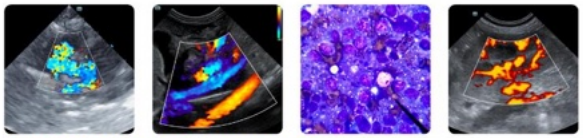


PATIENT

Poppy Hillock

SPECIES

Canine

BREED

Hound mix

SEX

Female, spayed

AGE

3/6/2018

WEIGHT

64 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr. Oldham

INVOICE

13607

DATE

3/17/2026

PRESENTING CLINICAL SIGNS

Pt has a history of skin disease, has been on Temaril P which has helped substantially. Baseline bloodwork revealed ALP of 4465, ALT of 1055, GGT of 77, T-bili normal at 0.2. CBC unremarkable, T4 0.8, USG 1.014, no proteinuria, inactive sediment, 4DX negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.81 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 (7.80 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 length with a slightly flattened contour (0.43 cm at cranial pole) (0.39 cm at caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in length with a slightly flattened contour (0.68 cm at cranial pole) (0.38 cm at caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.47 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.

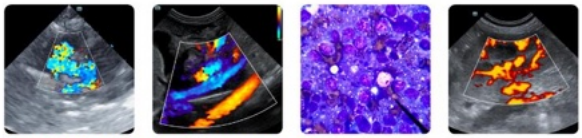
Liver

The liver is subjectively normal in size with normal contours and structure. 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 gall bladder lumen is moderately distended. The wall is thin and smooth. A 1.9 cm non-obstructive cholelith is observed within the lumen along with some echogenic debris. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is 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 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.



PATIENT

Poppy Hillock

SPECIES

Canine

BREED

Hound mix

SEX

Female, spayed

AGE

3/6/2018

WEIGHT

64 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Trinity Island VC

REFERRING VET

Dr. Oldham

INVOICE

13607

DATE

3/17/2026

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:

- An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.
- Non-obstructive cholelith

Secondary Findings:

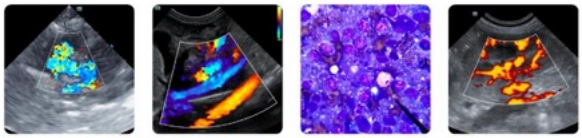
- Minor bilateral, age-related renal changes
- The flattened adrenal glands may be a normal variant for this patient or may be secondary to iatrogenic atrophy resulting from corticosteroid use.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high. Ultimately, hepatic tissue sampling (i.e., aspirates or biopsies) may be necessary to get a definitive diagnosis. Given the patient's confirmation, liver aspirates may prove difficult as the liver is mostly located subcostally. Therefore, laparoscopic or surgical liver biopsies are preferred. If pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
2. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/Leptospirosis (amoxicillin-clavulanic acid, Denamarin). 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.
3. Three-view thoracic radiographs and clotting times should be performed prior to hepatic tissue sampling.

Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Poppy Hillock

SPECIES

Canine

BREED

Hound mix

SEX

Female, spayed

AGE

3/6/2018

WEIGHT

64 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Trinity Island VC

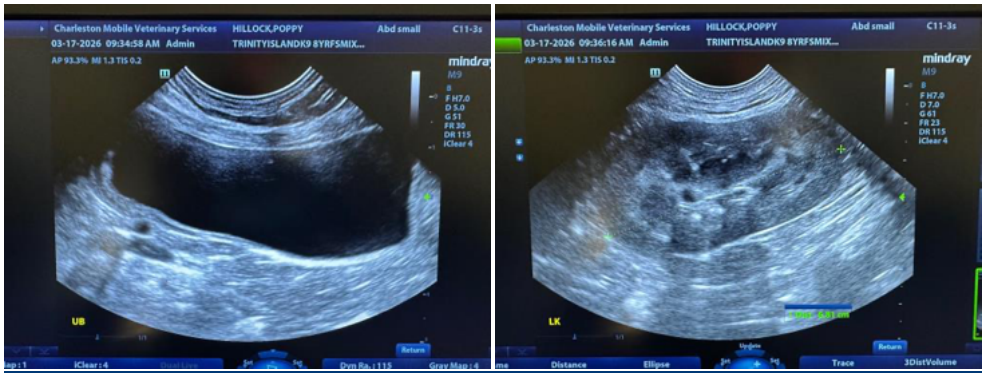
REFERRING VET

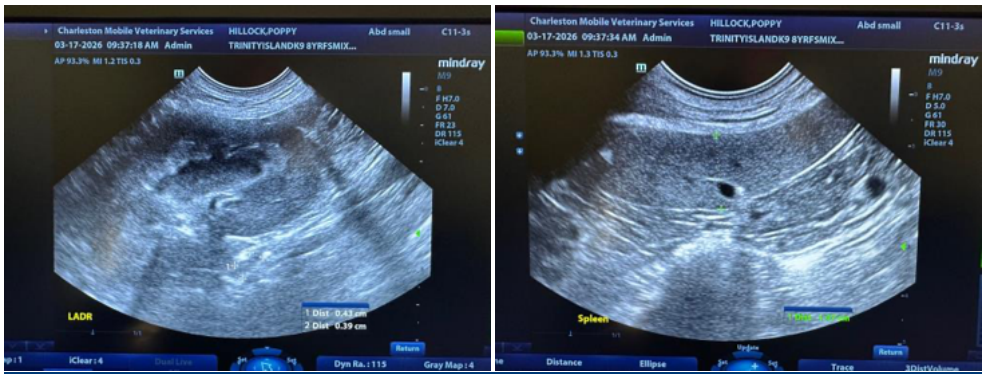
Dr. Oldham

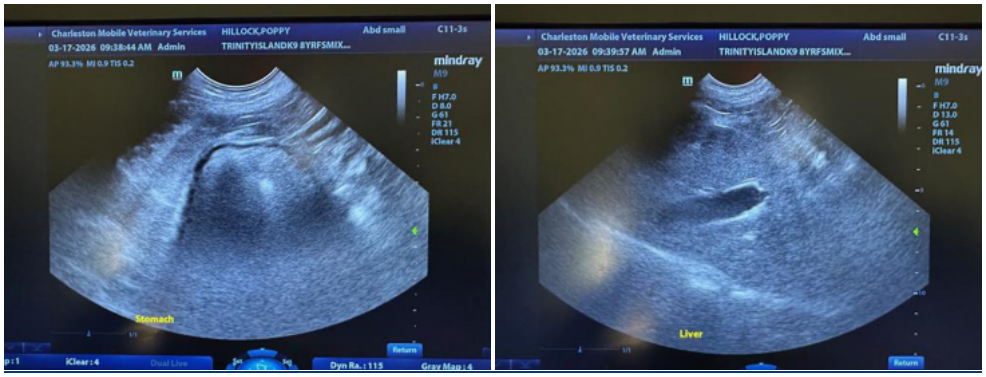
INVOICE

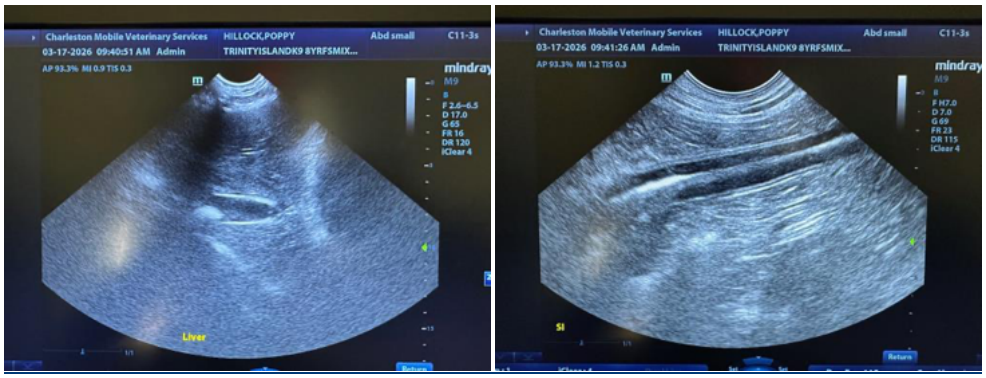
13607

DATE
3/17/2026



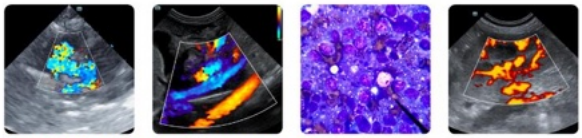






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Poppy Hillock

SPECIES

Canine

BREED

Hound mix

SEX

Female, spayed

AGE

3/6/2018

WEIGHT

64 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Trinity Island VC

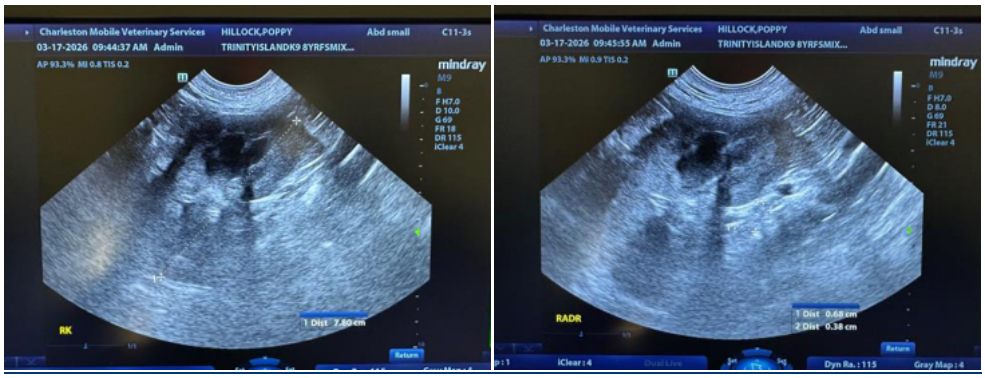
REFERRING VET

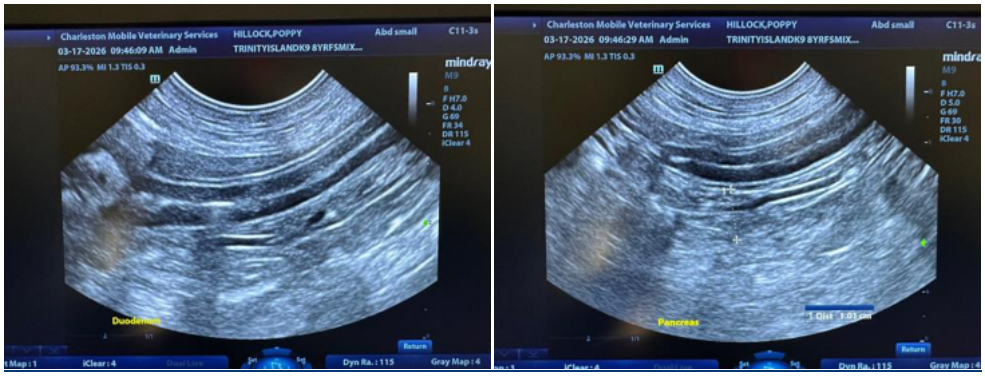
Dr. Oldham

INVOICE

13607

DATE
3/17/2026





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