



PATIENT

Chewberto Benhomea

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3yr

WEIGHT

15.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rami Henin

HOSPITAL NAME

Maspeth Animal
Hospital

REFERRING VET

Rami Henin

INVOICE

23870

DATE

02/12/2026

PRESENTING CLINICAL SIGNS

- P was presented yesterday for anorexia and suspected jaundice. A complete physical examination was performed, which confirmed that P is icteric. The remainder of the physical examination was unremarkable.
- BW : ATTACHED
- P is currently hospitalized on IV fluids, Cerenia, Unasyn. , Oral Elura and Denamarin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or 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 4.9 cm in length. The right kidney measured 5.0 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 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 presented mildly enlarged in size. The hepatic parenchyma was homogenous and revealed mild diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal to mid common bile duct was dilated and mildly tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta, sonographically suggestive of food echogenicity and lumen gas with no signs of 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 contained primarily generalized to mild non-shadowing intestinal ingesta to the level of the colon.

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly enlarged hypoechoic liver
- Non-distended gallbladder with mild proximal to mid common bile duct dilation
- Pancreatitis
- Normal gastrointestinal tract with gastrointestinal ingesta-most consistent with food echogenicity

Secondary

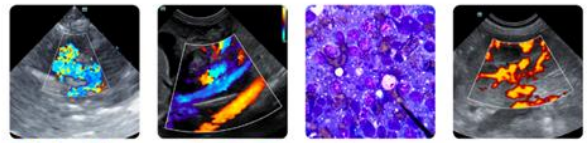
- Minor urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute cholangiohepatitis without overt current evidence of post-hepatic obstruction combined with pancreatitis is probable. Minor potential for occult hepatic neoplasia is thought less likely.

Further assessment may include assuming normal clotting status and using 25ga needle, hepatic FNA cytology to assess for inflammatory cell type. Empirical therapy for acute cholangiohepatitis and pancreatitis with monitoring is recommended. Sonographic reassessment if progressive hepatopathy or clinical signs is indicated.

Correlation with most recent meal ingestion recommended as given reported anorexia, some degree of non-obstructive metabolic or functional gastric ileus is possible.



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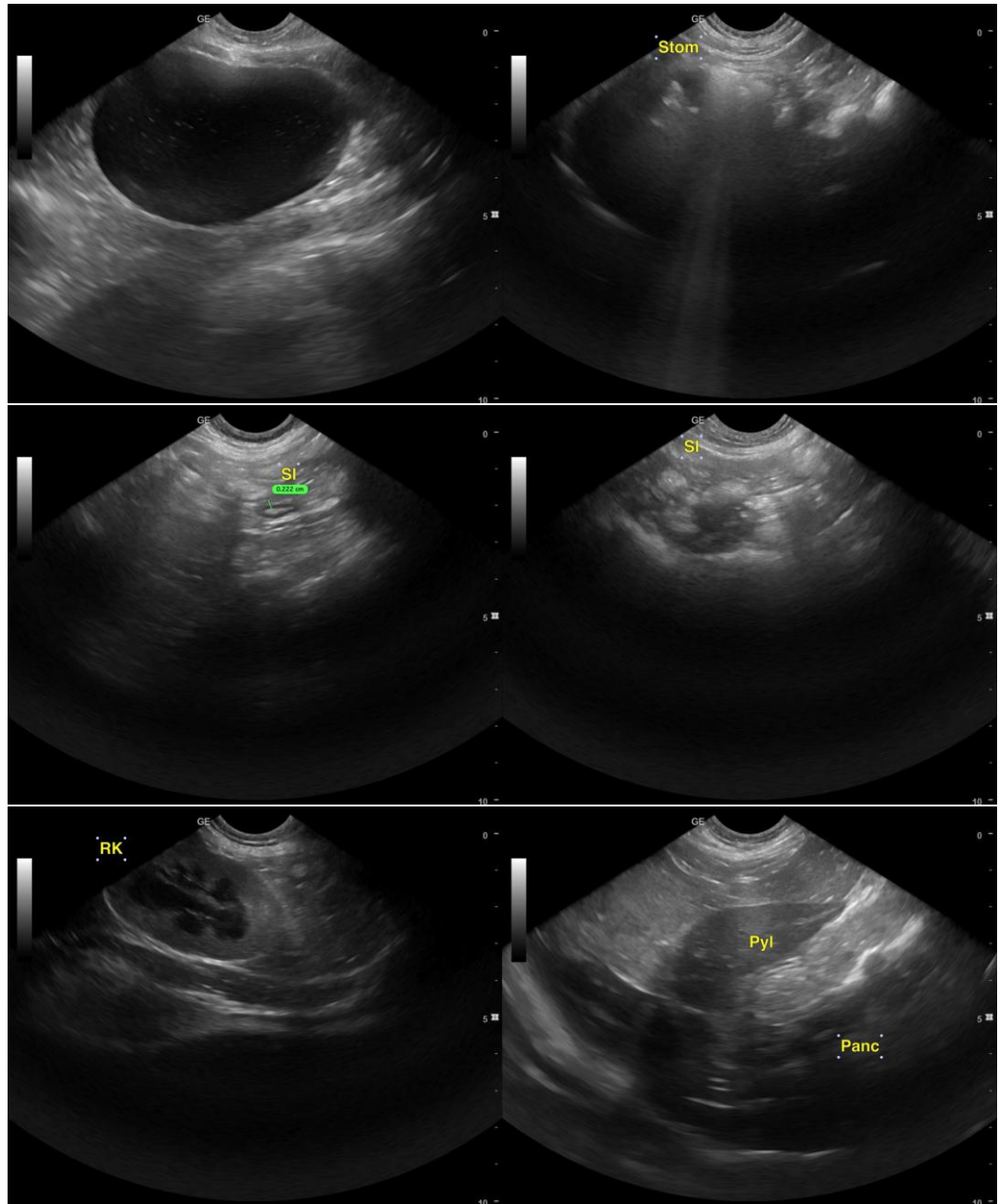
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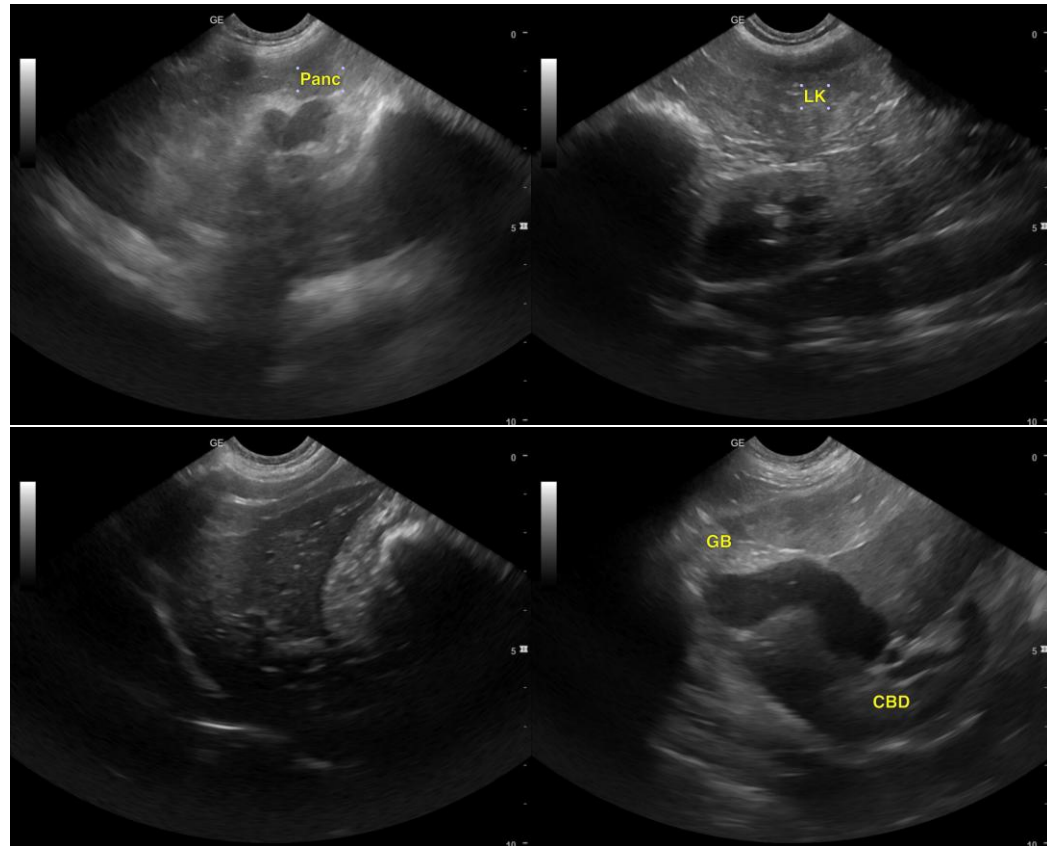
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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