



PATIENT

Zeus Berenyi

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

16 years

WEIGHT

13.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Harris

INVOICE

72157

DATE

3/3/26

PRESENTING CLINICAL SIGNS

16yo MN DSH that presented for ultrasound to further evaluate rising liver values. Pt has history of elevated liver values, but has responded in the past to medical management. Pt has been taking ursodiol, 5mg prednisolone EOD, and milk thistle for the last several years. Over the last year has gone from 117-> 232-> 270, was given a convenia inj and increased prednisolone to 5mg SID-> 329. Ultrasound to determine if structural disease causing continued elevation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **left kidney** in this patient presented hydronephrosis and cortical cysts or ectasia of the renal pelvis with corticomedullary calculi and cortical infarct and collapse with moderate degenerative changes. The left kidney measured 5.84 cm with the ectasia or cyst measuring 3.3 cm.

The **right kidney** revealed cortical collapse owing to infarct with pyelectasia. The right kidney measured 4.47 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged and measured up to 1.3 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Intestinal wall thickness measured up to 0.3 cm. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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.

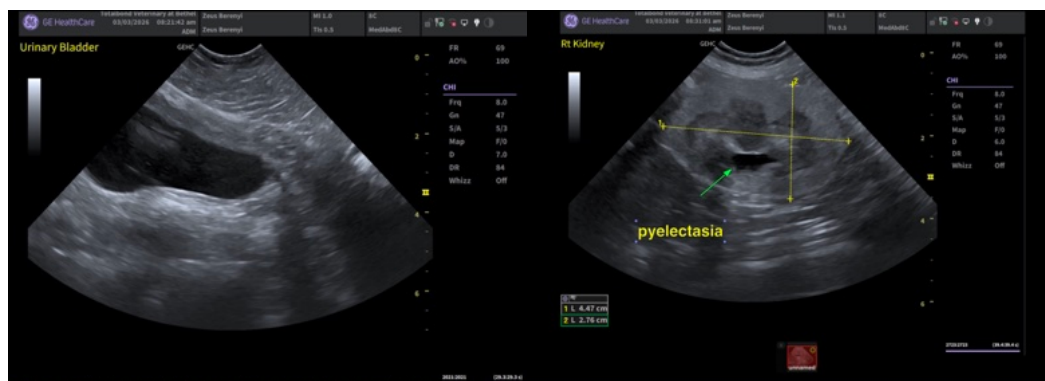
ULTRASONOGRAPHIC FINDINGS

Renal dystrophy and hydronephrosis/ectasia.

Enlarged spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the Prednisone therapy I am concerned for an occult neoplastic event/lymphoma. Ultrasound-guided 25-gauge FNA of the renal cortices, spleen and liver would be ideal +/- PARR or PCR. Drainage of the cystic component of the left kidney can also be considered with culture and sensitivity. I am concerned for a partially suppressed neoplastic event such as lymphoma in this patient and the renal presentation represents moderate degenerative changes with pyelectasia likely owing to pelvic scarring from passage of calculi. Prognosis is guarded depending on sampling results.





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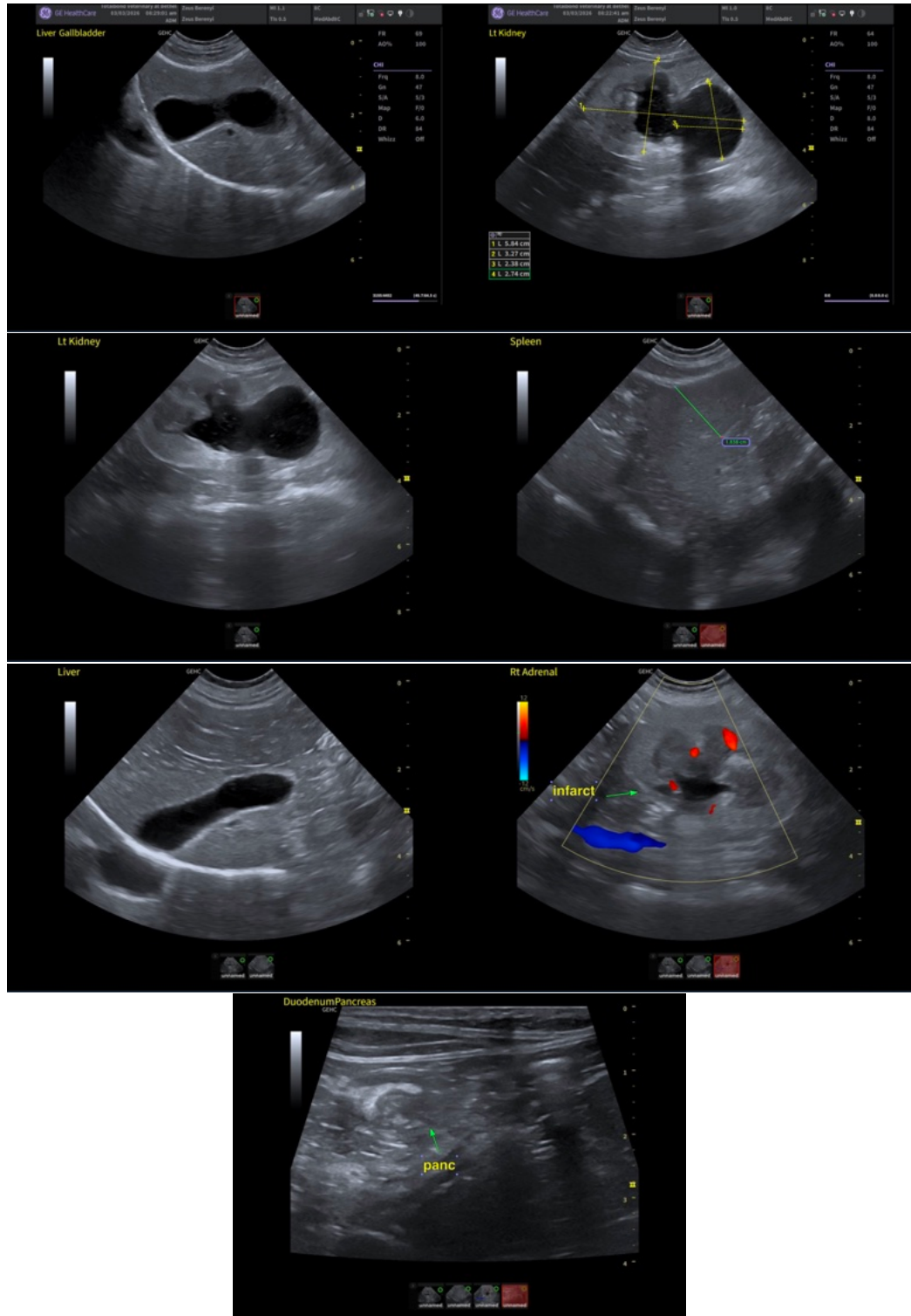
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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