



PATIENT

Cookie Rahman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

8.6lb

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. Beshoy Elyas

INVOICE 23570

DATE
01/15/2026

PRESENTING CLINICAL SIGNS

Presented for vomiting , lethargy and inappetence since Saturday, owner stated possible ingestion of litter . Owner went to EMS and x-rays was for any obstruction , pet was treated supportively but still not getting better.

Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur grade 2/ 6 , 5-7 dehydration. Pli test - normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 3.4 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen as subnormal in size, consistent with volume contraction measuring 0.54 cm in width at 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/Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Normal vascular volume. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact mildly thickened wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of obstruction or foreign material.

The small intestine presented overall intact wall layering with normal muscularis/mucosa ratio. The visualized small intestinal segments were empty without evidence of mechanical /metabolic ileus pattern. Minor segmental intestinal corrugation was present.

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

Pancreas

The pancreas exhibited subjective mild prominent size, capsule asymmetry and mild non-homogenous hypoechoic parenchyma.

Free Abdomen

Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.7 cm x 0.78 cm.

Mild peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Gastroenteropathy exhibiting mild non-obstructive hypomotile stomach, empty small intestine with minor segmental intestinal corrugation
- Mildly prominent non-homogenous hypoechoic pancreas
- Mild hypoechoic liver.
- Volume contracted spleen
- Intermittent mildly swollen hypoechoic mesenteric lymph nodes
- Mild volume peritoneal effusion

Secondary

- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material. Acute to subacute GI insult, dietary indiscretion, infectious disease, enterotoxin, acute inflammatory bowel with associated mesenteric lymphadenitis favored. Potential for multicentric neoplasia or emerging FIP not definitively excluded. No indication for immediate surgical intervention. Hospitalization with GI support and empirical therapy for acute GI episode and mesenteric lymphadenitis with close clinical monitoring would be reasonable. Assuming normal clotting status and using a 25g needle, a hepatic and accessible lymph node FNA for screening cytology may be considered for further assessment. Sonographic reassessment indicated if progressive or non-responsive clinical signs.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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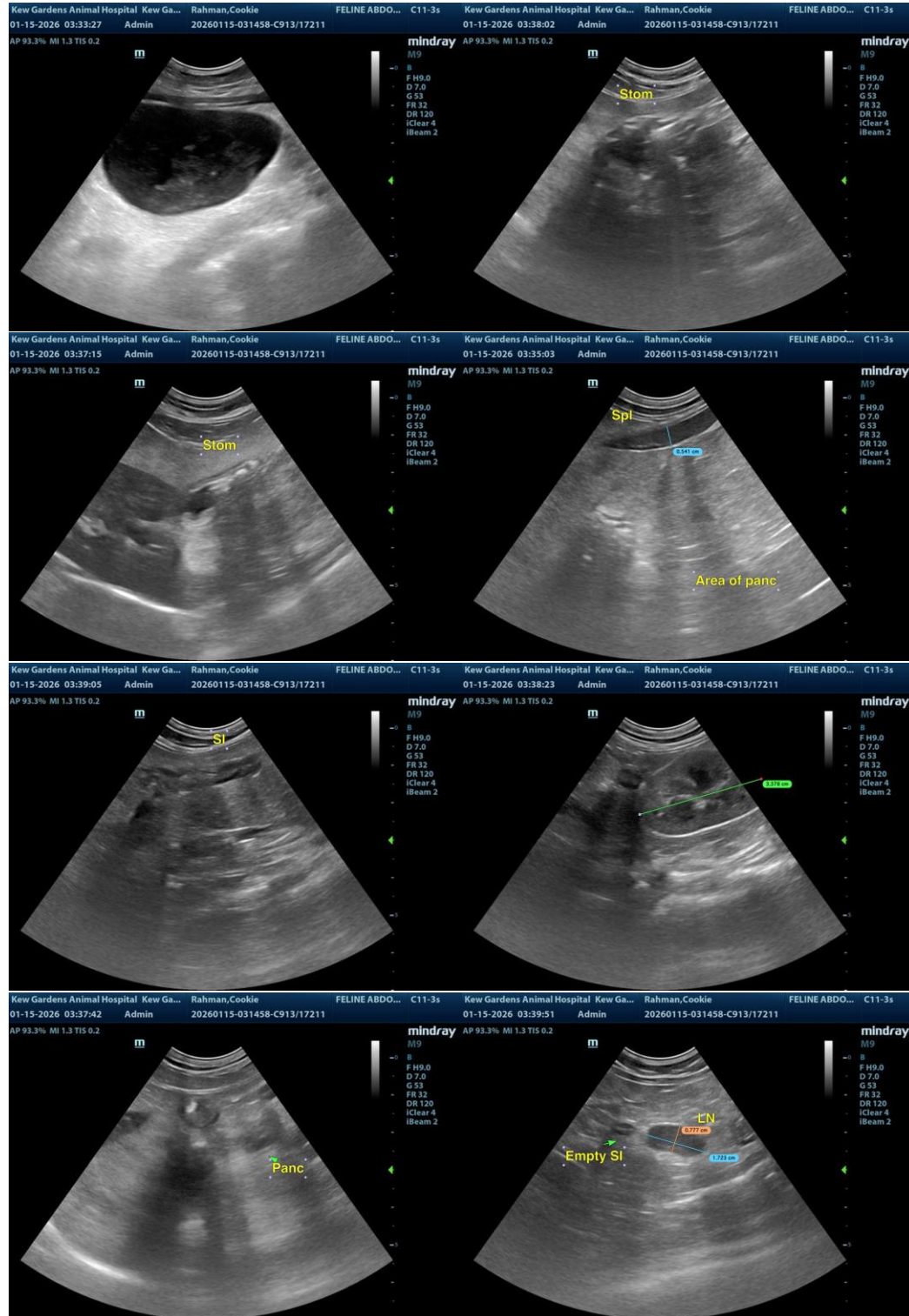
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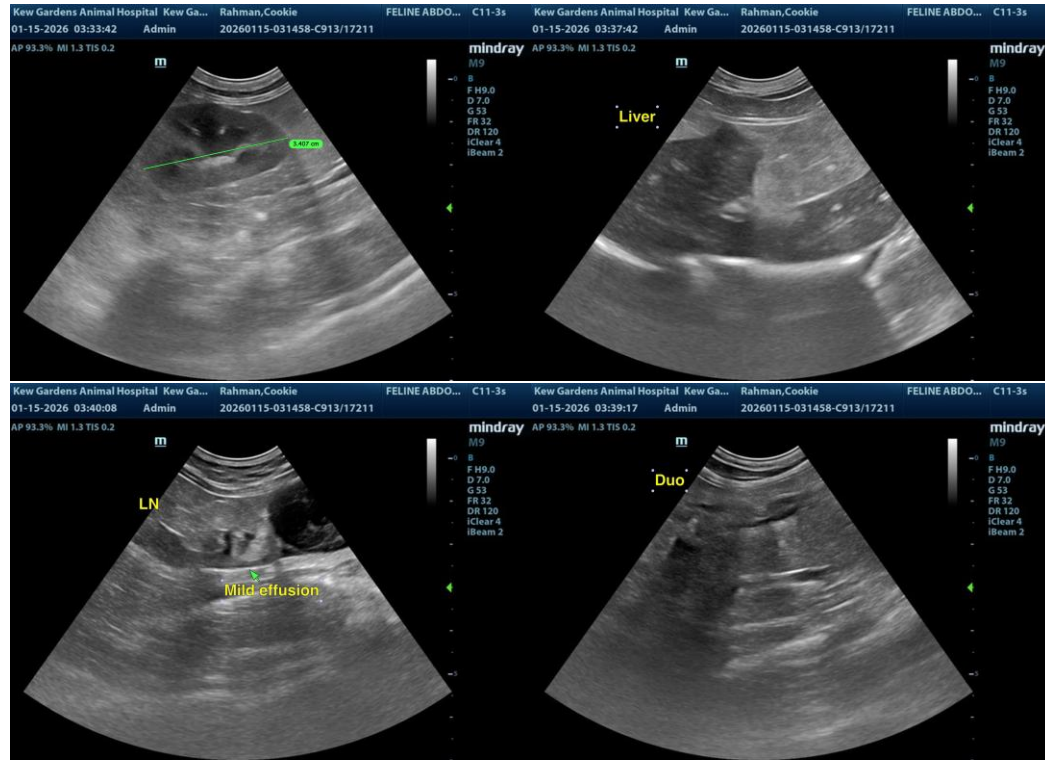
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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