



**PATIENT**

Tenny Borys

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

18 Years

**WEIGHT**

8.3

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Barnea

**HOSPITAL NAME**

Tenaflly Vet Center

**REFERRING VET**

Dr. Salas

**INVOICE**

25995

**DATE**

9/30/21

**PRESENTING CLINICAL SIGNS**

cat is hyperthyroid. well controlled now after being poorly controlled x 2 years. wt loss. diarrhea. recent URI finally resolved after antibiotics. chronic elevation of wbc ct 23k despite antibiotics. concern for gi inflammatory disease. pending pli and b12/folate. starting metronidazole. Cardiac concerns: episodes of weakness, falling off chair repeatedly x few days. tachycardia and arrhythmia ausculted along with a murmur 3/6. cardiomegaly on chest rads. echo done under butorphanol- pet is wiggly! blood pressure 201/141- starting amlodipine pending echo report. thank you!

**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 **kidneys** 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 left kidney measured 3.88 cm with slight pinpoint mineralizations. The right kidney measured 3.95 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**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** 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.

**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.



**PATIENT**

**Pancreas**

Tenny Borys

Mesenteric and **pancreatic** remodeling noted in this patient. Prior history of pancreatitis/steatitis likely.

**SPECIES**

**ULTRASONOGRAPHIC FINDINGS**

Feline

- Geriatric abdomen with pancreatic and mesenteric remodeling, stable abdomen

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. No evidence of abdominal neoplasia.

**SEX**

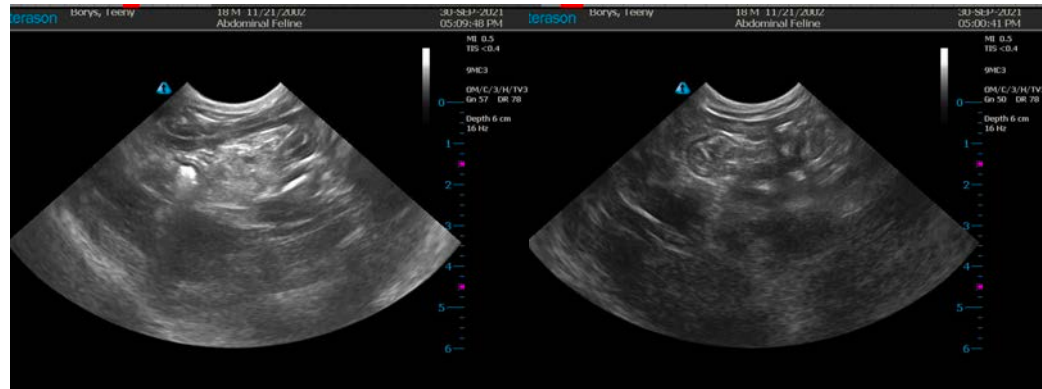
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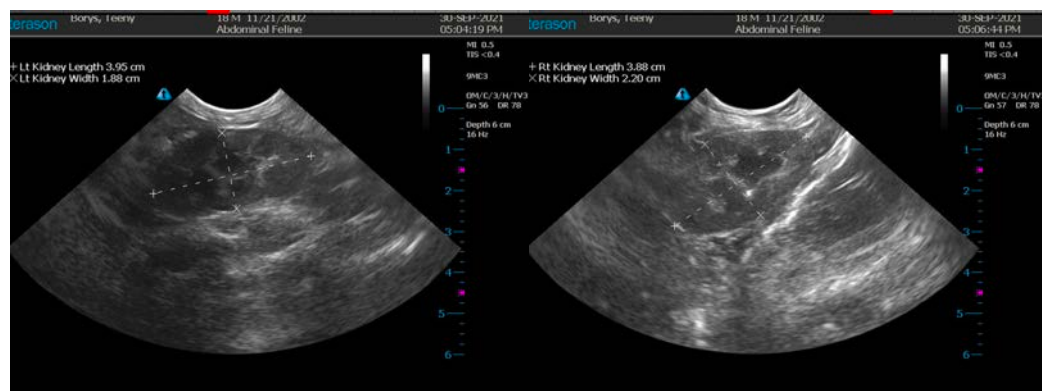
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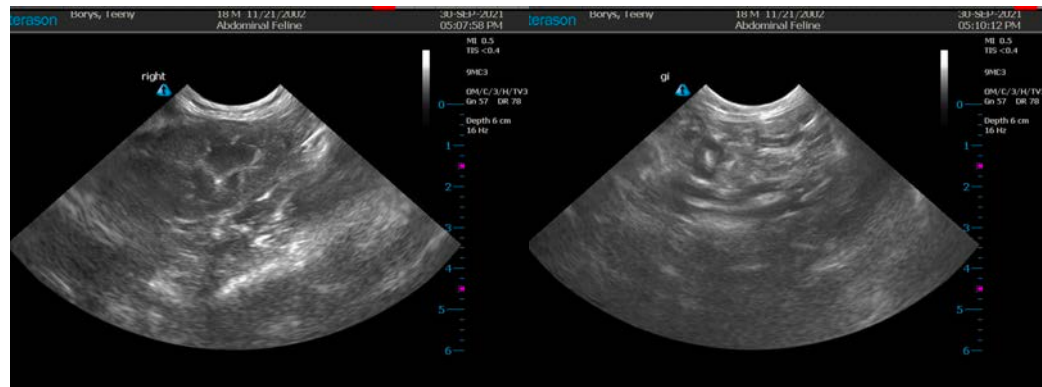
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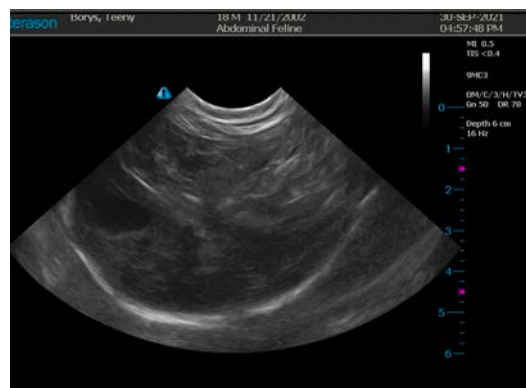
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)