



PATIENT

Pepper Jack Dela Cruz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

6.1lb

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 22888

DATE
11/07/2025

PRESENTING CLINICAL SIGNS

Presented for ongoing vomiting, weight loss, inappetence.

Abnormal PE/Chem/CBC/UA Results: PE: Fractious, mild dental calculus, dorsal muscle wasting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with mild uniform thickened ventral urinary bladder wall. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate dependent to non-dependent focal ventrally adhered sediment / sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of 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 3.5 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited subnormal size (0.4 cm width level of the mid spleen) with 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

Generalized hepatomegaly was present exhibiting mild overall hyperechoic parenchyma. Multifocal, variably expansive non-homogenous hypoechoic liver nodules were present, some with associated mild symmetrical hepatic capsule distortion. An example measured 1.9 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 non-distended with mild gas. No signs of ileus, obstruction or foreign material.

The upper duodenum exhibited mild irregular thickened wall with loss of wall layer detail. Thickened upper duodenum wall measured 0.5 cm wall width. The visualized jejunum exhibited intact non-



PATIENT	thickened wall with mild altered wall layer ratio owing to mildly prominent jejunum muscularis layer. The jejunum wall measured 0.24 cm in width.
Pepper Jack Dela Cruz	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	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.
BREED	<i>Free Abdomen</i>
DSH	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
SEX	ULTRASONOGRAPHIC FINDINGS
FS	Primary
AGE	<ul style="list-style-type: none">• Multiple expansive hypoechoic liver nodules - consistent with neoplasia criteria• Gallbladder debris• Subjective thickened upper duodenal wall / mural mass• Non thickened jejunum with mild prominent muscularis layer• Mild cystitis pattern with non-dependent to focally adhered urine sediment/ sand
7yr	
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
6.1lb	Multicentric round cell neoplasia such as lymphoma or other involving the liver and small intestine is probable. Assuming normal clotting times, FNA cytology of a liver nodule is recommended with oncology consult. The thickened duodenum wall does not overtly appear obstructive at this stage. A GI panel, thoracic radiographs and GI support are recommended.
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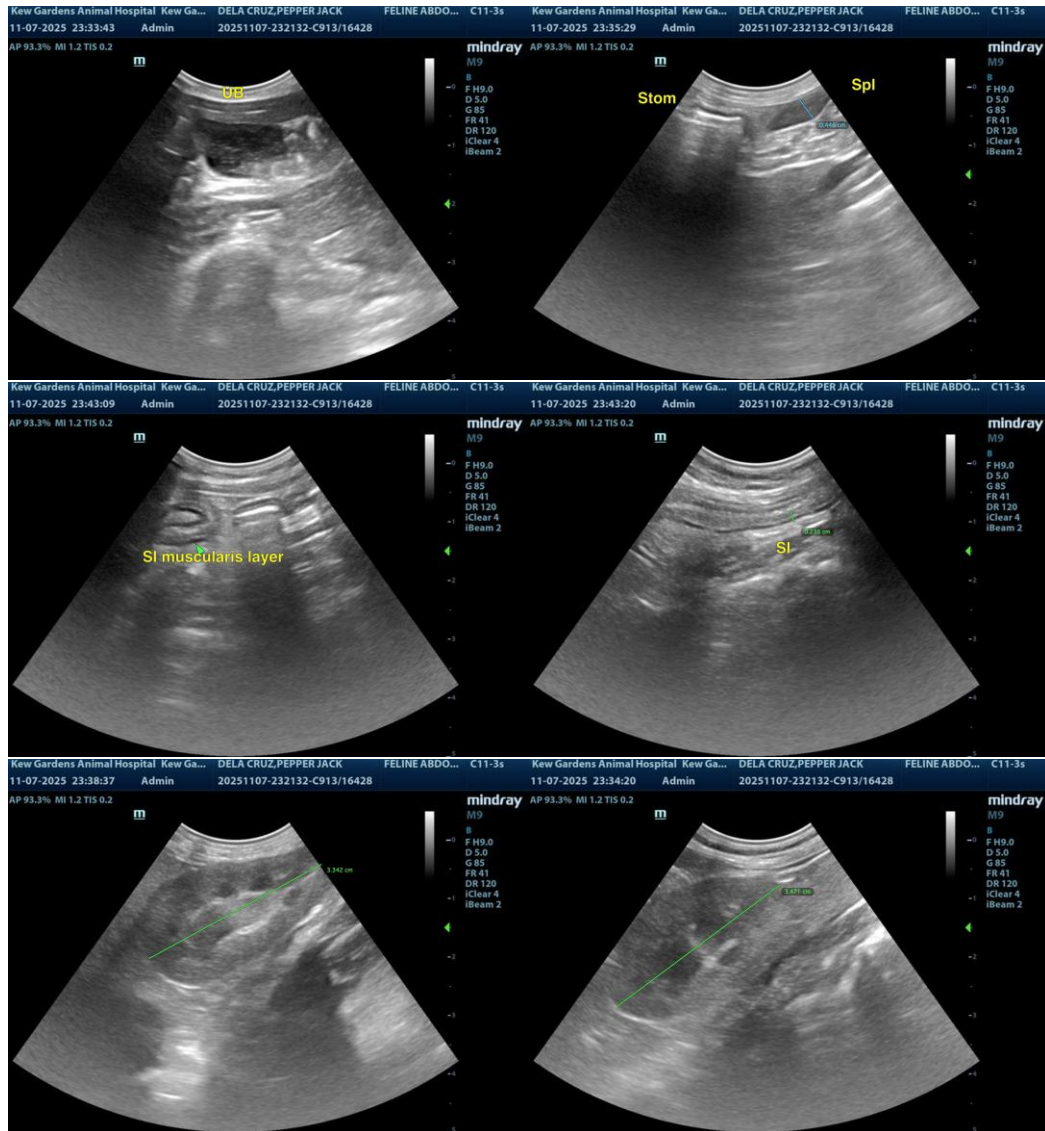
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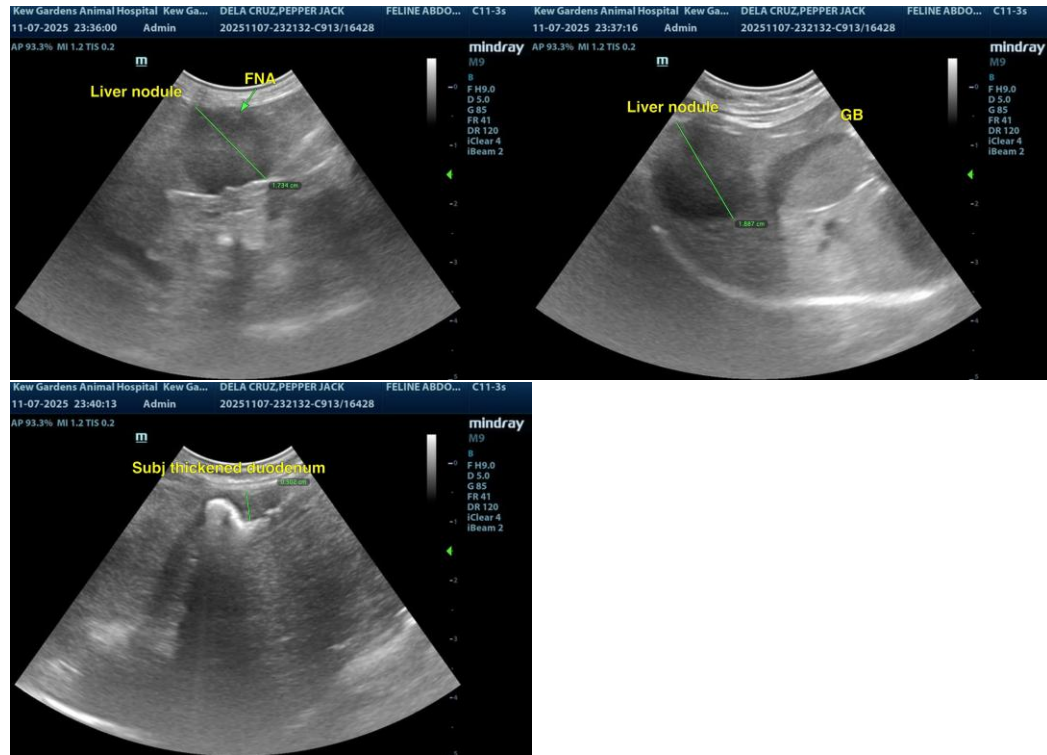
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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