



## PATIENT

Daisy Advocat  
Rescue Group

## SPECIES

Feline

## BREED

DSH

## SEX

Female

## AGE

5.5 months

## WEIGHT

6.5 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

10357

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

Foster parent mentioned that the kitten ate a part of a feather toy overnight, and pet has been gagging on and off, found a piece of feather in the vomit today.

Abnormal PE/Chem/CBC/UA Results: PE : negative oral exam, mild thickened GI loops, the rest WNL.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 3.8 cm in length.

### Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.43 cm width.

### 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 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.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor segmental nonobstructive intestinal ileus. The small intestinal wall width measured 0.20 cm.

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

### **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.

### **Free Abdomen**

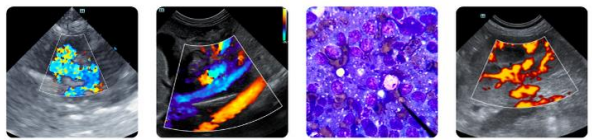
Intermittent, mildly enlarged, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.3 cm in diameter. No evidence of peritoneal effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

- Empty stomach
- Subjective mild nonspecific enteritis pattern exhibiting mild segmental nonobstructive intestinal ileus
- Intermittent mild benign mesenteric lymphadenopathy - mild hyperplasia or immunologic-immaturity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of gastrointestinal obstructive pattern or overt gastrointestinal foreign material. Mild nonspecific enteritis secondary to dietary indiscretion or potential irritation owing to passage of small amounts of foreign material, given patient history, is possible. Gastrointestinal support is indicated. Sonographic reassessment and monitoring are recommended if continued or progressive gastrointestinal signs are noted.



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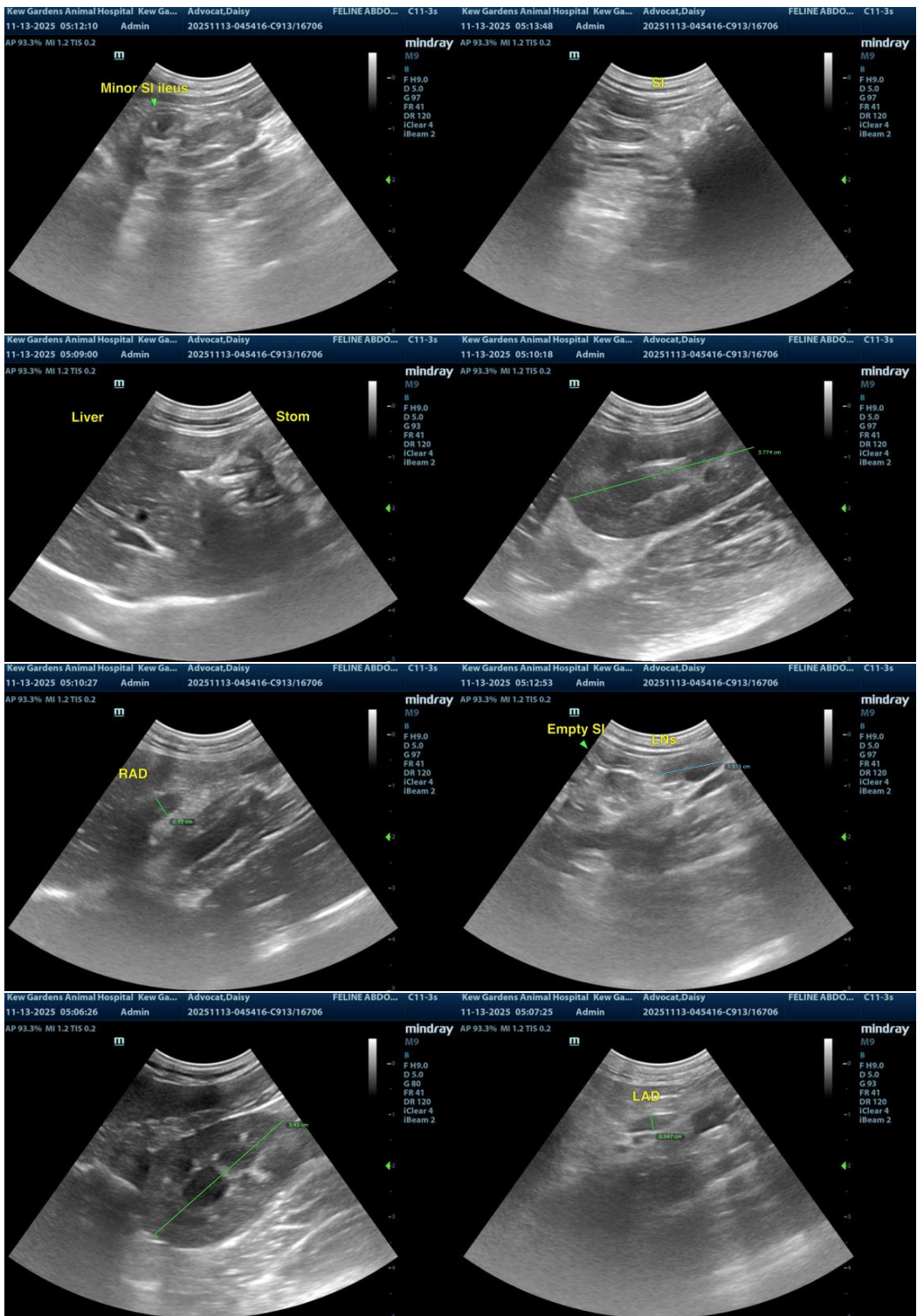
Dr. Lara Cabugawan

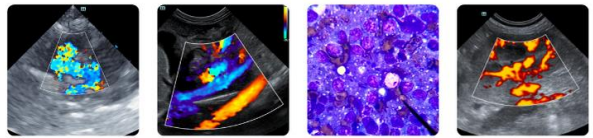
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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](mailto:info@sonopath.com)