

PATIENT

Hunter Bonilla

SPECIES

Feline

BREED

DSH

SEX

Intact Male

AGE

4 Years

WEIGHT

12.7 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Nader

INVOICE

12785

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Presented for vomiting, anorexia, and no bowel movement on .12/14/ 2025, pet was treated supportively. Pet was drop off today for abdominal ultrasound, started eating well, but still no bowel movement.

PE: fractious, sedated, negative oral exam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild 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.

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 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

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.

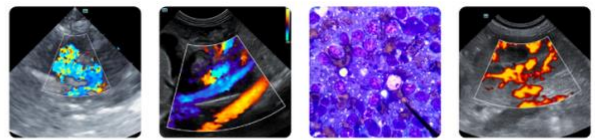
Liver

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 subjectively divided into two compartments with mild gallbladder debris. The proximal to subjective mid common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.35 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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 empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.21 cm wall width.

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Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

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The pancreas presented mildly prominent in size with symmetrical contour and mild nonhomogenous hypoechoic compared to adjacent minor hyperechoic omentum.

Free Abdomen

SEX

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

4 Years

- Sonographically normal gastrointestinal tract/colon with formed fecal matter.
- Suspect mild pancreatitis.
- Bi-lobed gallbladder with mild bile sediment and proximal mid common bile duct dilation- bi-lobed gallbladder is a normal patient variant in a cat.

WEIGHT

12.7 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastroenterocolic mural pathology as an obvious contributing factor to the lack of defecation. Assessment for cranial abdomen/subxiphoid discomfort on palpation and spec fPL to correlate with pancreas is recommended. If not done, lab work is suggested primarily to assess for emerging hepatopathy i.e. cholangitis/cholangiohepatitis in conjunction with mild gallbladder debris and common bile duct dilation. No obvious posthepatic obstruction. Gastrointestinal support and empirical therapy for mild pancreatitis is recommended.

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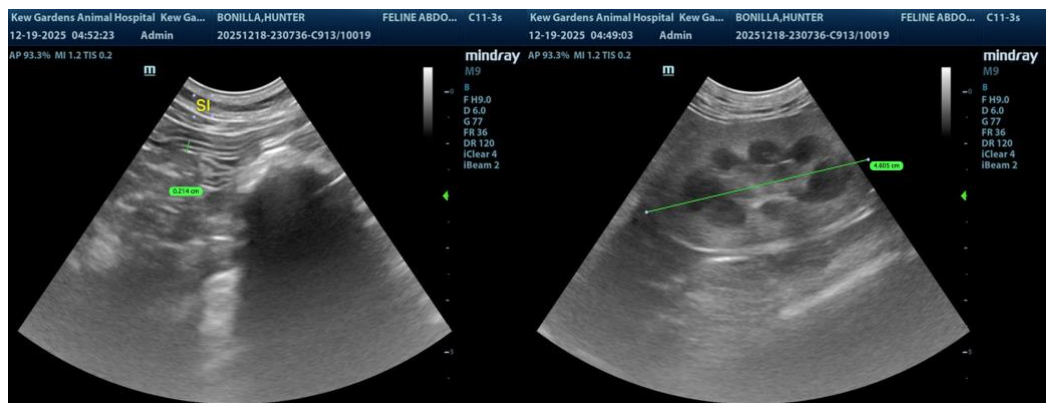
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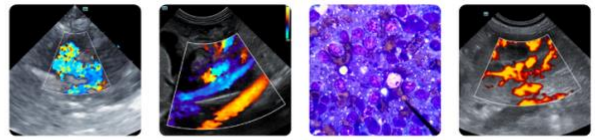
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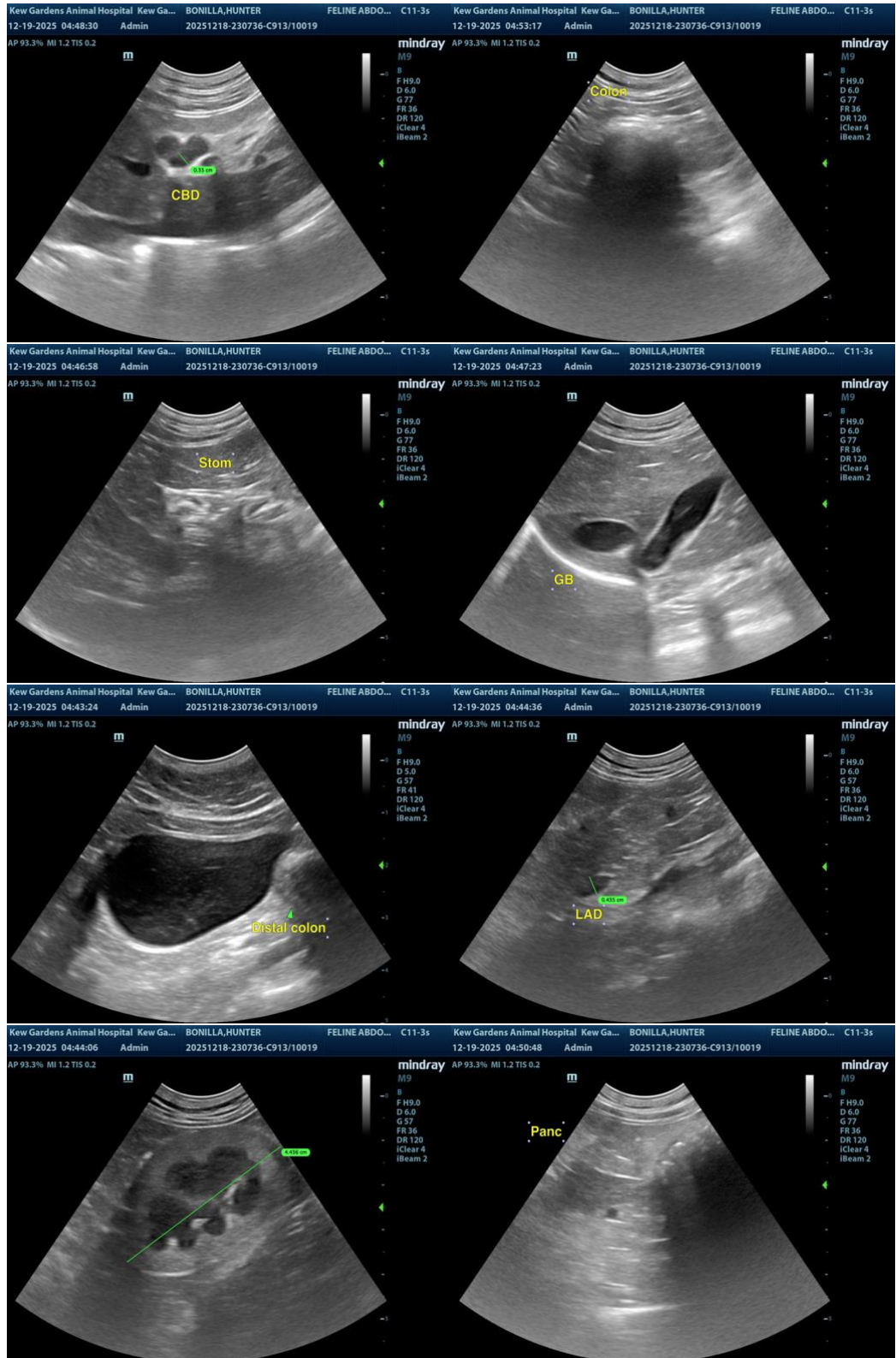
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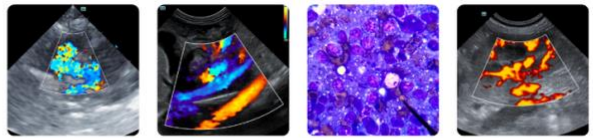
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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