



PATIENT

Jameson Betrus

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

11 years

WEIGHT

53.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano Kaplan

INVOICE

94135

DATE

11/26/21

PRESENTING CLINICAL SIGNS

History: Pet seem back to himself - was previously PU/PD and had hematuria with active UTI - E.Coli
Abnormal PE/Chem/CBC/UA Results: UPC 0.6 UA - Ph 5 USG 1.036, 2+ prot. no blood, wbc; UCS no growth Albumin 4.1, ALP 368, T4 1.1, Free T4 0.4, Platelet 454, 4Dx negative Antech Cadet BRAF - undetected; CADET BRAF PLUS - Single signature detected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** has significantly improved with mild residual hyperechoic mucosal remodeling at the apex. This is approximately 80% resolved compared to the prior sonogram.

The prostate was uniform and measured 1.2 cm. There was no evidence of pathology. The iliac trifurcation was unremarkable.

The **left kidney** is normal in size and contour with mildly increased cortical echogenicity. The left kidney measured 7.03 cm. The right kidney measured 6.93 cm and revealed persistent moderate degenerative changes and undulating contour. There was loss of corticomedullary mineralization. A dorsal infarct was noted in the right kidney with trace pyelectasia. This is similar to the prior sonogram.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.7 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Occasional nodular change was noted. The caudal aspect of the left liver revealed an anechoic cyst that measured 3.0 cm. The gallbladder revealed minor polypoid changes and a minor amount of debris.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Significantly improved urinary tract, approximately 80-90% resolution of the bladder.

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Persistent chronic renal changes with no evidence of active disease. However, persistent pyelectasia in the right kidney may be owing to residual infection, but more likely owing to scarring given the general chronic changes.

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Stable hepatic cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend continual treatment for urinary tract infection as no significant inflammatory sediment is present no further treatment for urinary tract infection is warranted at this time. However, I do recommend a recheck urinalysis free catch approximately 10 days after stopping therapy. There is no evidence of neoplasia in this patient. False positive BRAF is likely.

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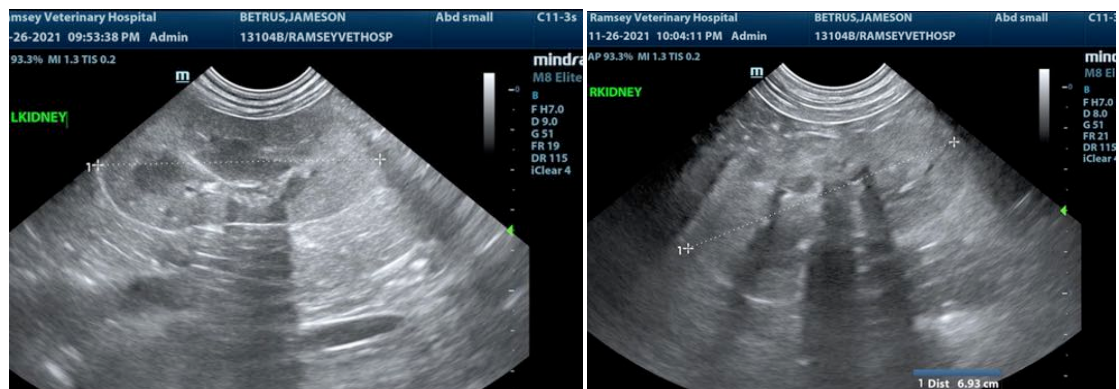
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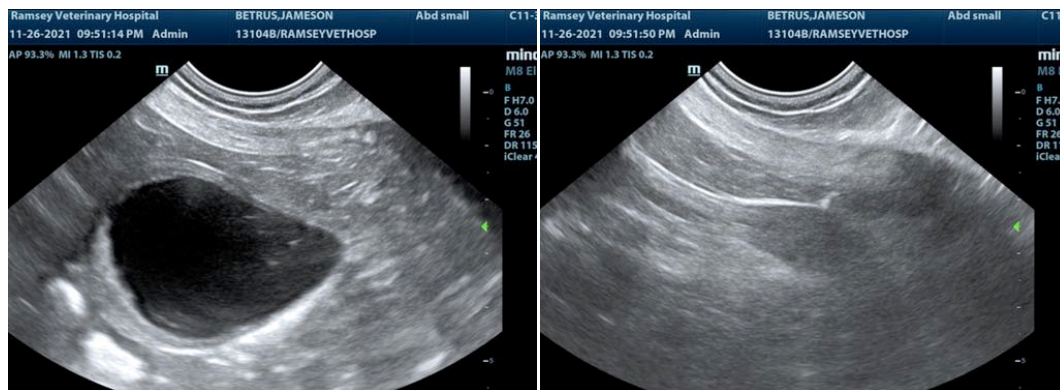
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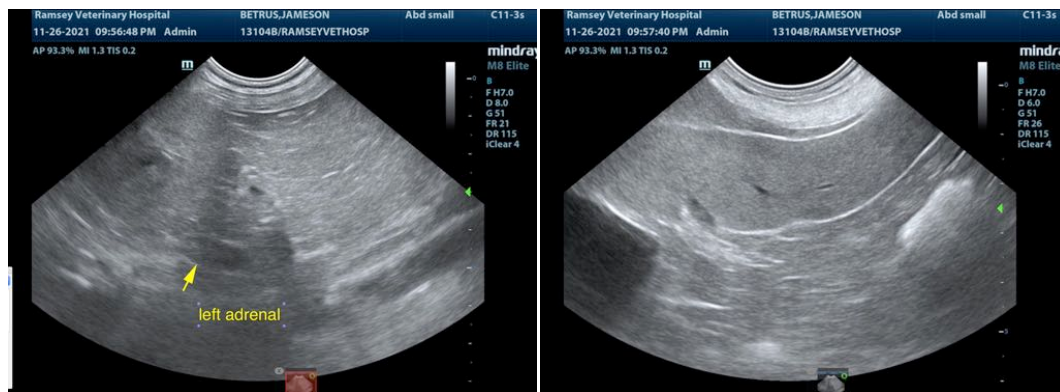
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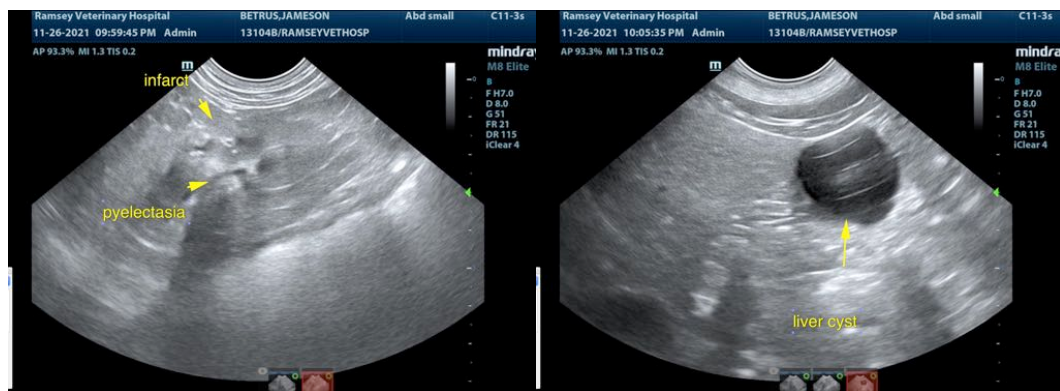
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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