



PATIENT

Pearl Sermersheim

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10 yrs 10 mos

WEIGHT

5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack E

HOSPITAL NAME

Northside
Veterinary Clinic

REFERRING VET

Mack E

INVOICE

10429

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Patient was seen at CareCenter on 11/27 for constipation. Patient followed up with us (GP) on 12/4. Patient was prescribed metronidazole, gabapentin and lactulose. A fiber response diet was recommended. P returned to GP on 12/8 for straining to defecate again. Patient was administered an enema on 12/8 and scheduled for an ultrasound on 12/9.

Abnormal PE/Chem/CBC/UA Results: Diagnostics performed on 12/4 - CBC: MCHC 27.9, WBC 0.79 (L), neutrophils 0.43, lymphocytes 0.3, eosinophils 0.01, basophils 0 - Chemistry: Phosphorus 2.9 (L), feline pancreatic lipase 1.2 (wnl), total T4 1.6 (wnl) - SNAP Pro BNP: Normal - Radiographs: Cardiac silhouette appears appropriate in size/shape, VHS 7.60, no obvious abnormal pulmonary pattern, ventral spondylosis T6-T7, formed stool throughout colon, difficult to appreciate kidneys due to stool, possible small mineralization in right kidney difficult to assess due to superimposition with stool, decreased serosal detail likely due to decreased intra-abdominal fat

The submitted study contained 28 videos for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

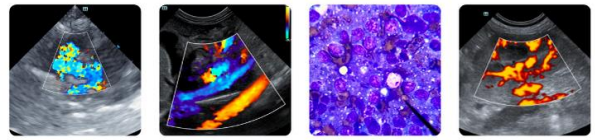
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. Mild right kidney medullary mineral was noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.



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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. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta without 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 ileus, obstruction, or foreign material. The small Intestinal wall width measured 0.20 cm.

The visualized colon exhibited overtly normal intact visible wall. The colon exhibited subjective mild distention with formed fecal matter.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

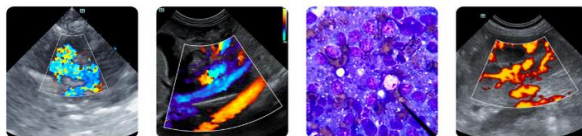
No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild nonshadowing gastric ingesta
- Normal visible colon wall with generalized mild colon distension containing formed fecal matter
- Chronic renal changes with mild right kidney medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the constipation was not obvious. Given the potential decreased body condition, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult small intestinal or pancreatic disease may be considered. Continued empirical therapy for nonspecific constipation is recommended.



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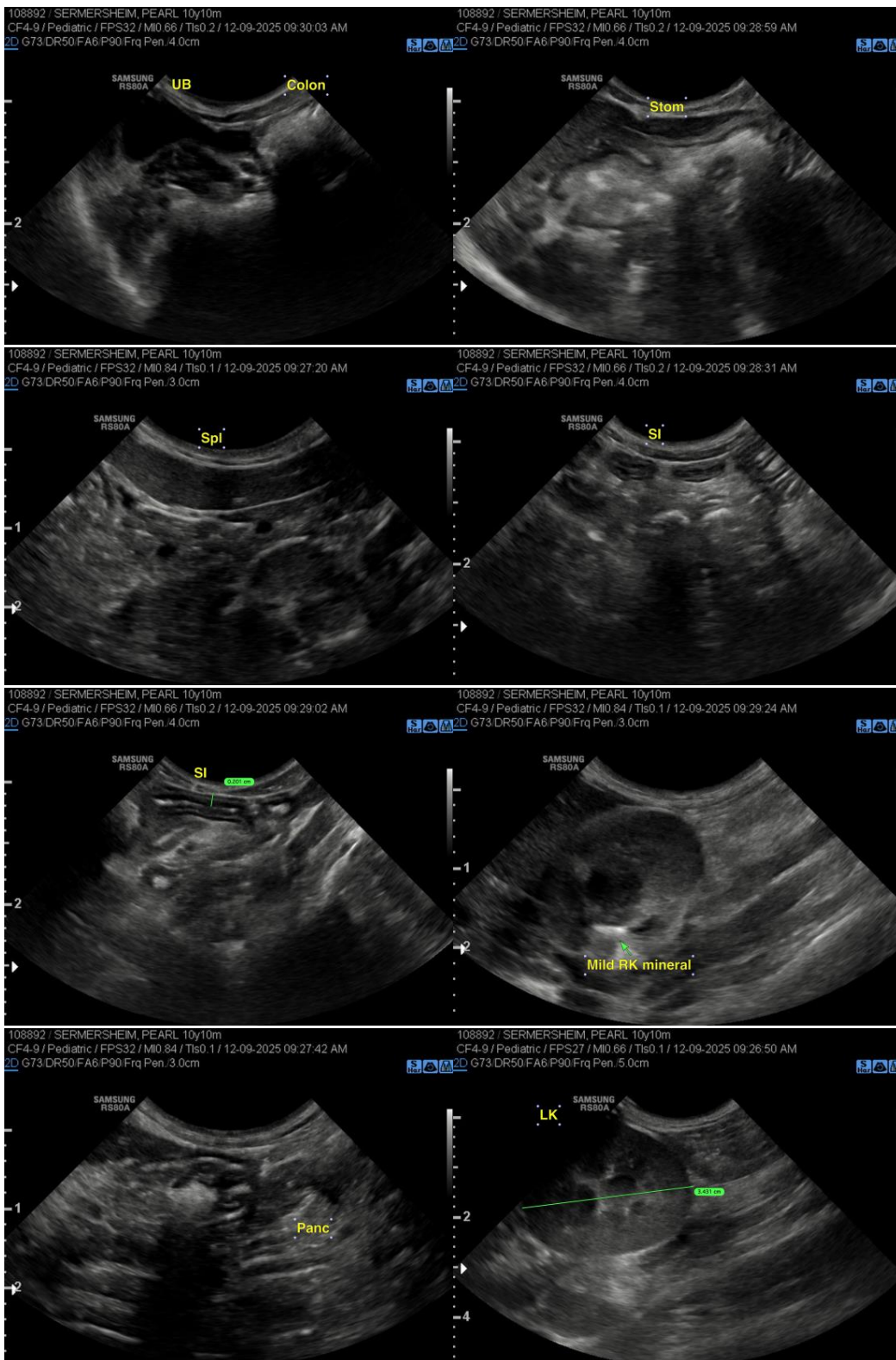
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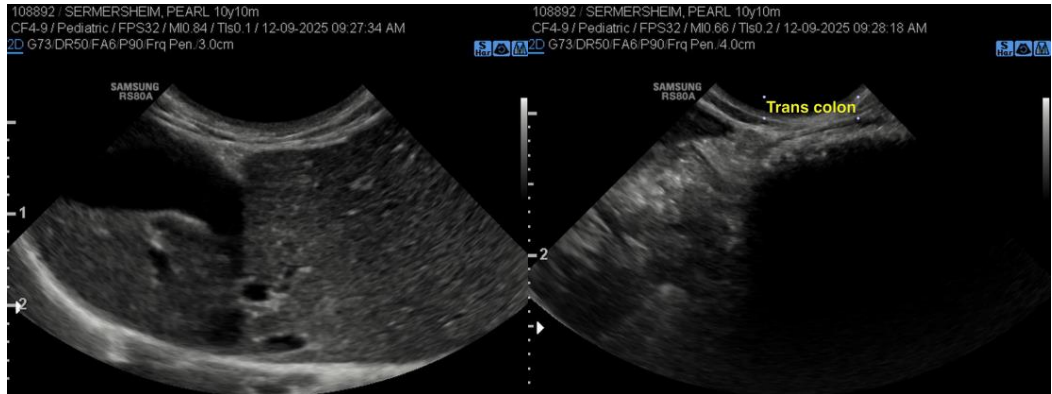
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com