DATE

1-16-26

PATIENT

Mikey Bertoli

SPECIES

Canine

BREED

Airedale Terrier Mix

SEX

Neutered Male

AGE

1/15/2011

WEIGHT

16.6lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Campbell

INVOICE

22392

PRESENTING CLINICAL SIGNS

Patient History: Mikey presents for chronic diarrhea, lethargy, and anorexia Patient History: - Chronic diarrhea since December 20, 2025 - Anorexia for 2 days prior to presentation - No vomiting – Profuse watery diarrhea this morning - Previous veterinary care: - Initially prescribed powder medication (unable to administer due to anorexia) - Anti-nausea injection administered - Cerenia administered yesterday - Recent fecal test negative for parasites and bacteria (approximately 2 weeks ago) - Known heart murmur (discovered during pre-anesthetic workup for dental cleaning in early 2025) - History of elevated liver enzymes: - Initially 600, increased to 1000 on hepatic diet - Most recent value 600 - Recent elevation in kidney values - Hepatic cyst identified on abdominal ultrasound - Tested negative for Cushing's disease - Severe dental disease - dental cleaning declined due to anesthetic risk (heart murmur, elevated liver enzymes) - Last dental cleaning performed in 2020 - Diet: Royal Canin hepatic diet(previously), also consumed some owner's food - Sleeps more than usual

Current Medications: Proviable, Buprenorphine, Cerenia.
Labwork Results: Labwork attached. ALP 722. BUN 33. Creatinine 0.9.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 3 cm, are normal.

The prostate is normal in size (0.75 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 (4.22 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

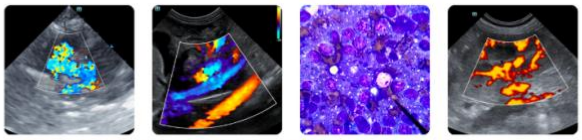
Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.55 cm at cranial pole) (0.76 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.63 cm at cranial pole) (0.61 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 (0.80 cm in width at the level of the hilus) with a normal capsular



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contour. There is appropriate echogenicity and echotexture. A 0.63 x 0.36 cm heterogenous, slightly cystic nodule is observed at the medial aspect, approximately mid-body. In addition, a 1.10 x 0.61 cm heterogenous, slightly cystic nodule is observed at the lateral aspect, approximately mid-body. Splenic vasculature is normal.

Liver
The liver is subjectively prominent-to-enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen. A 1.6 x 1.6 cm irregular cyst is observed on the right side. A small amount of echogenic debris is observed within the cystic fluid. The remaining hepatic parenchyma is relatively homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is moderately distended. The wall is mildly-thickened (up to 0.18 cm) and hypoechoic. A small amount of aggregated, echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not 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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb is prominent-in-size, with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance. The pancreatic duct is not overtly dilated.

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

Free Abdomen
Trace free fluid is observed.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- The gallbladder wall changes could be consistent with cholecystitis, low oncotic pressure (if applicable), increased hydrostatic pressure (i.e., secondary to right-sided congestive heart failure), anaphylaxis, other. Correlation with the patient's clinical history is recommended.
- The pancreatic changes are consistent with pancreatic parenchymal remodeling, +/- fibrosis. Chronic or resolving pancreatitis are also possible.
- Trace ascites

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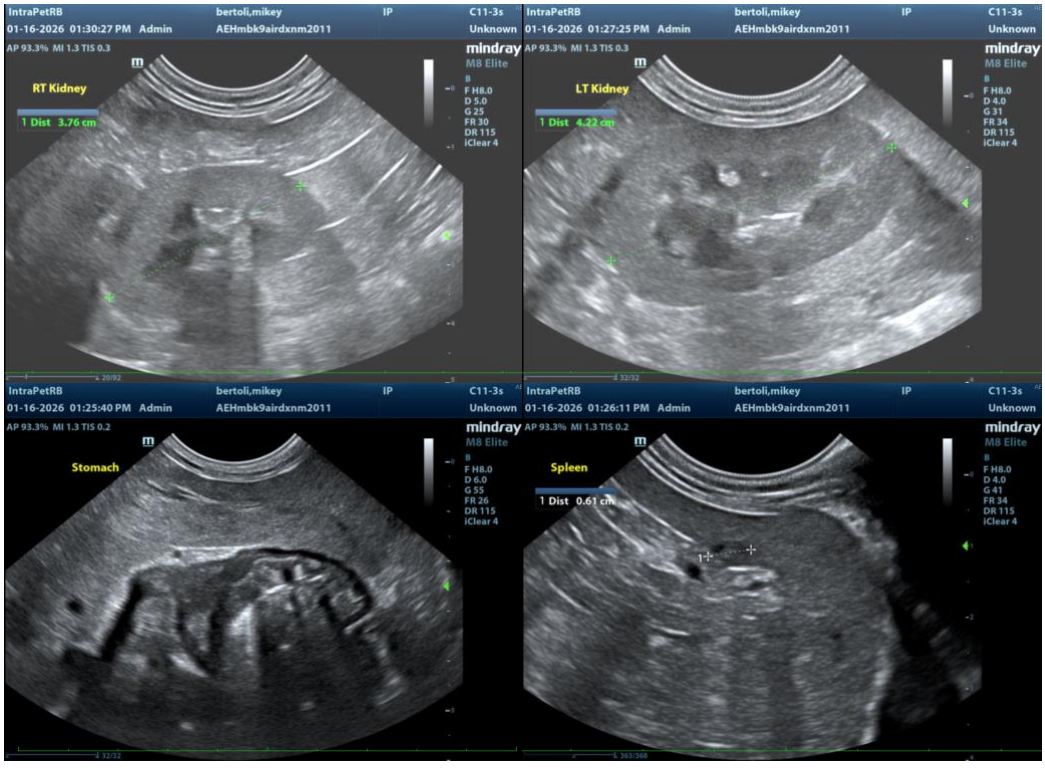
Secondary Findings

- Mild bilateral adrenomegaly
- Nonspecific age-related renal changes with dystrophic mineralization
- The splenic nodules could be consistent with benign foci (i.e., areas of lymphoid hyperplasia or similar). Alternatively, emerging neoplasia cannot be excluded.

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include a microscopic enteropathy (i.e., food allergy/intolerance, inflammatory bowel disease, infectious/parasitic disease), underlying metabolic issue, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a fecal PCR infectious disease panel
- Prophylactic deworming with fenbendazole is also recommended (if not already performed).
- Also consider GI panel including serum cobalamin and folate, TLI and PLI.
- Ultimately, endoscopic or surgical GI biopsies may be necessary to get a definitive diagnosis.
- In the meantime, symptomatic care (i.e., probiotic, fiber supplement) may be beneficial.



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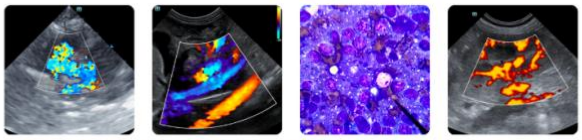

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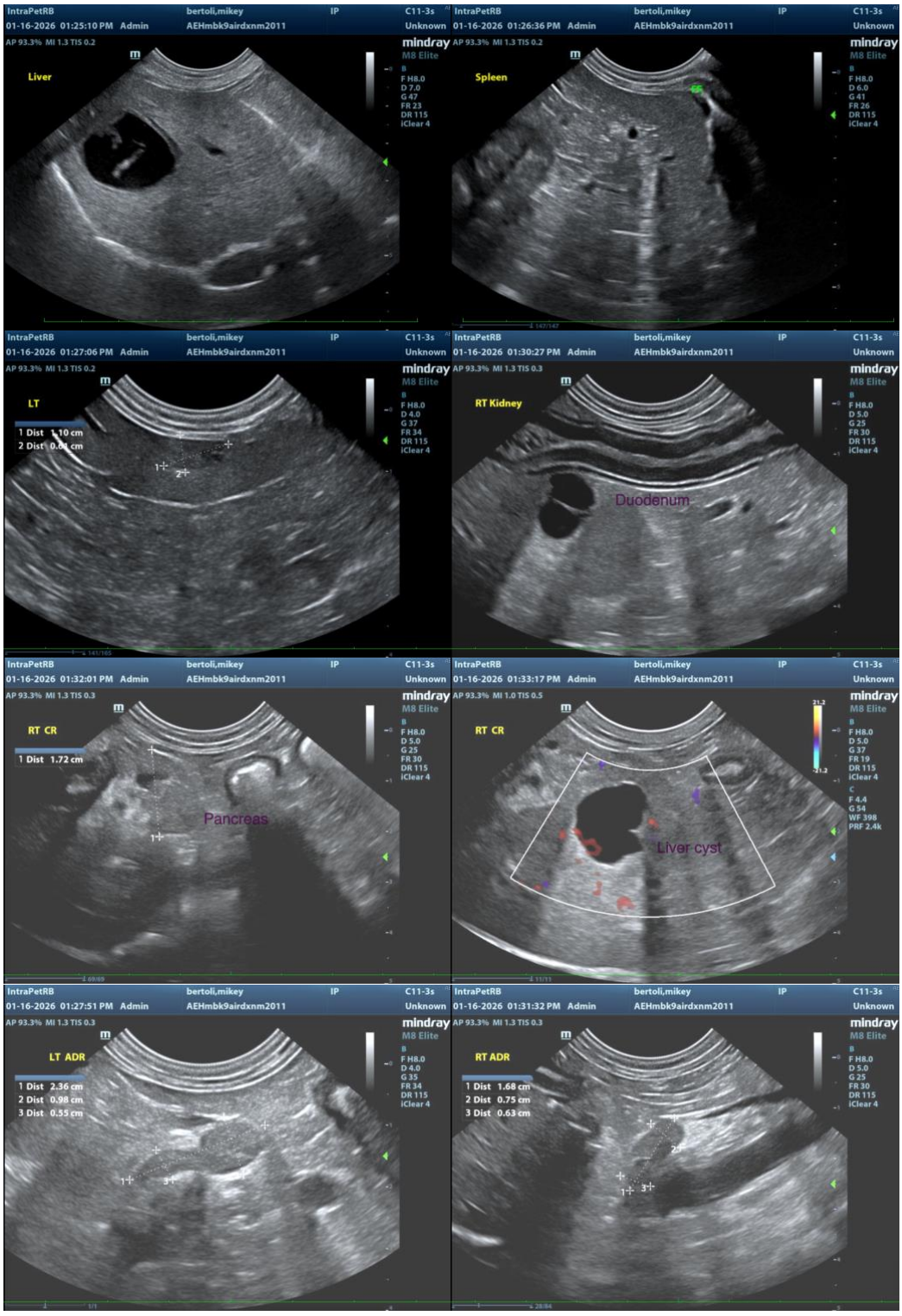
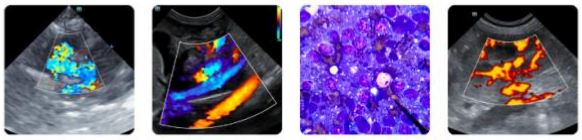


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in



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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