



PATIENT

Penny Hoffman

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

8 Years

WEIGHT

26 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography PLLC

REFERRING VET

Dr. Mehanni

INVOICE

14602

DATE

03/25/26

PRESENTING CLINICAL SIGNS

Pt stopped eating yesterday AM, pt is drinking normally, however, pt vomits about 30 minutes after drinking. Pt is straining to have a BM, this morning pt strained and O noticed there were drops of blood. Pt has a HX of eating acorns. Pt vomited acorns approximately last week.

Meds - Fluoxetine 30mg/day-yesterday am last dose. Gabapentin 200mg PRN- yesterday pm last dose. Lactulose (1st dose today)

Abnormal PE/Chem/CBC/UA Results: rDVM Radiographs- concern for obstruction vs abdominal mass
rDVM Bloodwork Hct 55.93% lymphopenia 0.59 K/uL Glu 111 mg/dL (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 6.4 cm in length. The right kidney measured 6.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.86 cm width at the caudal pole.

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. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented mild intact prominent wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained fluid and lumen gas. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering exhibiting mild altered wall layer ratio owing to mild thickened muscularis layer. Mild segmental duodenojejunal ileus and segmental gas.

The colon walls presented intact yet mild thickened wall layering. Soft fecal matter was present in the colon lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastroenterocolonopathy exhibiting mild gastric and segmental intestinal ileus and soft fecal matter in colon.
- Intermittent mild mesenteric lymphadenopathy.
- Normal area of the pancreas.

Secondary Findings

- Mild nonorganized gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt definitive evidence of mechanical gastrointestinal obstruction or foreign material. Given patient's history, small amounts of non-obstructive or potentially passing material obscured by gastrointestinal artifact and gas are not definitively excluded. No indication for immediate surgical intervention.

The appearance of the gastrointestinal tract is non-specific with considerations including dietary intolerance / food hypersensitivity, infectious disease, dysbiosis, enterotoxin, inflammatory bowel disease, mild pancreatitis, occult parasitism, occult Addison's Disease, occult neoplasia, or other.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia and cortisol level are recommended. Gastrointestinal support over the next 24 to 48 hours with clinical monitoring is recommended. If non-responsive or persistent gastrointestinal signs, sonographic reassessment is indicated.



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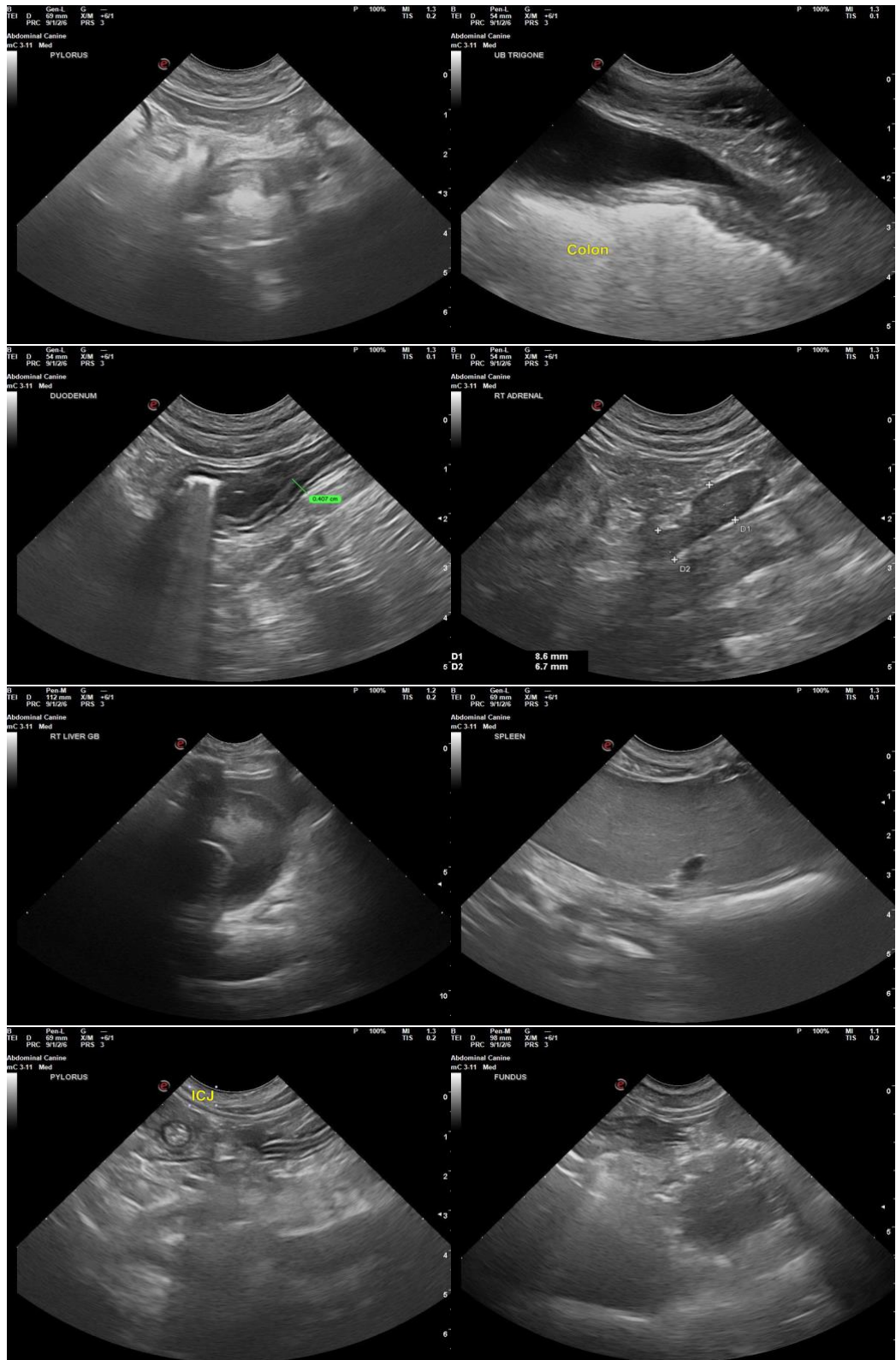
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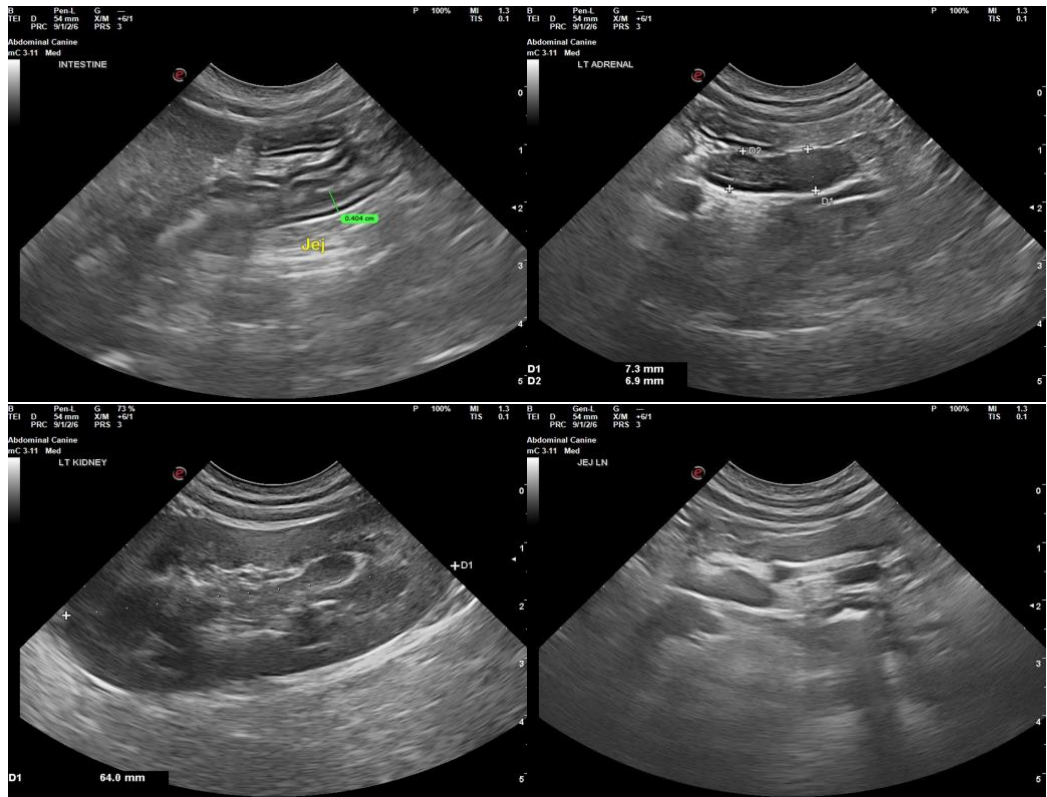
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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