



## PATIENT

Juice Brownell

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

16.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

72564

## DATE

12/13/25

## PRESENTING CLINICAL SIGNS

Presented for inappetence, lethargy, febrile, weight loss for about a week. Drop off for abdominal ultrasound. Recently diagnosed with hepatomegaly, mild anemia from EMS hospital.

Abnormal PE/Chem/CBC/UA Results: PE: LS OU, icteric, 7% dehydration, dental ds, obese, enlarge liver on abdominal palpation.

## 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. Non-dependent particulate to accumulated 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Both kidneys were borderline to mildly prominent in size. 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. Left kidney measured 4.5 cm. Right kidney measured 4.6 cm.

### *Adrenal Glands*

The adrenal glands were not visualized.

### *Spleen*

The spleen was subnormal in size, consistent with volume contraction, measuring 0.50 cm in width at the level of the mid 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*

The liver presented generalized hepatomegaly with symmetrical contour and non-homogeneous to non-uniform hyperechoic parenchyma exhibiting indistinct micronodular to lobar hypoechoic hepatic parenchyma. The gallbladder was non-distended in size with mild, non-organized debris. The common bile duct was not visualized.

### *Gastrointestinal*

The stomach presented normal intact visible gastric wall. The lumen of the stomach contained progressively shadowing, mild to moderate ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.



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The small intestine presented variably thickened wall exhibiting intact to segmental indistinct mural detail. Empty intestinal lumen to the level of the colon. Small intestinal wall measured up to 0.39 cm. Ileocolic wall measured 0.53 cm.

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

### **Pancreas**

No obvious pathology in the area of the pancreas.

### **Free Abdomen**

Intermittent enlarged mesenteric lymph nodes were present, example measured 2.0 cm x 0.69 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

Mild volume peritoneal effusion present.

## PRIMARY FINDINGS

- Enlarged, non-homogeneous, hyperechoic liver exhibiting lobar hypoechoic/micronodular parenchyma.
- Non-distended gallbladder with mild bile sediment.
- Volume contracted spleen.
- Gastric ingesta.
- Thickened small intestine exhibiting segmental indistinct mural detail.
- Intermittent mild mesenteric lymphadenopathy.
- Mild volume peritoneal effusion.

## SECONDARY FINDINGS

- Urine sediment.
- Age related kidneys exhibiting borderline/mild renomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, hepato-intestinal neoplasia is strongly suspected, with multicentric inflammatory, infectious, or granulomatous etiologies possible.

Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatic FNA cytology, and, if possible, effusion analysis, cytology +/- culture and sensitivity if evidence of effusion inflammatory component.

3-view chest radiographs and urinalysis recommended if not done.

GI panel to include PLI, TLI, cobalamin and folate could be considered.

Hepato-gastrointestinal support, empirical therapy for non-specific hepatitis/enteritis would be reasonable pending additional diagnostics.

Guarded prognosis.



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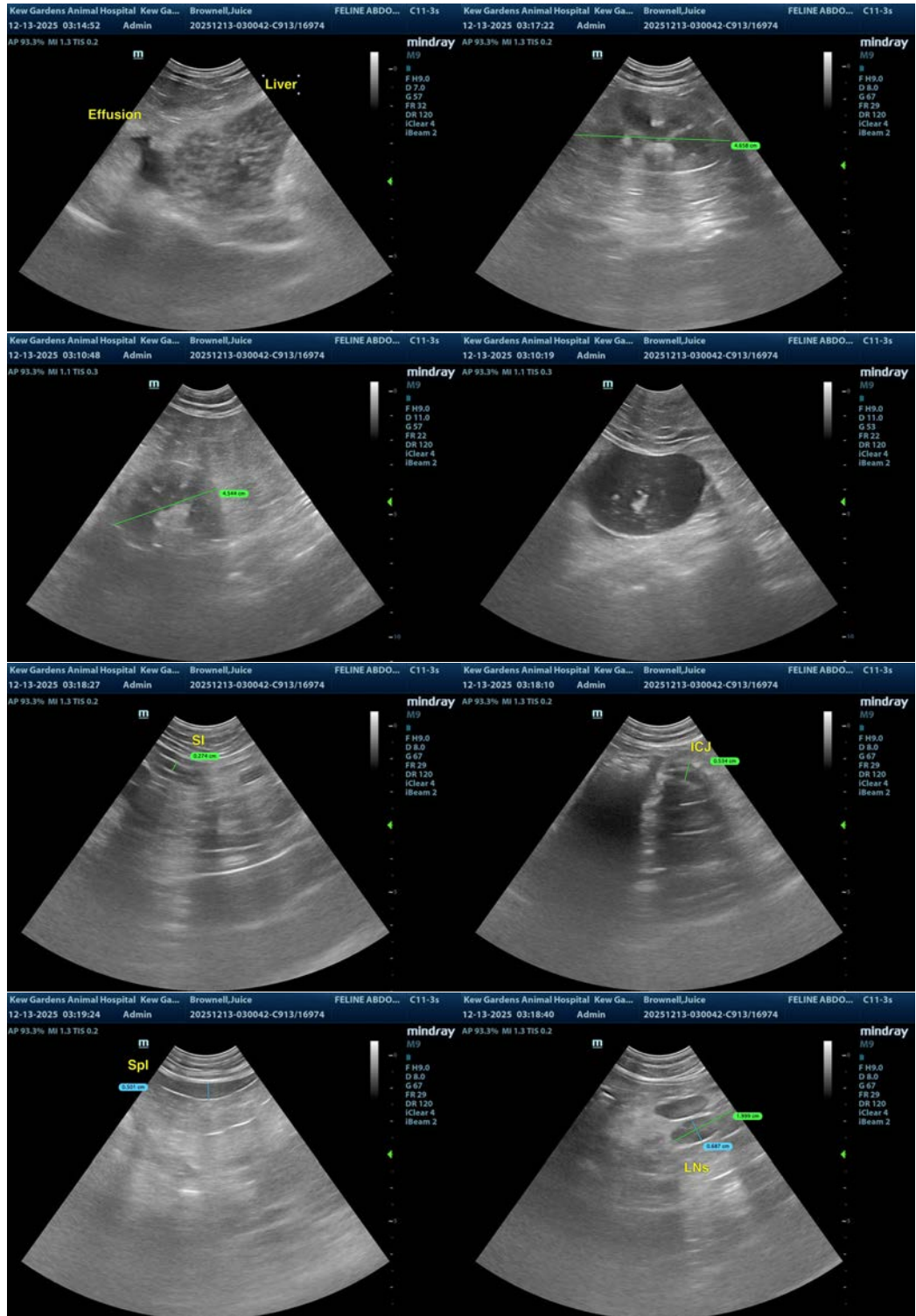
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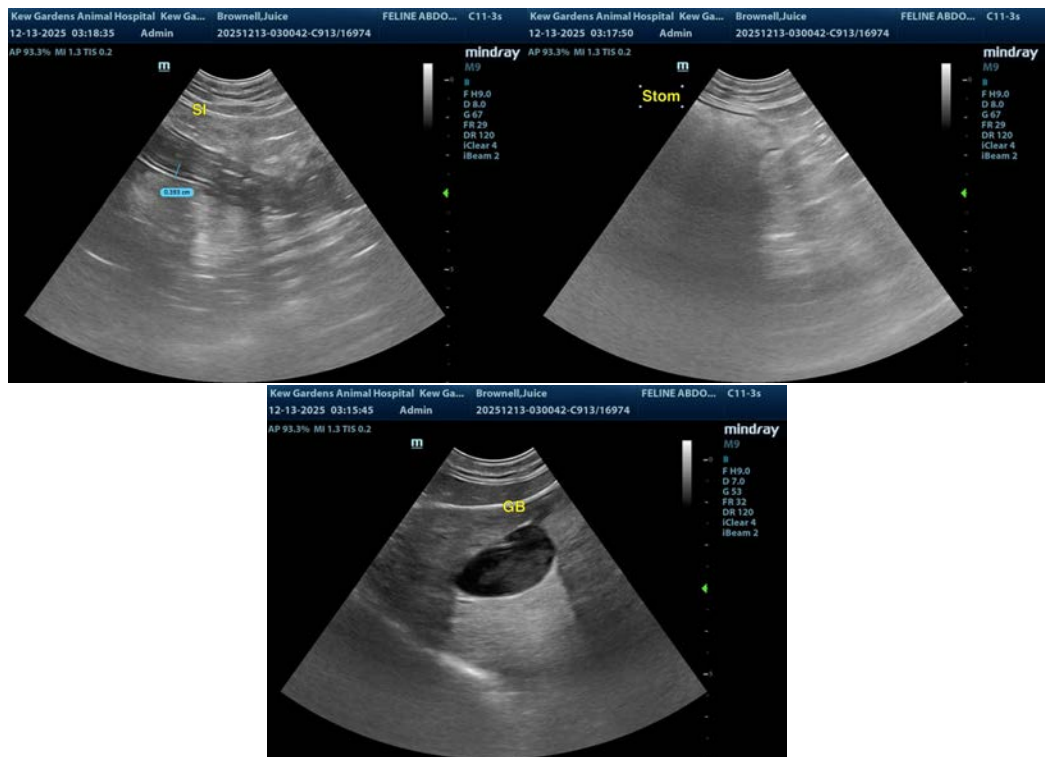
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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