



**PATIENT PRESENTING CLINICAL SIGNS**

Sweetie Hoffman Weight loss, 3 pounds in 3 months

**SPECIES** Abnormal PE/Chem/CBC/UA Results: HCT = 24%, mild liver elevations Current Medications  
Mirataz, SQ Fluids

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

**AGE**

8yr

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

**WEIGHT**

10.2lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

**Spleen**

**IMAGING PERFORMED BY**

Sara Hansen

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 0.63 cm in width at the level of the hilus.

**HOSPITAL NAME**

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**Liver**

**REFERRING VET**

Dr. Bretschneider

The liver was enlarged in size with rounded contour and non-homogeneous to nonuniform parenchyma exhibiting subjective mild increased parenchyma echogenicity. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

**INVOICE**

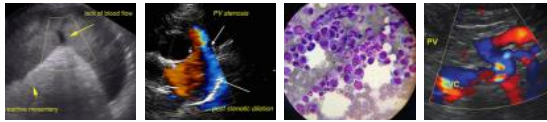
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonshadowing chyme was present. The lumen of the small intestine exhibited no signs of ileus, masses,



**PATIENT**

Sweetie Hoffman

obstruction or foreign material. The duodenum wall measured 0.31 cm in width. The jejunum wall measured 0.21 cm in width.

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

**SPECIES**

***Pancreas***

Feline

The pancreas was normal to mildly prominent in size exhibiting symmetrical contour and subtle hypoechoic to nonhomogeneous parenchyma with minor pancreatic duct dilation.

**BREED**

***Free Abdomen***

DSH

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

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8yr

- Hepatomegaly with non-homogeneous parenchyma
- Suspect low grade to mild chronic to chronic active pancreatitis
- Overtly normal GI tract
- Bilateral non-specific chronic renal changes

**WEIGHT**

10.2lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, the liver was nonspecific with potential considerations including vacuolar hepatic changes or inflammatory disease while occult neoplasia cannot be excluded. Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology.

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for structurally insignificant intestinal disease or triaditis could be a consideration in this patient. A definitive cause of the anemia was not overtly evident.

**IMAGING PERFORMED BY**

Sara Hansen

Three view chest radiographs suggested if not done to assess for thoracic pathology.

Empirically and pending additional diagnostics, therapy for non-specific hepatopathy, suspected low grade to chronic pancreatitis and/or triaditis with monitoring of body weight would be reasonable.

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**SPECIES**

Feline

**BREED**

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**AGE**

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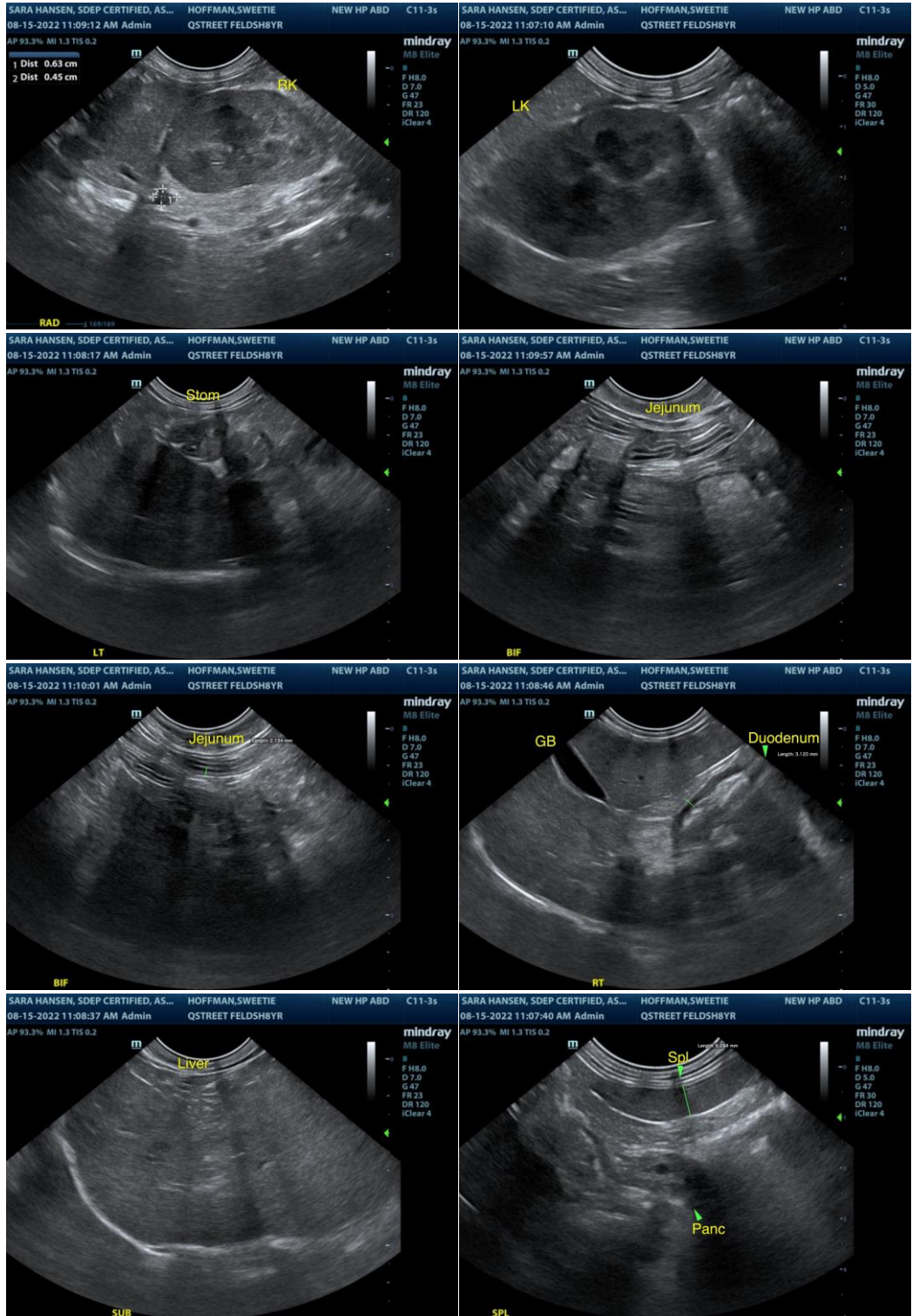
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



**PATIENT** visible in the image/video clips provided.

Sweetie Hoffman

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.

**SPECIES**

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

Feline

info@SonoPath.com

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DSH

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**AGE**

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