Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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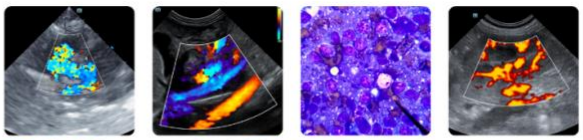

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Daphne DeAlmeida

SPECIES

Canine

BREED

Bloodhound

SEX

Female Spayed

AGE

05/11/2016

WEIGHT

72.4lb

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

VCA Westbury AH

REFERRING VET

Heather Caughey DVM

INVOICE

23070

DATE

5-28-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Likely liver mass based on palpation and BW. Denamarin caused PU/PD per O.
2/10/2026 Abnormal lab-work values:
ALKP 214 U/L H 5 - 160
ALT 308 U/L H 18 - 121

3/29/2026
ALB 3.3 g/dL 2.7 - 3.9
ALKP 643 U/L H 5 - 160
ALT 662 U/L H 18 - 121
AMYL 1051 U/L 337 - 1469
ANION GAP 23 mmol/L 11 - 26
AST 90 U/L H 16 - 55
BICARB 21 mmol/L 13 - 27
BUN/UREA 29 mg/dL 9 - 31
Ca 9.9 mg/dL 8.4 - 11.8
Chloride 108 mmol/L 108 - 119
CHOL 486 mg/dL H 131 - 345
CREA 1.0 mg/dL 0.5 - 1.5
DBIL 0.1 mg/dL 0.0 - 0.1
GGT 54 U/L H 0 - 13
GLU 100 mg/dL 63 - 114
IBIL 0.4 mg/dL H 0.0 - 0.2
PHOS 4.3 mg/dL 2.5 - 6.1
Potassium 4.8 mmol/L 4.0 - 5.4
TBIL 0.5 mg/dL H 0.0 - 0.3
TP 6.8 g/dL 5.5 - 7.5
Sodium 147 mmol/L 142 - 152
A/G Ratio 0.9 0.7 - 1.5
B/C Ratio 29.0
Na/K Ratio 31 28 - 37
GLOB 3.5 g/dL 2.4 - 4.0
CK 121 U/L 10 - 200
SDMA 12 ug/dL 0 - 14
LIPASE 591 U/L H 0 - 250
Current Medications: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4.5 cm, are normal.

The left kidney is normal in size (7.38 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (7.55 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. A 1.09 cm cyst is observed at the corticomedullary junction, near the caudal

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pole. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is mildly enlarged (0.86 cm at cranial pole) (0.90 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 (0.77 cm at cranial pole) (0.48 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 (1.82 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. 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 small- to moderate amount of gravity-dependent, echogenic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is minimally fluid-distended. 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
The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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

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.,

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lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

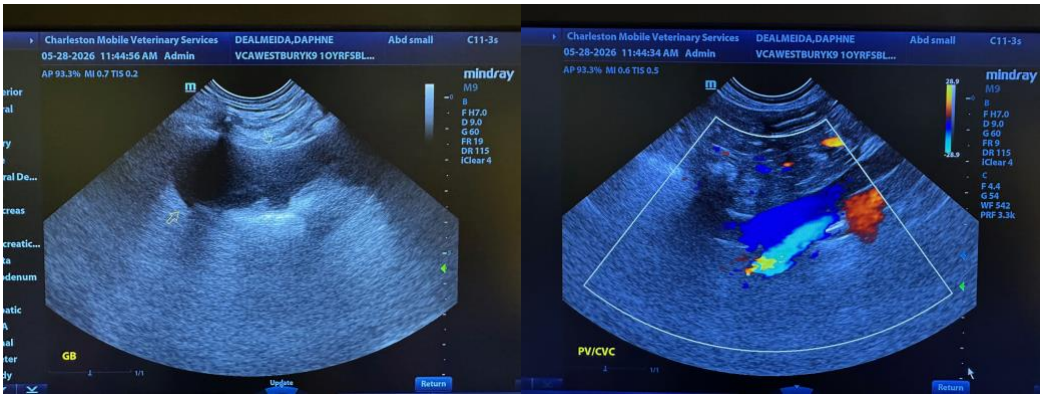
- Gallbladder debris/sand, non-mucocele

Secondary Findings

- Bilateral nonspecific age-related renal changes
- Mild left adrenomegaly
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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.
- Ultimately, hepatic tissue sampling (i.e., aspirates or biopsies) may be necessary to get a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. Clotting times and thoracic radiographs are recommended prior to anesthesia.
- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/ Leptospirosis (amoxicillin-clavulanic acid, Denamarin, Ursodiol). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.



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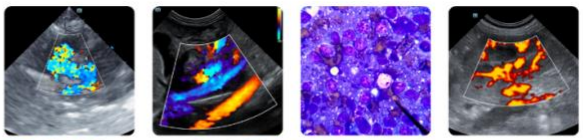

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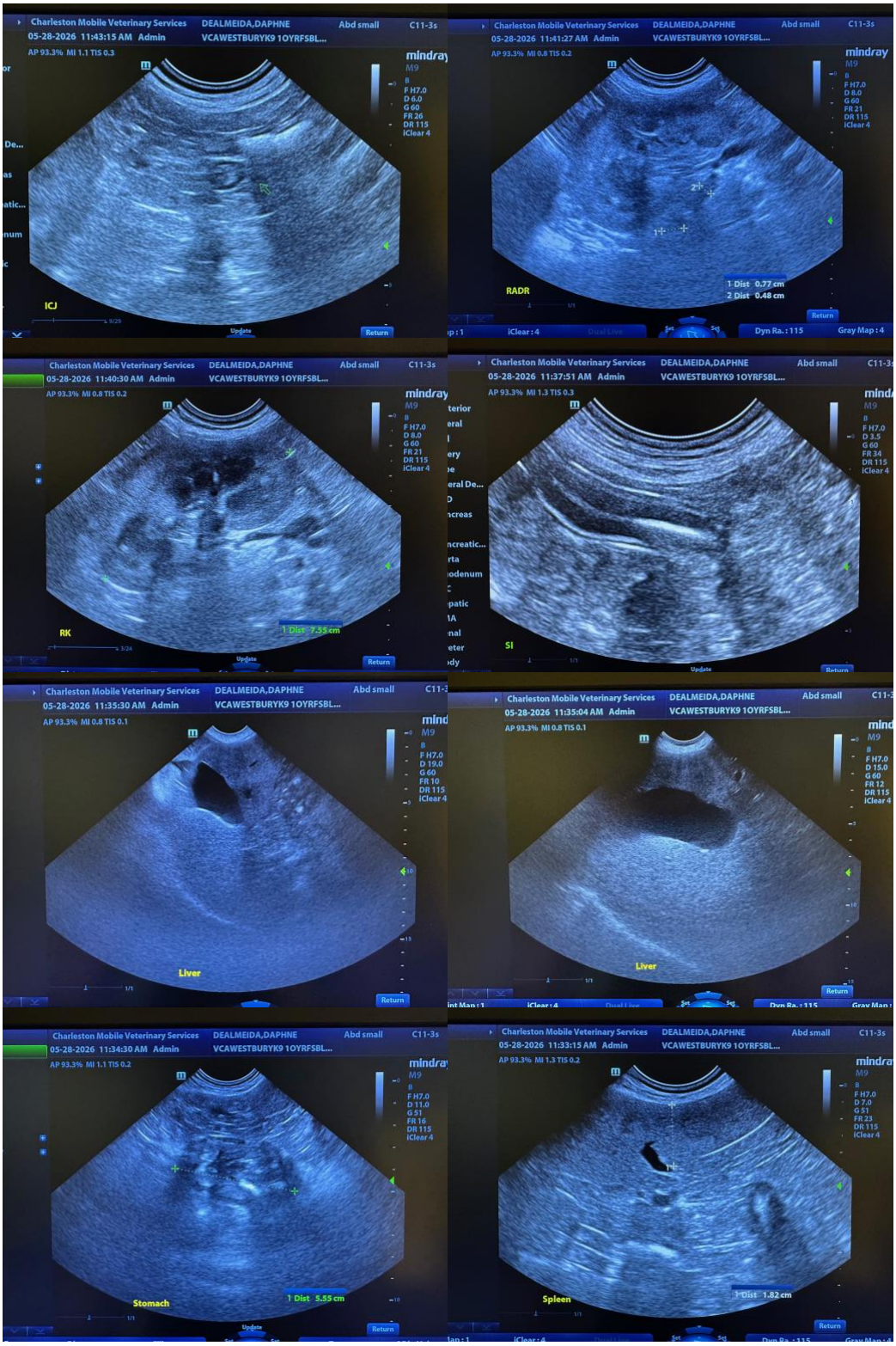

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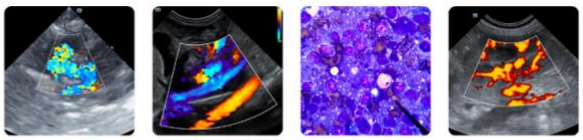

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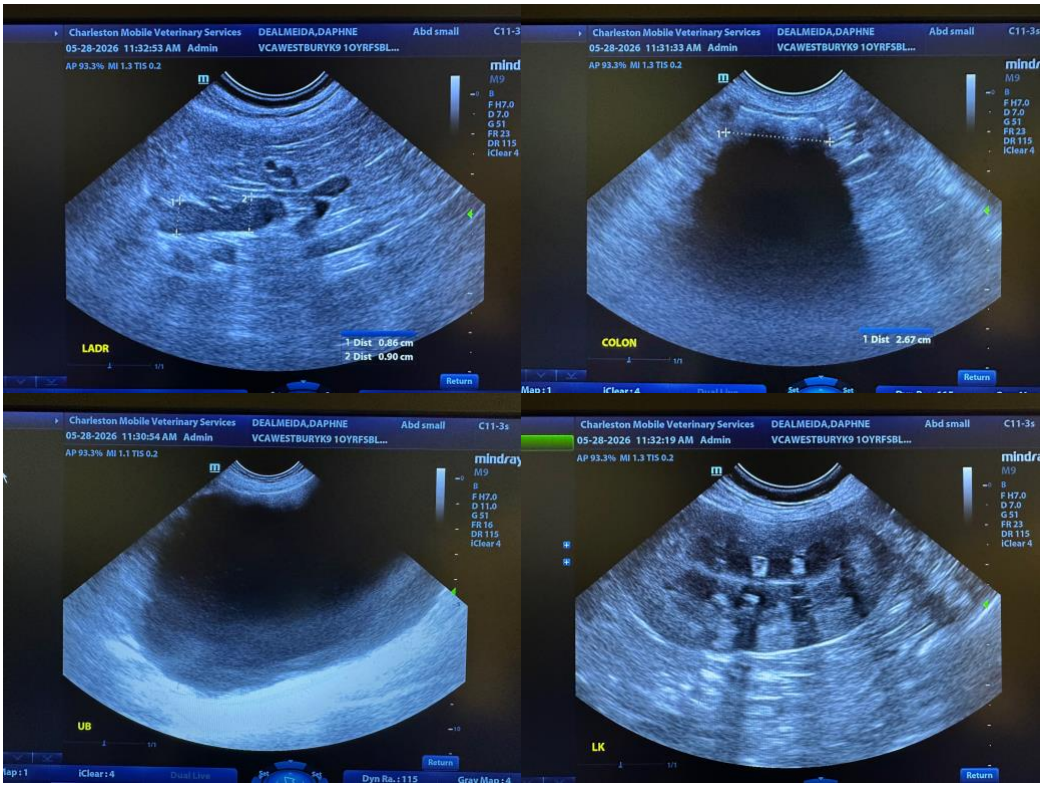

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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