



## PATIENT

The submitted study contained 23 videos for review.

Mister Fur Hoffman

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

- began to have concerns for pt 2-3 days ago as his app has decreased and he is less affectionate/standoffish/staring into odd places and hiding, O believes pt has been inapt for 24 hrs and is refusing treats (very abnormal) O also has not seen pt urinate in the last 24 hrs and he is vomited a tiny amount of bile/liquid and is acting lethargic causing concern
- Symptoms: Inapt, Lethargic, Urinating less and Vomiting

## BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Sarcopenia Integument: Dull hair coat Abdomen: Became aggressive after abdominal palpation Oral Cavity: unable to examine due to temperament CBC - unremarkable Chem10 - WNL. BUN 24, CRE 0.8 UA - USG >1.050, pH6.5, inactive sediment T4 - 3.5 SDMA - 12 (normal)

## SEX

MN

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## AGE

8yr

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

## WEIGHT

4.23kg

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

The area of the aortic trifurcation was free of pathology.

## IMAGING PERFORMED BY

Dr Seyler

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

## HOSPITAL NAME

Wilvet South

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

## REFERRING VET

Dr Seyler

### Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

## INVOICE 23719

DATE  
01/30/2026



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## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

## *Pancreas*

The pancreas was normal in size and contour with mild, non-homogenous hypoechoic parenchyma compared to adjacent omentum.

## *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Normal gastrointestinal tract with mild retained gastric fluid
- Mild non-homogenous hypoechoic pancreas
- Non-distended urinary bladder with urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with mild pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs and musculoskeletal /neurological examination is recommended to assess for occult disease as a contributing factor.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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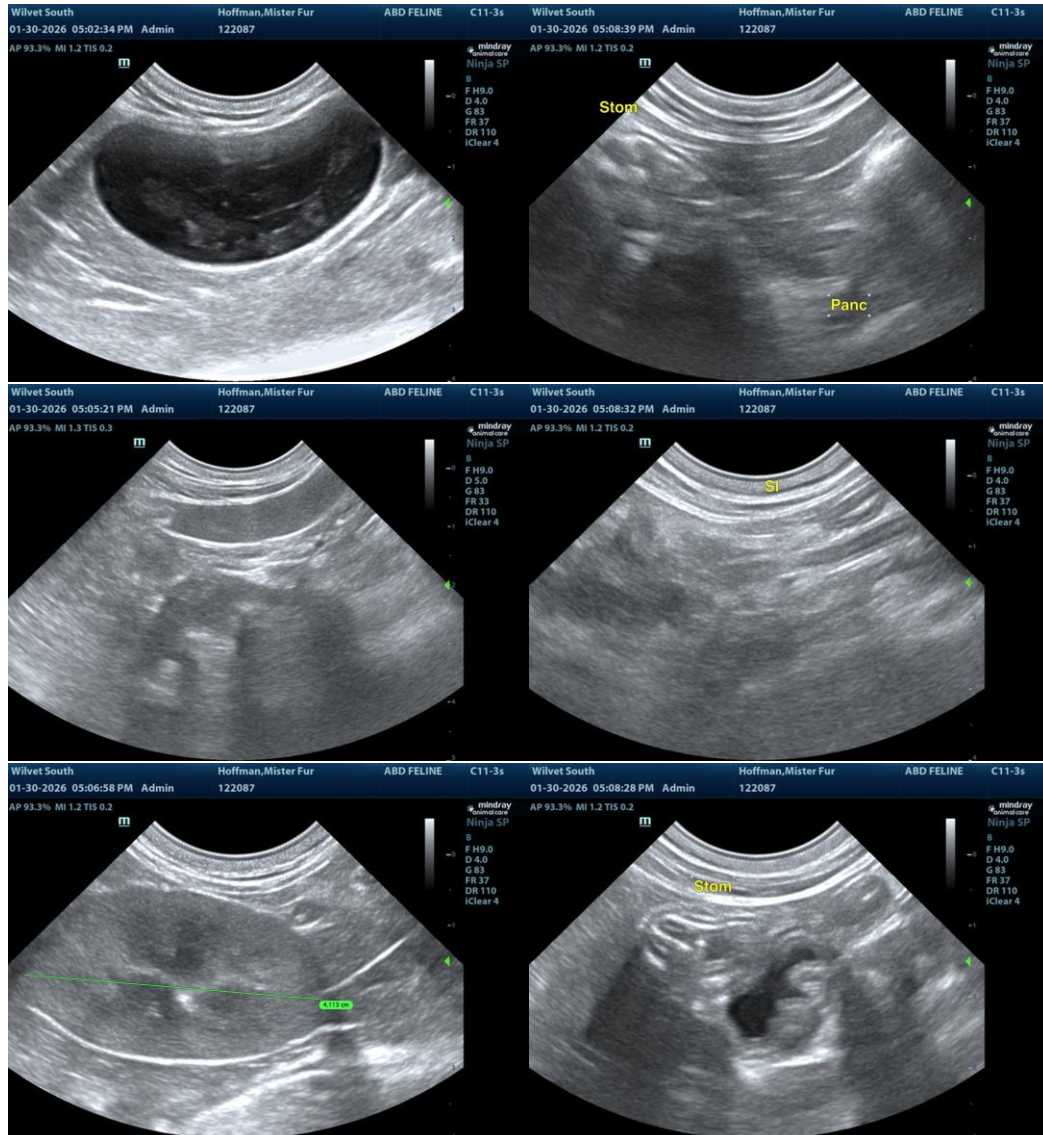
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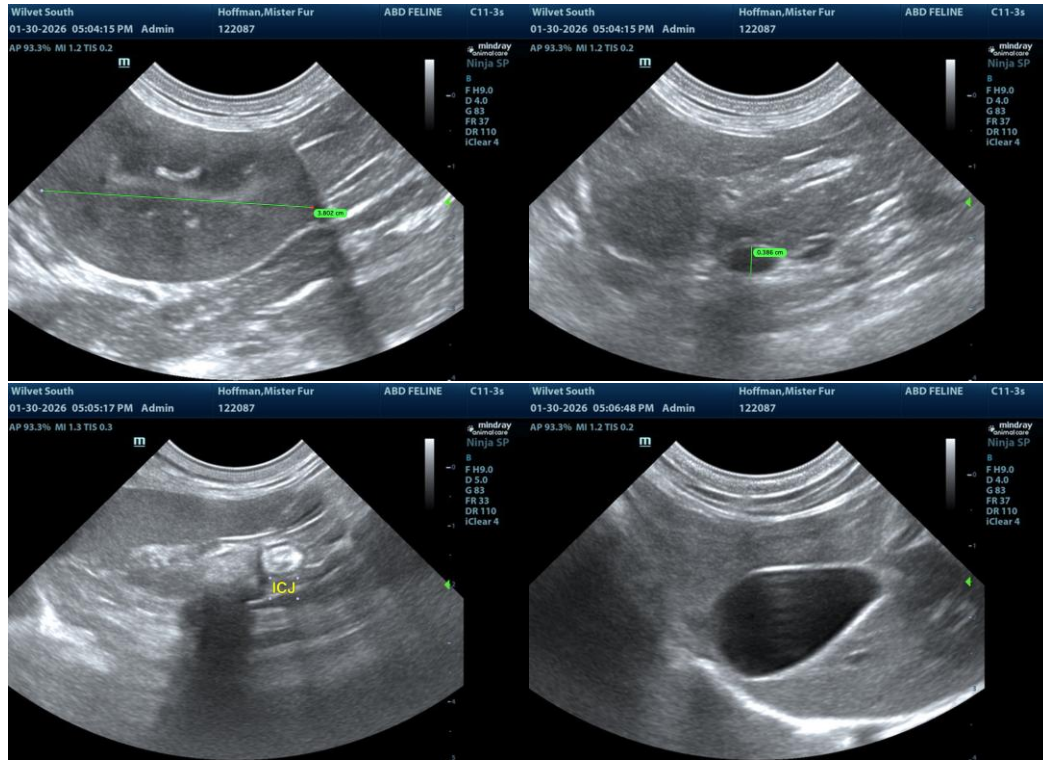
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Dr Seyler

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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