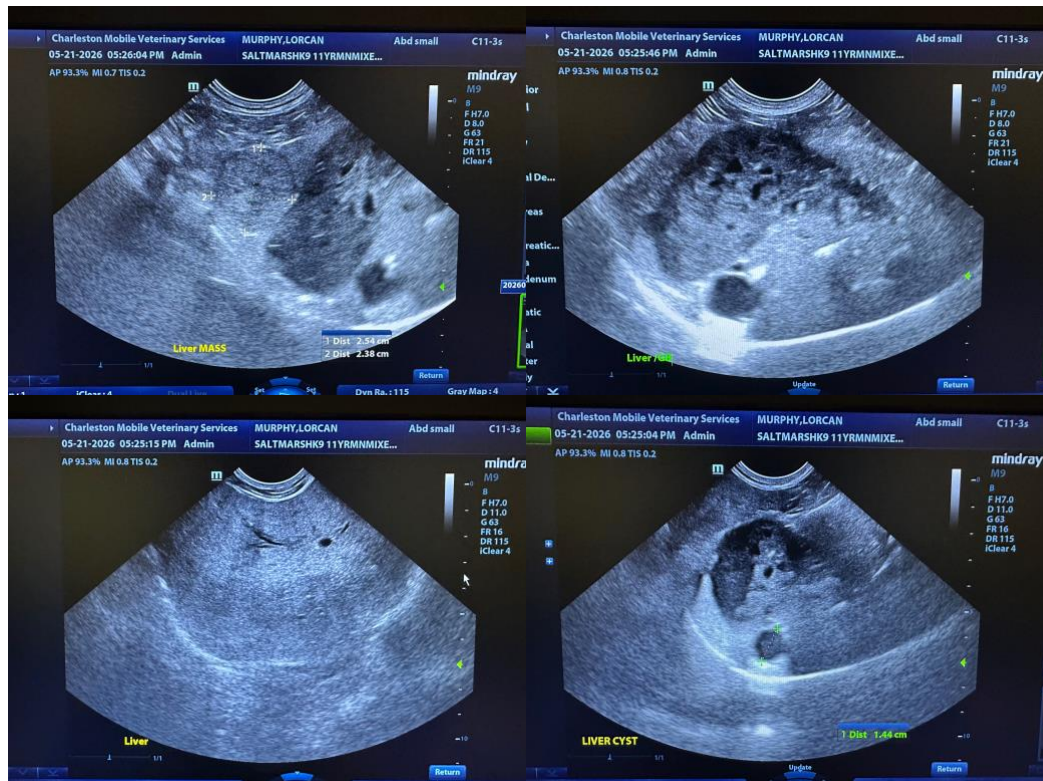
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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The small intestinal wall changes are consistent with the previous history of a protein-losing enteropathy.
- Focal peritonitis in the midabdominal region, the significance of which is unclear.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver mass and gallbladder changes, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Clotting times (PT/PTT)
3. Abdominal exploratory with excisional biopsy of the hepatic mass as well as a cholecystectomy with submission of the gallbladder for histopathology and aerobic and anaerobic bile cultures. Biopsies of the other liver lobes should also be obtained. In the meantime, empirical treatment for cholecystitis/cholangiohepatitis is recommended (i.e., broad-spectrum antibiotics, hepatic antioxidants, and other symptomatic measures).





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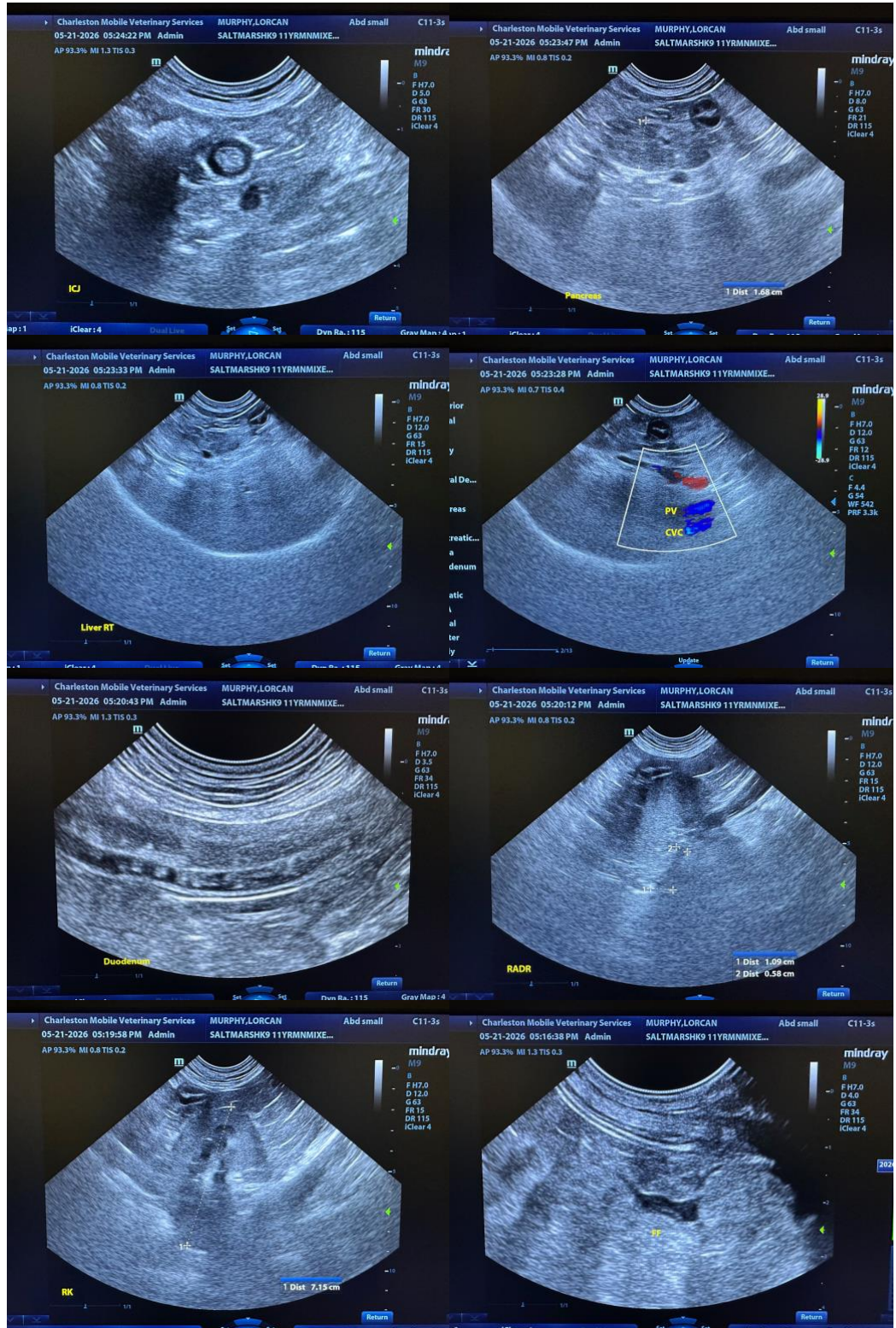
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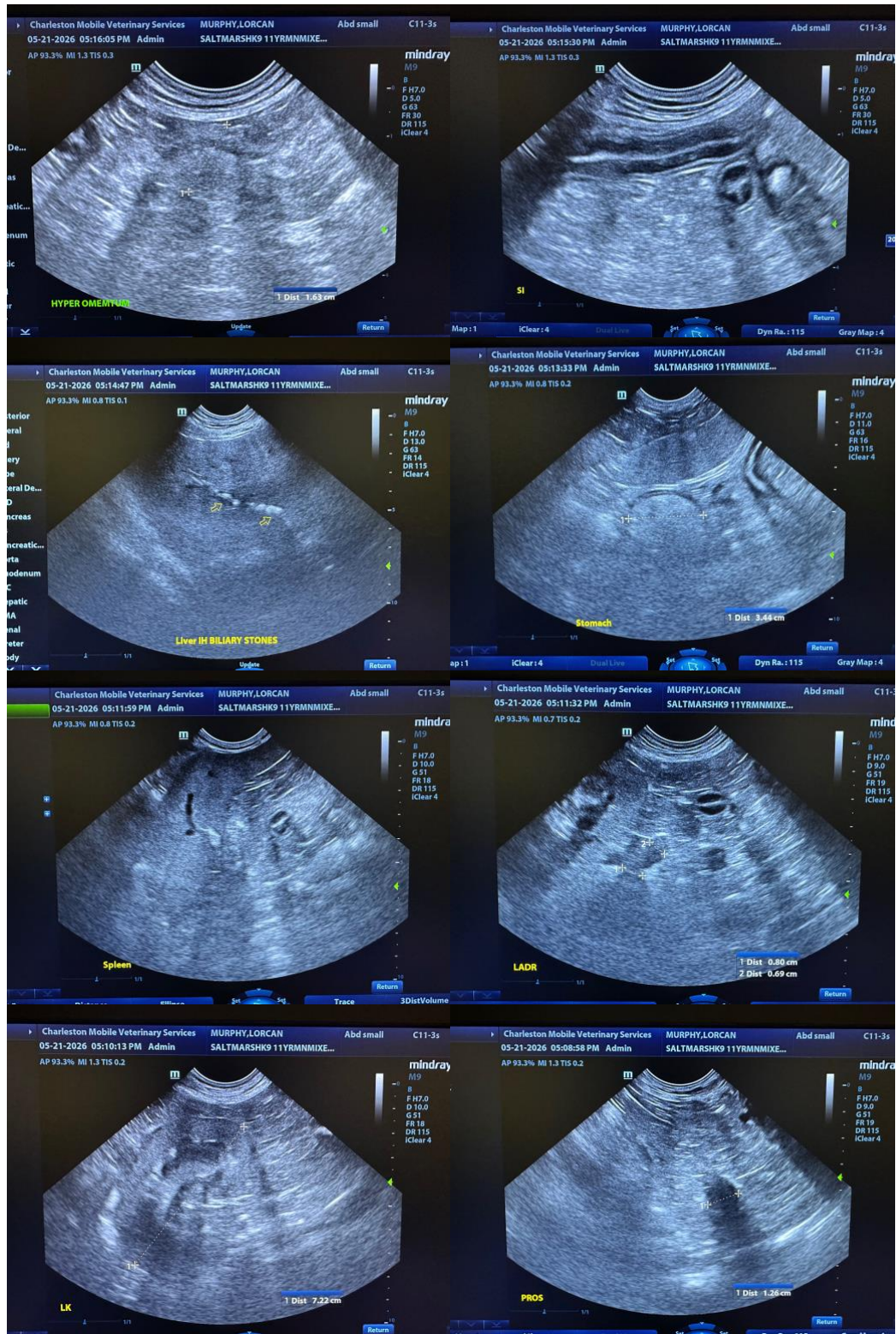
Dr Samantha Thompson

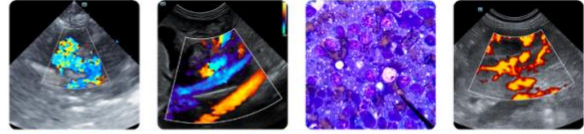
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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