



PATIENT

Snow Hoffman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

10lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Mack

INVOICE

22877

DATE

11/07/2025

PRESENTING CLINICAL SIGNS

Decreased appetite

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.6 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

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.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. Primarily homogenous parenchyma exhibiting mild coarse echotexture and mild lobar biliary tree mineralization. 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 a solitary visualized small non-obstructive cholelith measuring 0.43 cm in diameter. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact segmental to borderline thickened wall. Concurrent segmental, generally mild non-shadowing intestinal ingesta was present without obstructive pattern to the level of the colon. The small intestinal wall measured up to 0.26 cm in width.



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

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Pancreas

The pancreas was normal in size and contour with minor homogenous hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

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

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

Primary

SEX

- Segmental intact borderline thickened small intestinal wall with gastrointestinal ingesta-ingesta consistent with food echogenicity
- Mild hypoechoic pancreas
- Lobar biliary tree mineralization with small non-obstructive cholelith

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology, i.e. neoplastic criteria, masses or significant lymphadenopathy. Correlation with most recent meal ingestion recommended given reported decreased appetite. If documented NPO, some degree of metabolic or non-obstructive gastrointestinal ileus could be possible.

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The segmental borderline thickened small intestine is of unclear clinical significance with possible patient variant yet may suggest mild enteropathy. Given concurrent mild hypoechoic pancreas, a GI panel for further assessment for underlying intestinal disease or low-grade pancreatitis is recommended.

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The lobar biliary tree mineralization and small non-obstructive cholelith likely incidental yet may be associated with chronic hepatobiliary inflammation i.e. cholangiohepatitis. Correlation with full lab work and UA recommended. Three view chest radiographs are recommended if not done to assess for occult esophageal/ thoracic pathology.

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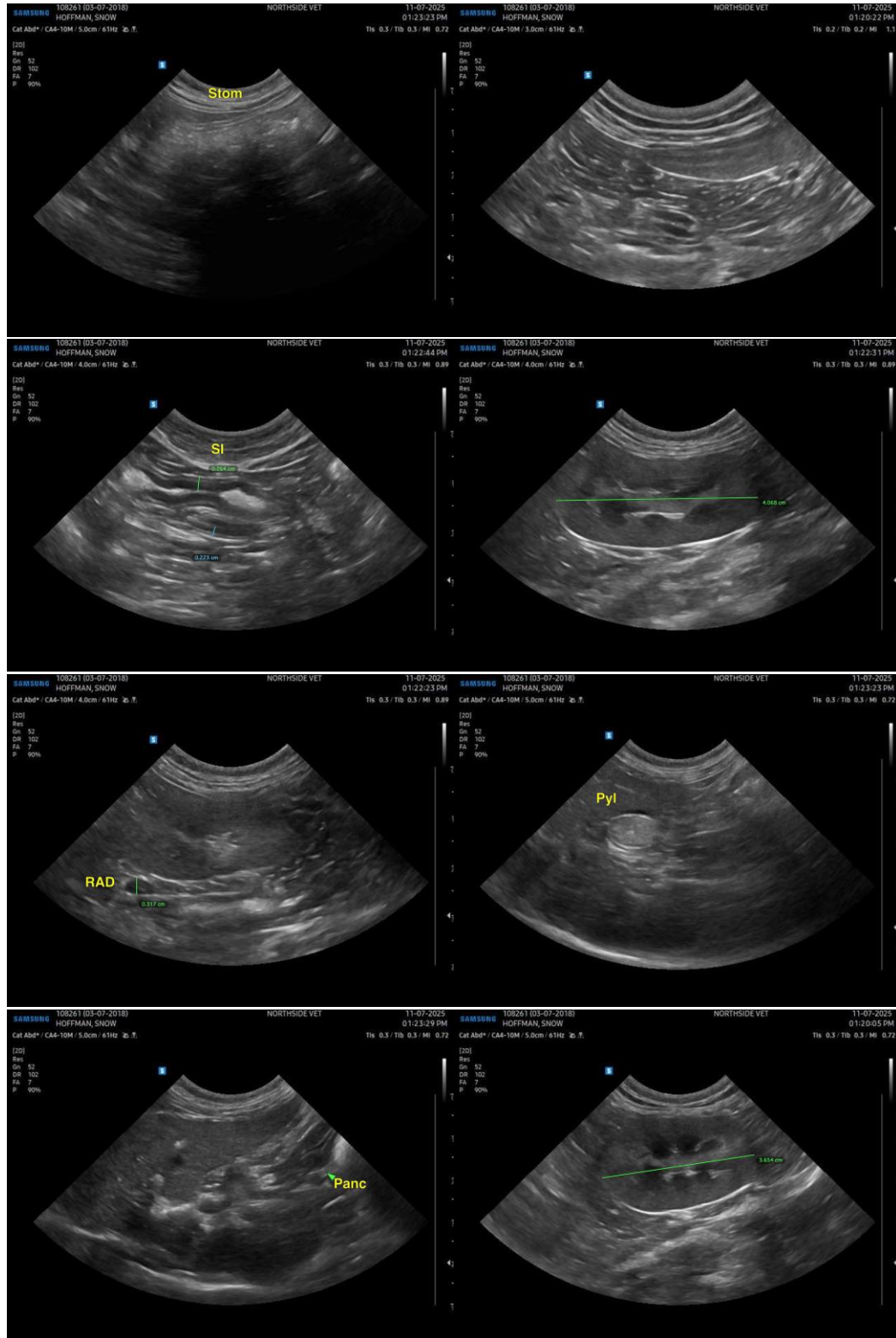
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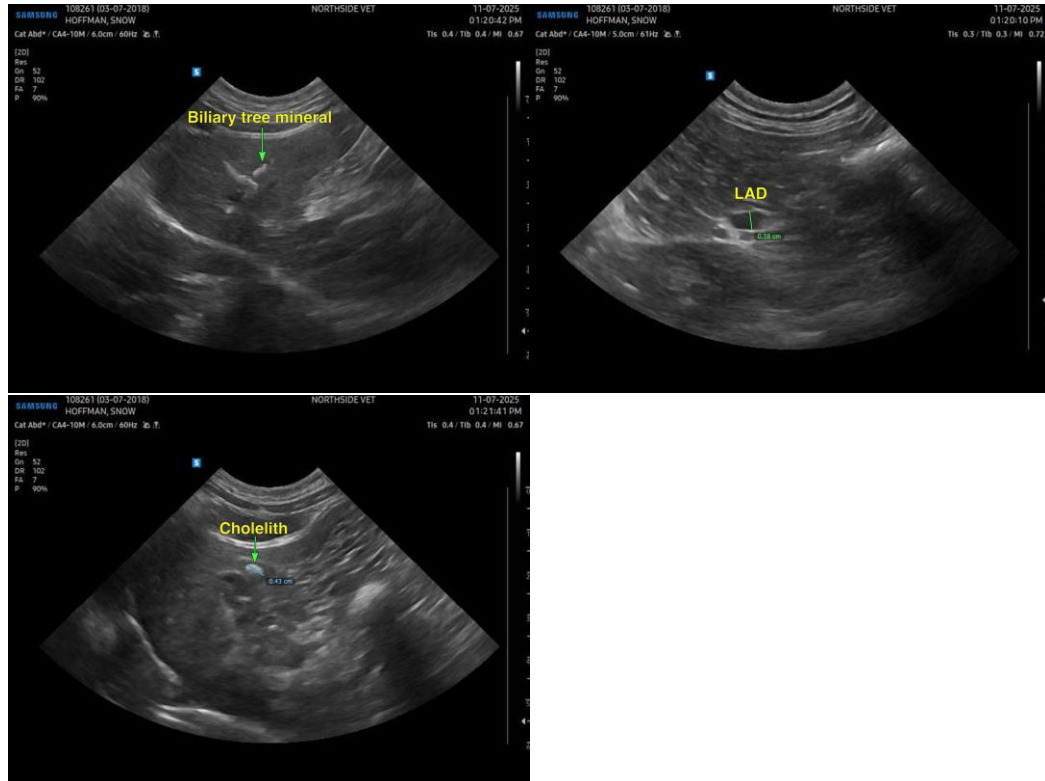
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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