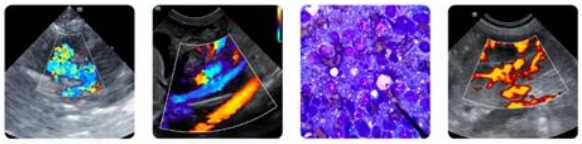


PATIENT

Panzas Lopez

SPECIES

Feline

BREED

Siamese

SEX

MN

AGE

5yr

WEIGHT

9.9lb

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. Ghobrial

INVOICE
23944

DATE
02/19/2026

PRESENTING CLINICAL SIGNS

- Presented for chronic intermittent vomiting for a month.
- Abnormal PE/Chem/CBC/UA Results: PE: mild thickened GI loops . Cbc/ chemistry - unremarkable Pli test - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 no evidence of urine/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.

Adequate size and mild asymmetrical renal margination. Normal to mildly thickened hyperechoic cortex with mildly enhanced to indistinct corticomedullary border demarcation. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 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

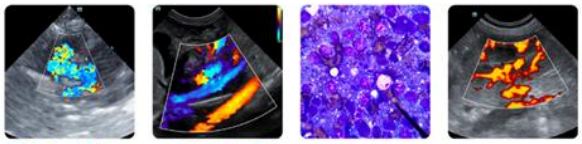
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended 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 with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with variably thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Empty intestinal lumen to the level of the colon. The small intestinal wall measured up to 0.44 cm in width. The ileocolic wall measured 0.42 cm in width.

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



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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 was evident.

Free Abdomen

No peritoneal effusion was present.

No visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enteropathy exhibiting intact variably thickened intestinal wall
- Empty stomach
- Normal area of pancreas

Secondary

- Mild bilateral interstitial nephrosis renal pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy is favored given lack of significant mesenteric lymphadenopathy. Potential for emerging to low grade intestinal round cell neoplasia such as lymphoma, which may present in a similar manner, is not definitively excluded. No evidence of mechanical gastrointestinal obstruction, foreign material or active pancreatitis.

Dietary trial, as needed gastroprotectants, cobalamin supplementation, and empirical deworming may prove beneficial. Empirical IBD therapy may be considered if continued gastrointestinal signs or weight loss. Definitive diagnosis would require intestinal biopsies for histopathology.

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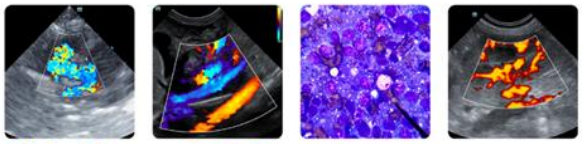

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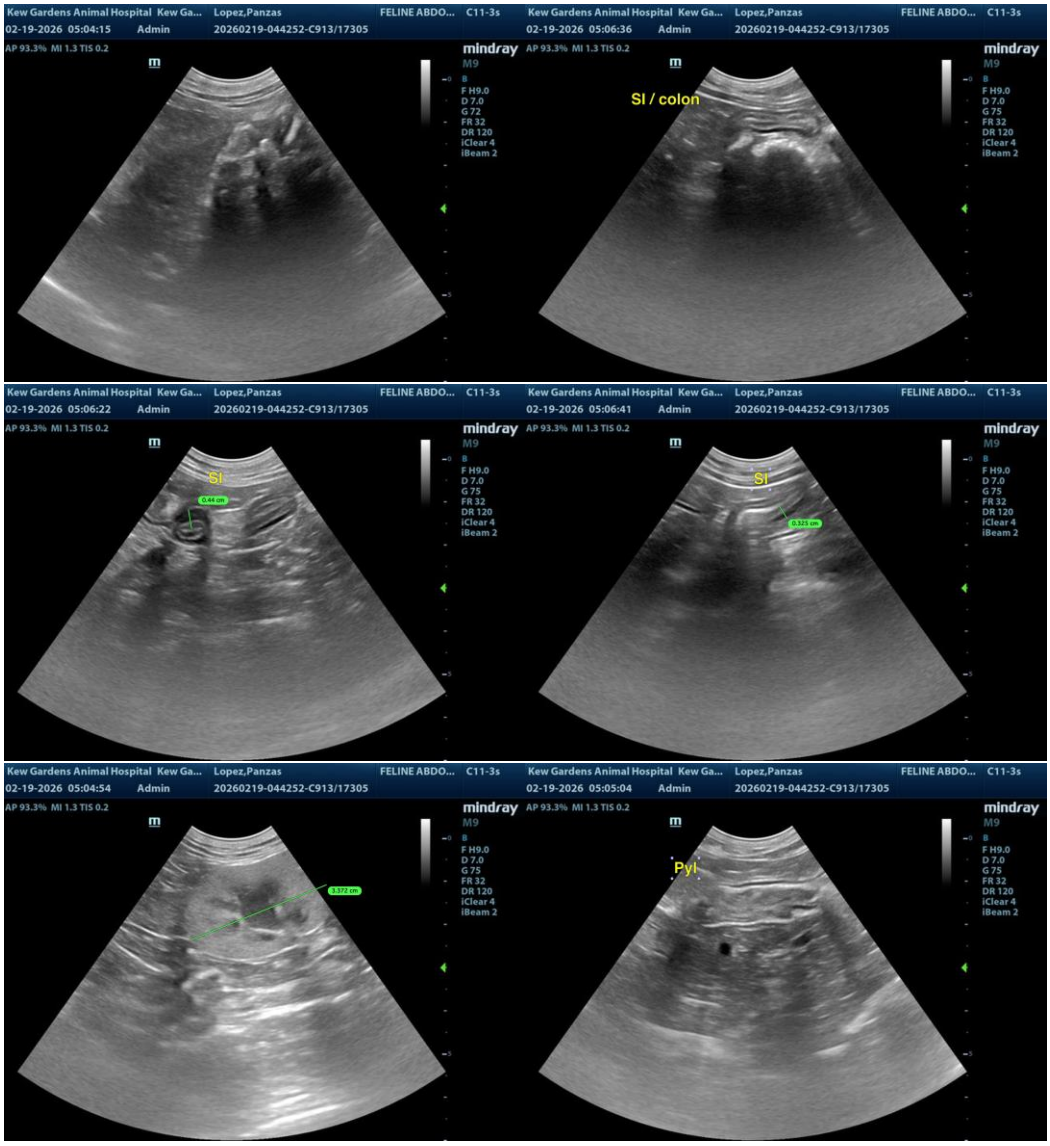

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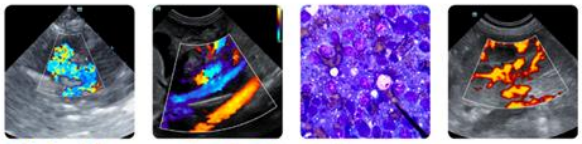

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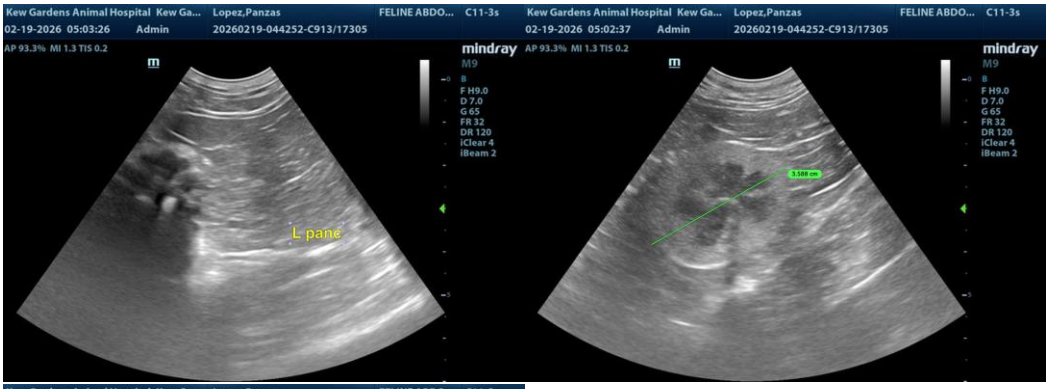

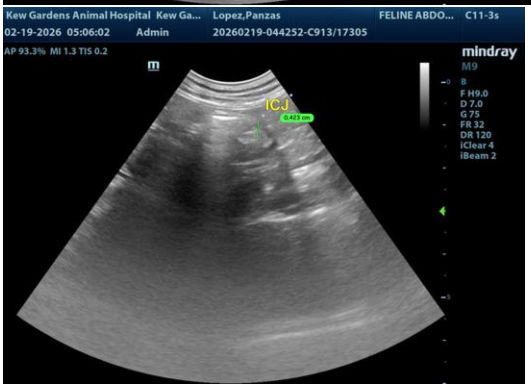

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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