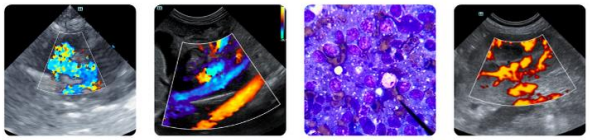


PATIENT
Maple Montesdeoca

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
3 yrs, 5 mos

WEIGHT
10 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. Elyas

INVOICE
10352

DATE
11/13/25

PRESENTING CLINICAL SIGNS

Presented on Tuesday for inappetence and no BM , owner mentioned possible ingestion of foreign material.

Abnormal PE/Chem/CBC/UA Results: PE: mild thickened GI loops FeLV elisa - positive cbc path review- pending FeLV Pcr test - pending

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. Mild, nondependent particulate 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 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 3.5 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

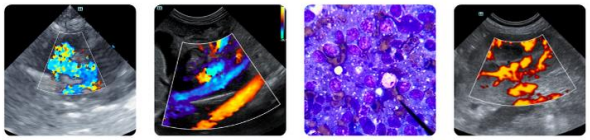
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.41 cm width and the right adrenal gland measured 0.40 cm width.

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 common bile duct was not definitively visualized.



PATIENT
Maple Montesdeoca

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
3 yrs, 5 mos

WEIGHT
10 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. Elyas

INVOICE
10352

DATE
11/13/25

Gastrointestinal

The stomach presented intact, borderline prominent wall. The gastric body wall width measured 0.30 cm in width. The stomach was mildly distended with retained primarily anechoic fluid

The visualized segments of the small intestine presented intact wall layering with maintained normal 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. Definitive visualized mechanical / metabolic intestinal ileus was not obvious.

The colon was indistinctly visualized without overt evidence of significant colon distention with formed fecal matter. Ultrasound is a nonsensitive diagnostic for constipation.

Pancreas

The area of the pancreas exhibited mid-cranial abdomen hyperechoic omentum or possible staetitis. The definitive pancreas was not overtly visualized.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Sonographically unremarkable empty visualized small intestine
- Non-visualized pancreas
- Mid-cranial abdomen hyperechoic omentum / staetitis
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of mechanical gastrointestinal obstruction, i.e., mural pathology, foreign material, etc., was not obvious, yet the area of the pyloric or upper intestinal outflow was indistinctly visualized. Pancreatitis, given hyperechoic omentum or omental inflammation within the cranial abdomen, may be possible. Correlation with assessment for cranial abdominal / subxiphoid discomfort on palpation and a spec fPL is recommended.

Initial gastrointestinal support, empirical therapy for possible pancreatitis with clinical monitoring and sonographic reassessment of the gastrointestinal tract in 18-24 hours would be reasonable. Correlation with pending diagnostics is recommended.

PATIENT
Maple
Montesdeoca

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 yrs, 5 mos

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

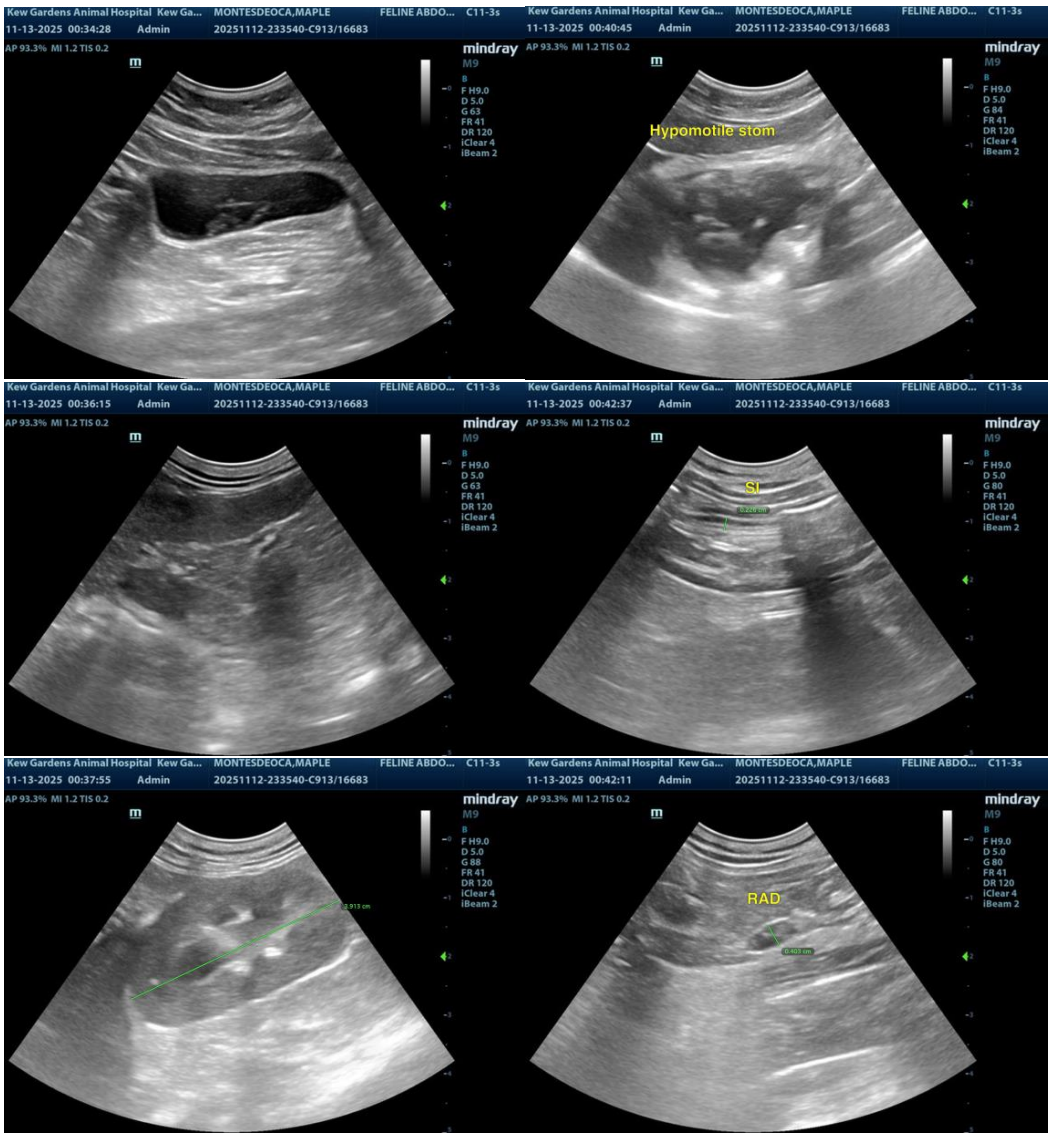
Dr. Elyas

INVOICE

10352

DATE

11/13/25



PATIENT
Maple
Montesdeoca

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 yrs, 5 mos

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

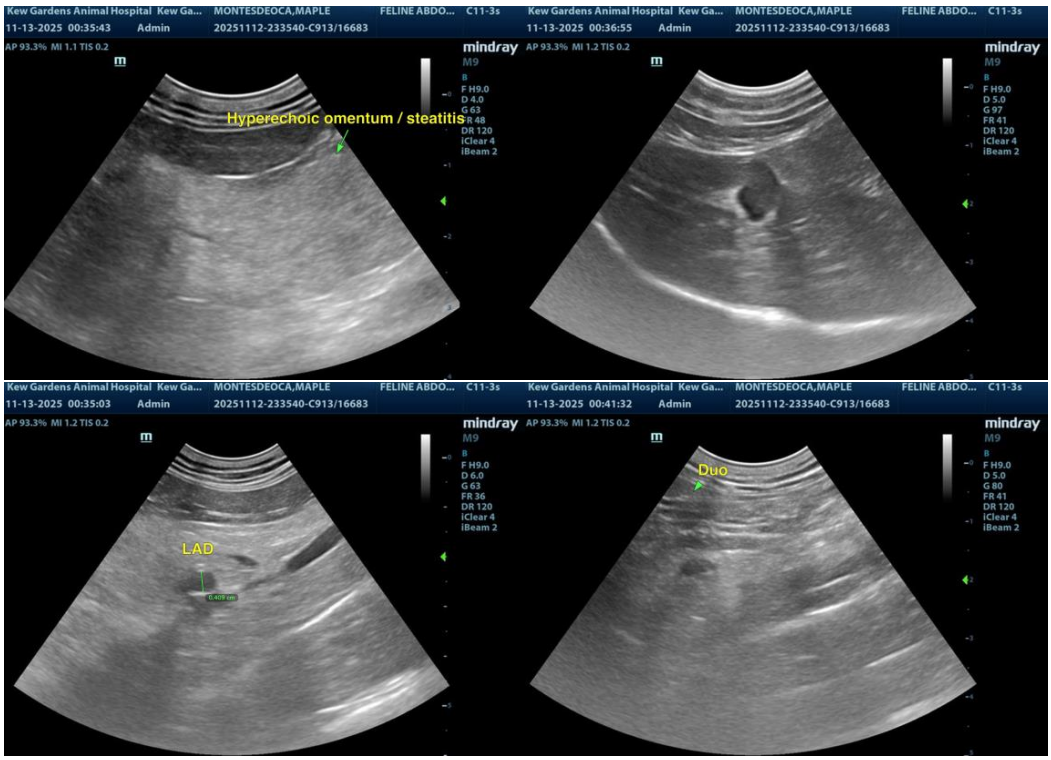
Dr. Elyas

INVOICE

10352

DATE

11/13/25



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