



PATIENT

Luna Bhuiyan

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4y

WEIGHT

5.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13127

DATE

1/24/26

PRESENTING CLINICAL SIGNS

History:

- Presented for ongoing blood in the urine early this month, and started vomiting 3 days ago, losing weight and lethargic, anorexia
- Blood test early this month came back normal.

Abnormal PE/Chem/CBC/UA Results: PE: corneal scarring OD, HM grade 2/ 6, periodontal ds, diffuse mild thickening / fluid filled GI loops, underweight, BCS 3/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended mildly subnormal in size prohibiting full evaluation of the urinary bladder wall. No overt urinary bladder tumors or visualized lumen mineral/calculi. visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone.

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was overtly normal in size, position and shape measuring 0.36 cm.

Spleen

The spleen was mildly subnormal in size suggestive of volume contraction exhibiting 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 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, gravity dependent, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid.



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The visualized segments of the small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio and subjective borderline to mild thickened wall. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.25 – 0.26 cm.

The colon was indistinctly visualized with no overt colon distention. The colon contained subjective formed fecal matter.

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 was evident.

Free Abdomen

Elongated appearing non-homogenous, hypoechoic caudal ventral unspecified mass measuring at least 5-6 cm in length but possibly larger as the entire mass was not visualized in a single viewing window. The mass was located adjacent to the iliac trifurcation and urinary bladder with extension caudally past the level of the urinary bladder. Mild surrounding hypoechoic omentum/tissue and mild volume peritoneal vs retroperitoneal effusion present.

PRIMARY FINDINGS

- Unspecified caudal ventral abdomen or retroperitoneal mass, associated non-homogeneous, hypoechoic surrounding omentum or retroperitoneal tissue and mild associated peritoneal vs retroperitoneal effusion
- Non-distended urinary bladder
- Non-obstructive, mild hypomotile stomach, intact subjective mild thickened small intestinal wall

SECONDARY FINDINGS

- Subjective volume contracted spleen
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unspecified neoplasia, FIP, inflammation, necrosis, abscess, all potentials. Color doppler assessment of the unspecified mass was not utilized and suggested for further assessment. Assuming normal clotting status, FNA cytology of the mass could be considered for further clarification. No obvious mechanical gastrointestinal obstruction. Concurrent GI panel to include PLI/TLI/Cobalamin/Folate and if not done, 3-view chest radiographs warranted. Continued gastrointestinal support indicated. Abdominal CT, if possible, is likely ideal for further clarification.



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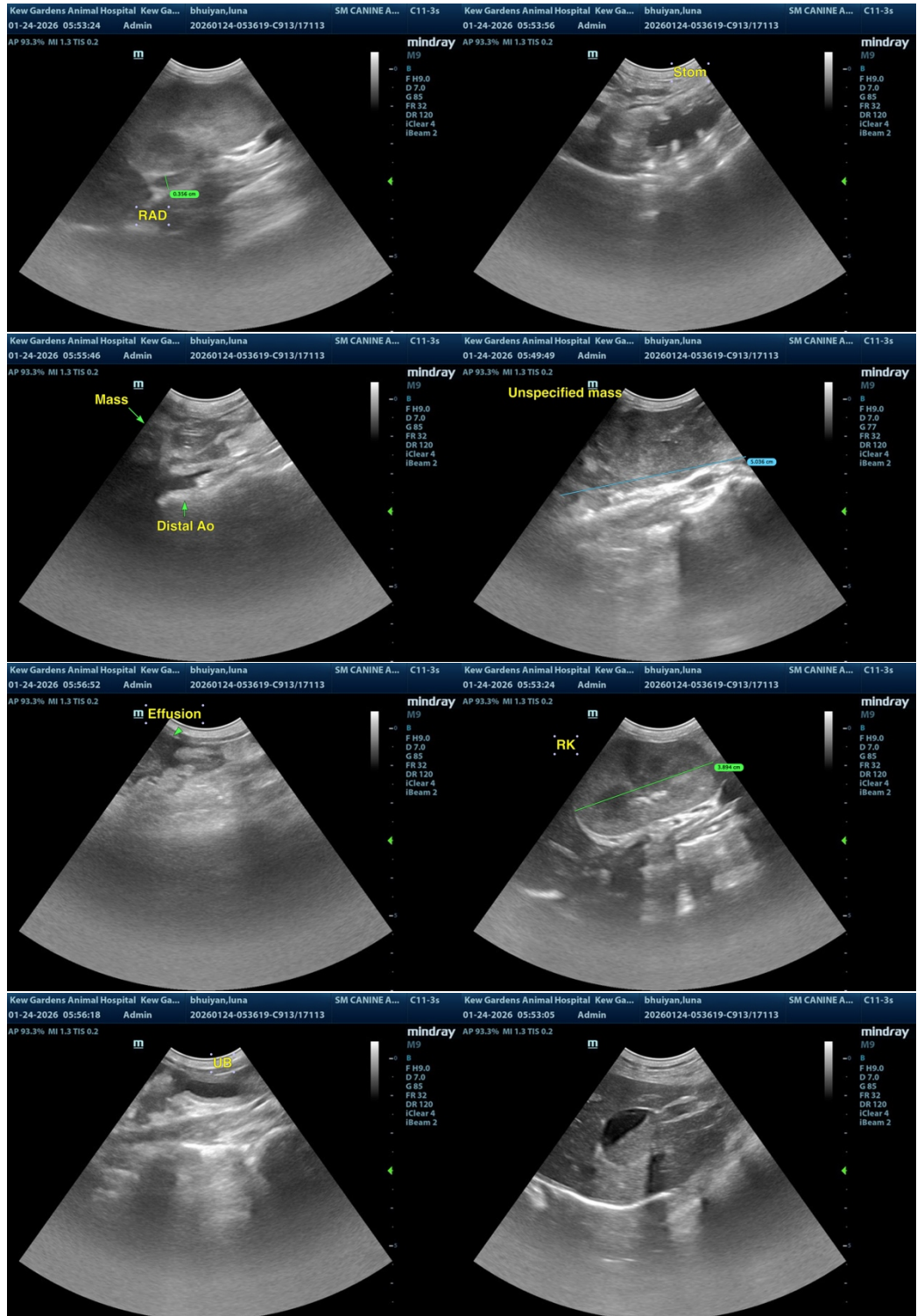
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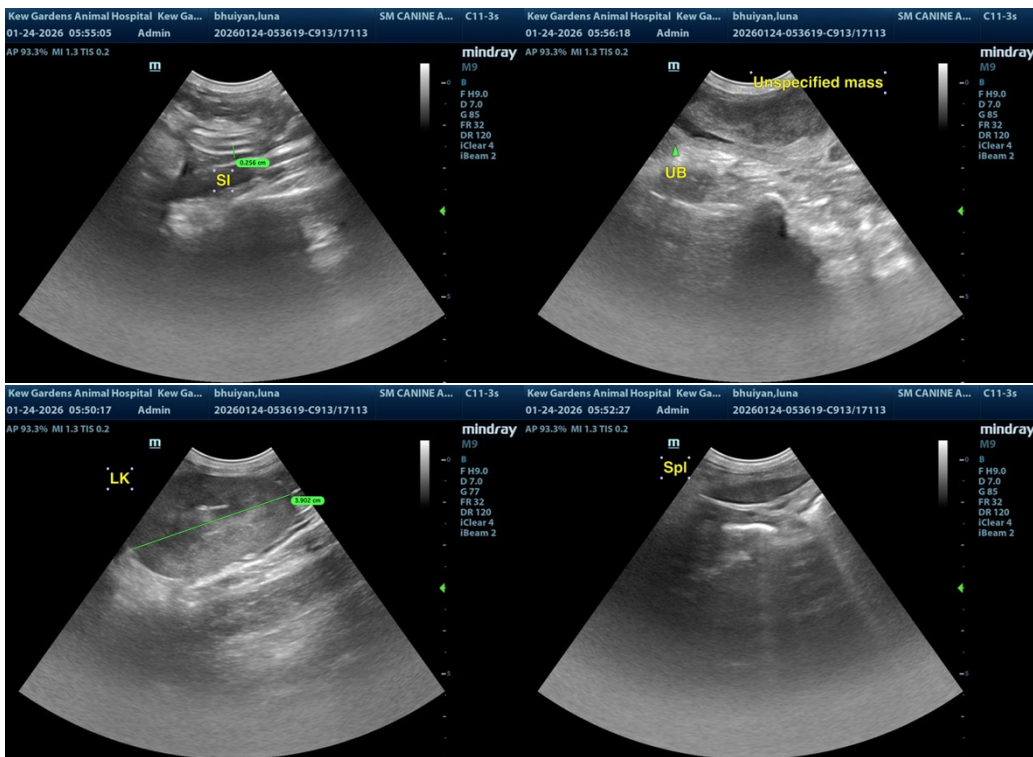
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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