



PATIENT

Sherwin Hoffman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

6.75 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Lupole

INVOICE

12128

DATE

8/13/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Started July 19th, NE no BM, took to rdvm, outpatient tx w/enema. No change, tried switching foods/treats, still NE. Took back to rdvm this past Wed and had a fever, tx outpatient again, enema, and still no improvement, still NE, no BM. Gave revolution, antibiotic injection. Had small dry BM on Wednesday – P screaming during BM, no BM since. No hx of constipation. When did they eat last: since Wednesday has eaten a total of ¼ cup dry food

Abnormal PE/Chem/CBC/UA Results: Temp: 103.6 rdvm bloodwork: (CBC/CHEM/LYTES) 7/19/21 wnl, HGB 15.8; SDMA 16; TT4 normal. rdvm rads: small amount of dry stool in colon, otherwise wnl.

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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. The spleen measured 0.75 cm width.

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.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic ingesta with subtle progressive distal acoustic shadowing was present. This is most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall measured 0.23 cm width.

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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 duodenum wall measured 0.25 cm width. The jejunum wall measured 0.22 cm width.

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Normal visible colon wall layers were present with apparent formed feces in lumen. Overt evidence of colonic distention as with generalized constipation was not overtly present.

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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.

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Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract and colon
- Mild age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically unremarkable abdomen for age without evidence of significant visceral specifically gastroenterocolic pathology.

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An obvious cause of the patient's inappetence and difficulty or vocalizing when defecating was not overtly apparent. Rectal palpation is suggested if not done.

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Potential for low-grade or chronic pancreatic inflammation or underlying inflammatory gastroenterocolic process which may present as sonographically normal cannot be definitively excluded. Further assessment may include, if evidence of weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate. Thoracic radiographs are recommended to rule out occult thoracic pathology, as well as thorough muscular/skeletal and neurological examination to assess for nonabdominal abnormalities which may contribute to the patient's clinical signs.

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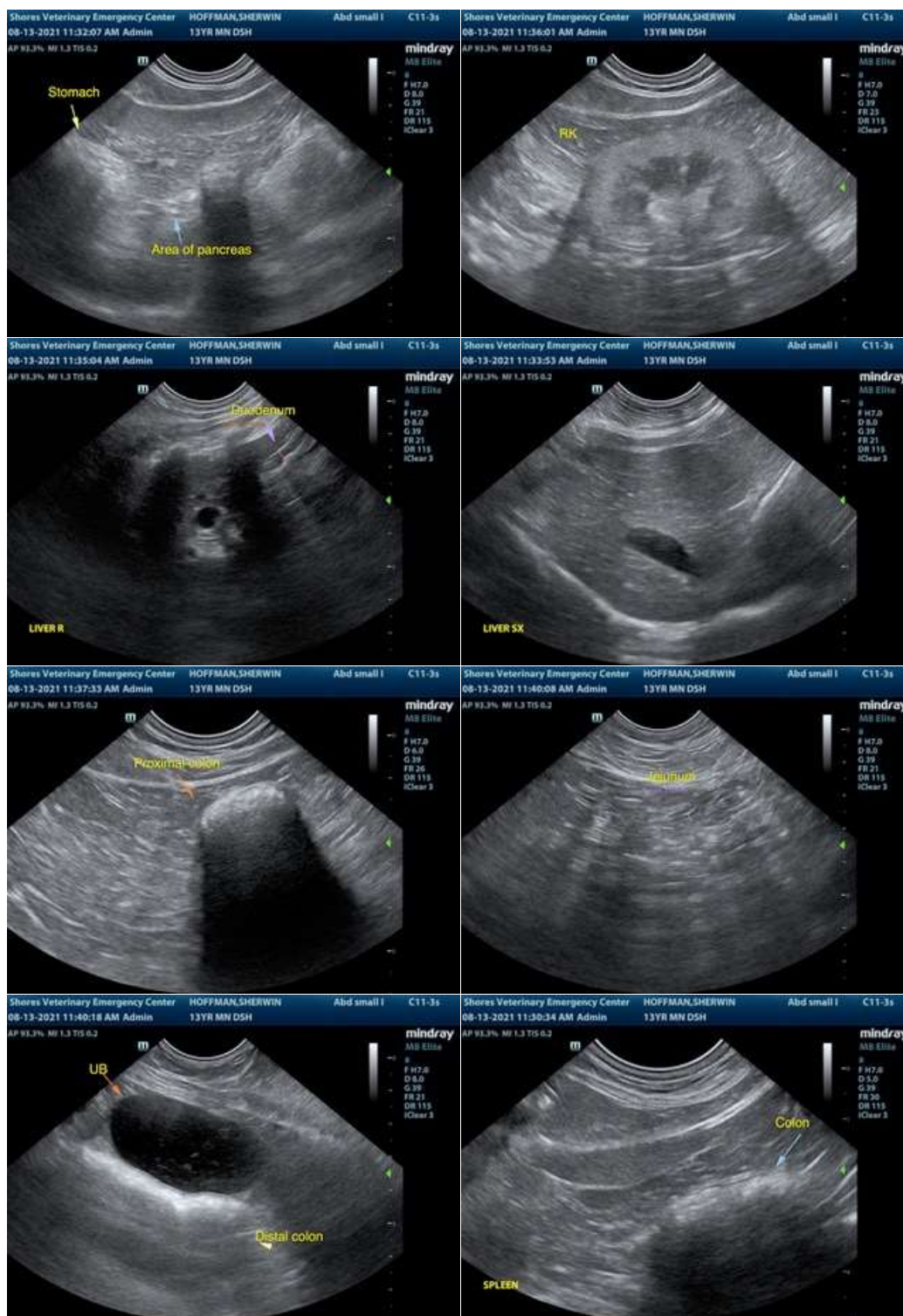
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com