



PATIENT

Zeus Berenyi

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

10.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Schanche

HOSPITAL NAME

Hadley Harris

REFERRING VET

Dr. Schanche

INVOICE

16163

DATE

6/17/22

PRESENTING CLINICAL SIGNS

History: 12-year-old MN DSH presented for weight loss over the last few months despite eating well at home. In 2019 18.4 lbs, 2020 18.0 lbs, 2021 15 lbs, 2022 10.6 lbs, Today 10.3 lbs . 6/9/2022 AST 107, ALT 338, ALP 135, Total bili 0.4, BUN 23, Cr_t 1.8, rest wnl. 7/2021 - AST 22, ALT 54, ALP 36, total bili 0.1.

Abnormal PE/Chem/CBC/UA Results: 6/9/2022 AST 107, ALT 338, ALP 135, Total bili 0.4, BUN 23, Cr_t 1.8, rest wnl. 7/2021 - AST 22, ALT 54, ALP 36, total bili 0.1.

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 were noted. Ureteral papillae were normal.

The **left kidney** presented slight hydronephrosis. The left ureter measured up to 1.0 cm (maximum width) in dilation, followed caudally, it appears to be strictured or may be a congenital abnormality. The left kidney revealed age-related changes otherwise. The left kidney measured 3.2 cm.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 were noted.

Liver

The **liver** revealed mild increased portal markings and slight coarse architecture. The gallbladder and common bile duct were unremarkable. This change is most consistent with nonspecific inflammatory hepatopathy.

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



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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

- Mild degenerative renal changes with slight left hydroureter stricture or congenital lesion
- Nonspecific inflammatory hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. However, antigen surveillance issues/reactive hepatopathy may be playing a role. Diet change may prove effective. No evidence of neoplasia.

SEX

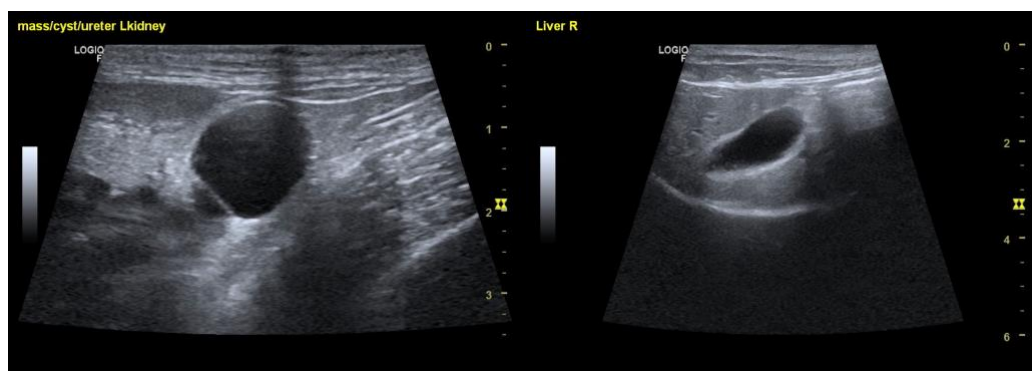
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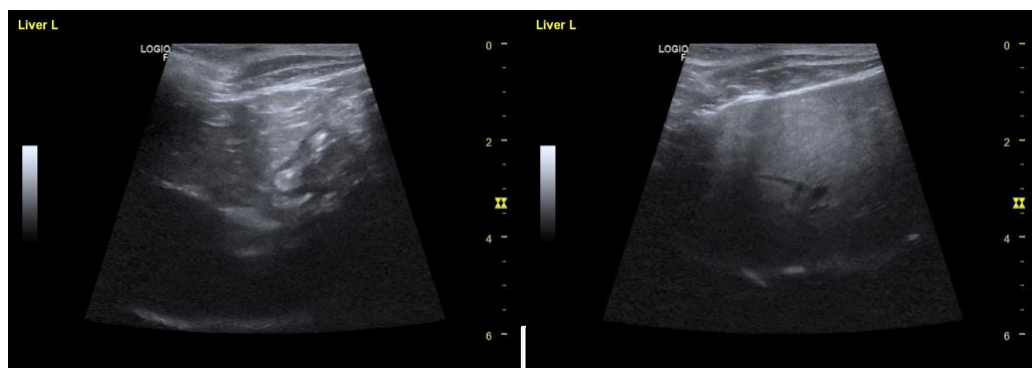
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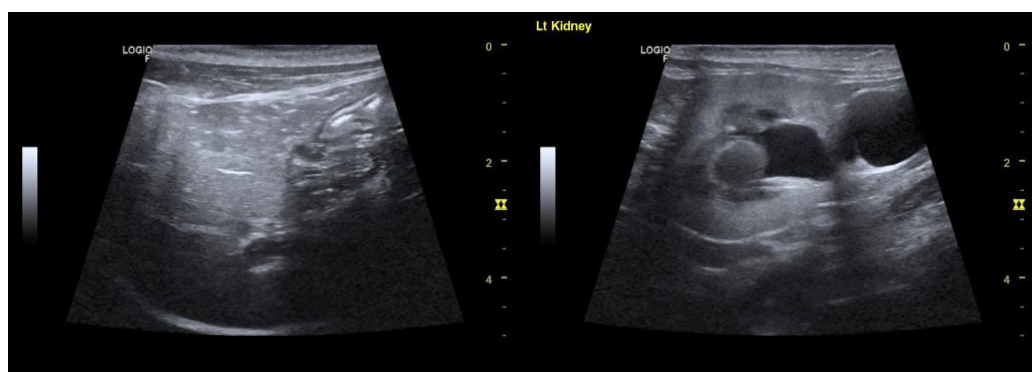


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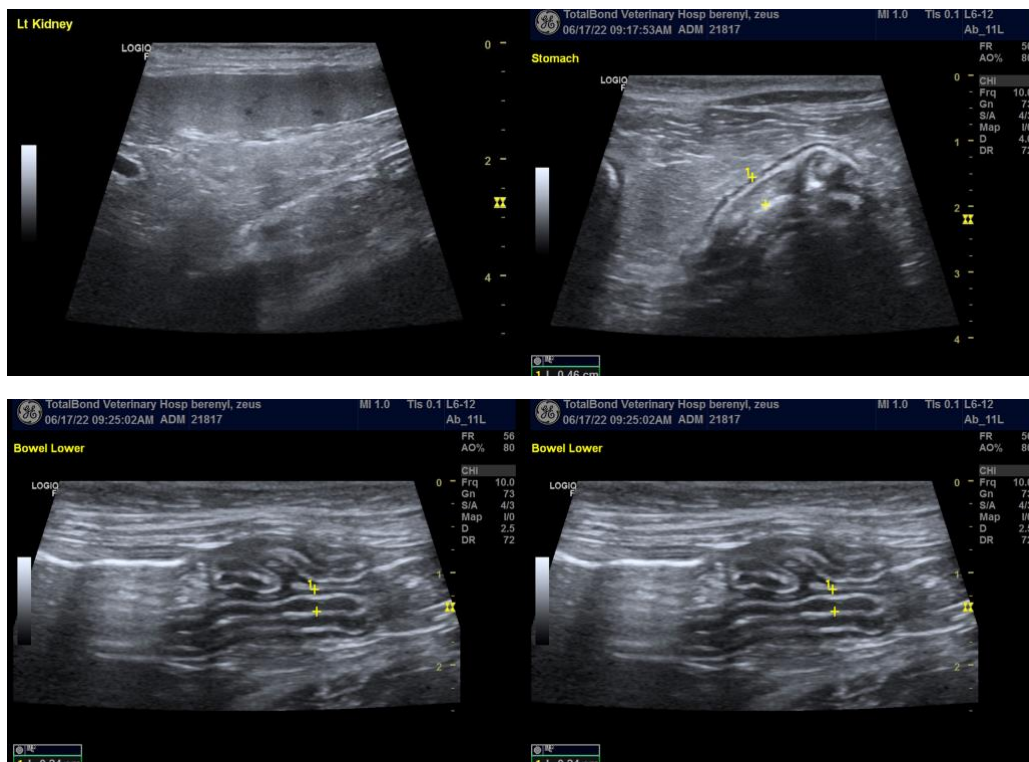
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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