



PATIENT

Jameson Betrus

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

12 years

WEIGHT

54.9 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

32568

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: See previous report 10/2021. Pet is experience continued PU/PD, pot-bellied appearance, alopecia over dorsum, scaly skin. Cadet Braf Plus: Detected, Cadet Braf: no Braf mutation detected. Abnormal PE/Chem/CBC/UA Results: Free T4 (ng/dL): 0.4L, Free T4(pmol/L): 5.1L, T4: 0.9L, Albumin: 4.1H, ALP: 595H, Retic HGB: 23.5L MSU thyroid panel pending LDDS IH today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The residual prostate was uniform and measured 0.8 cm.

The **kidneys** revealed echogenic cortical remodeling and microinfarcts. Pyelectasia was noted in both kidneys with slight pelvic mineralization. Occasional cortical cysts were noted in the kidneys. The left kidney measured 6.3 cm. The right kidney measured 6.28 cm.

Adrenal Glands

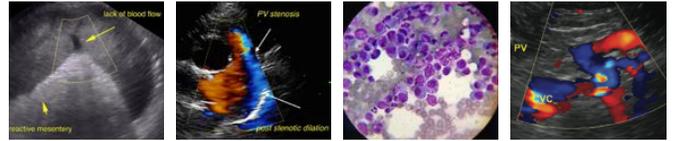
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 cm at the maximum width was uniform.

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

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Occasional nodular hepatic changes were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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.

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.

ULTRASONOGRAPHIC FINDINGS

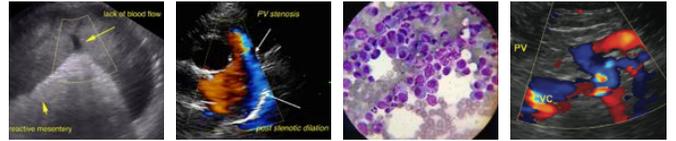
Moderate, progressive degenerative renal disease with pyelectasia, mineralization and infarcts.

Vacuolar hepatopathy liver pattern with occasional nodular change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively the kidneys appear approximately 50% compromised. FNA of the liver could be considered for further definition. I am most concerned about the kidneys in this patient. There is a strong potential for emerging renal failure. Structurally the adrenal glands appear unremarkable. Urine culture and sensitivity is warranted if any inflammatory sediment is present. Blood pressure measurements are also indicated. Cushing's is a potential yet a rarity given the normal adrenal size.





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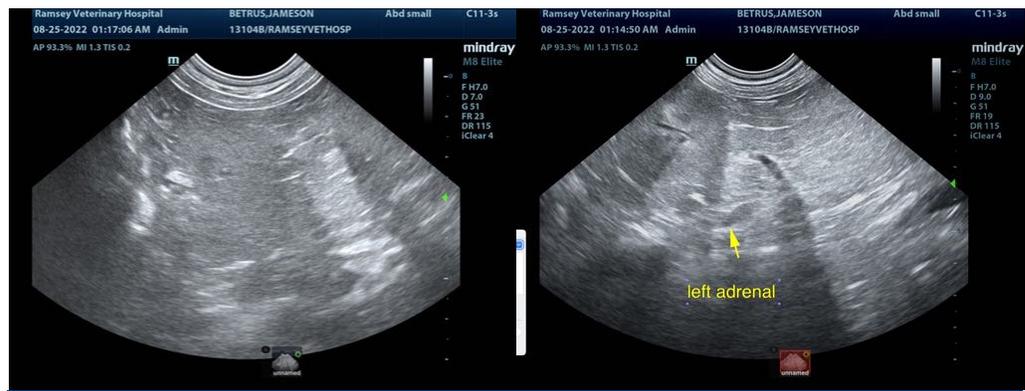
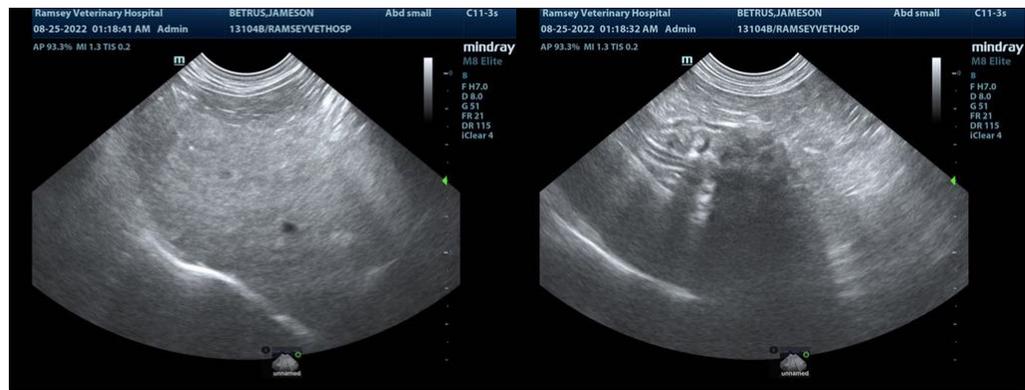
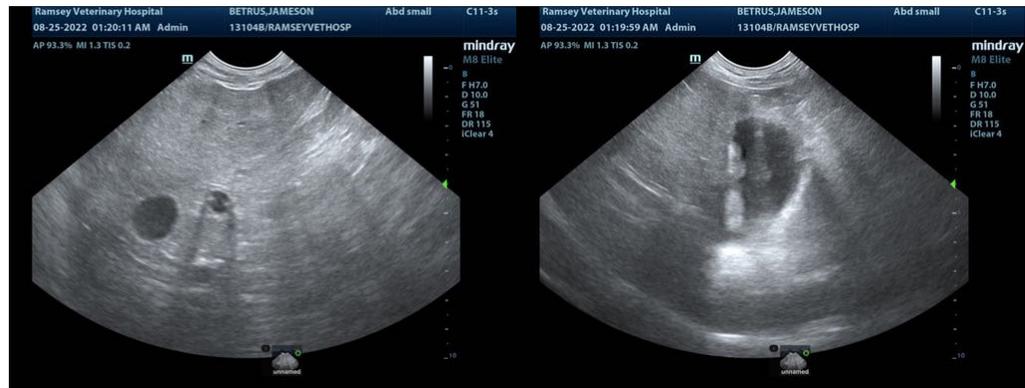
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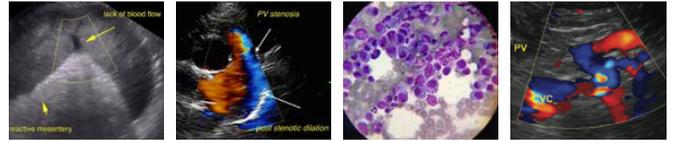
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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