



PATIENT

Boss Ogawa

SPECIES

Feline

BREED

American Shorthair

SEX

Spayed Female

AGE

Not Provided

WEIGHT

9.35 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine /
Feline Practice)

IMAGING PERFORMED BY

Dr. Jazmin Munoz
Gonzalez

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Jazmin Munoz
Gonzalez

INVOICE

36005

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- Met check. Hx of right mandibular LN hemangiosarcoma surgically removed on 9/23/25. Underwent chemotherapy.
- Also has mild restrictive cardiomyopathy for which she is on atenolol and doing well.

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. The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 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 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

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. The spleen measured 0.92 cm in width at the level of the mid spleen.

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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach revealed normal intact wall layering. The stomach was nondistended containing nonspecific shadowing echo, measuring approximately 1.5 cm in diameter.

The small intestine presented intact wall layering with mild altered wall layer ratio owing to propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty without



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mechanical/metabolic ileus to the level of the colon. The jejunum wall measured up to 0.31 cm. The duodenum wall measured 0.28 cm.

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

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific shadowing gastric lumen echo
- Intact mildly thickened small intestine wall
- Mild age-related renal changes
- Mild urine sediment
- Sonographically normal liver/spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal metastatic criteria or masses. The mildly thickened small intestine is non-specific and may indicate patient variant, underlying enteropathy, i.e. IBD, while emerging intestinal neoplasia, i.e. lymphoma, although considered less likely, not definitively excluded. Monitoring for gastrointestinal signs going forward is advised. Documented 12-hour fast and sonographic reassessment of the stomach is recommended.



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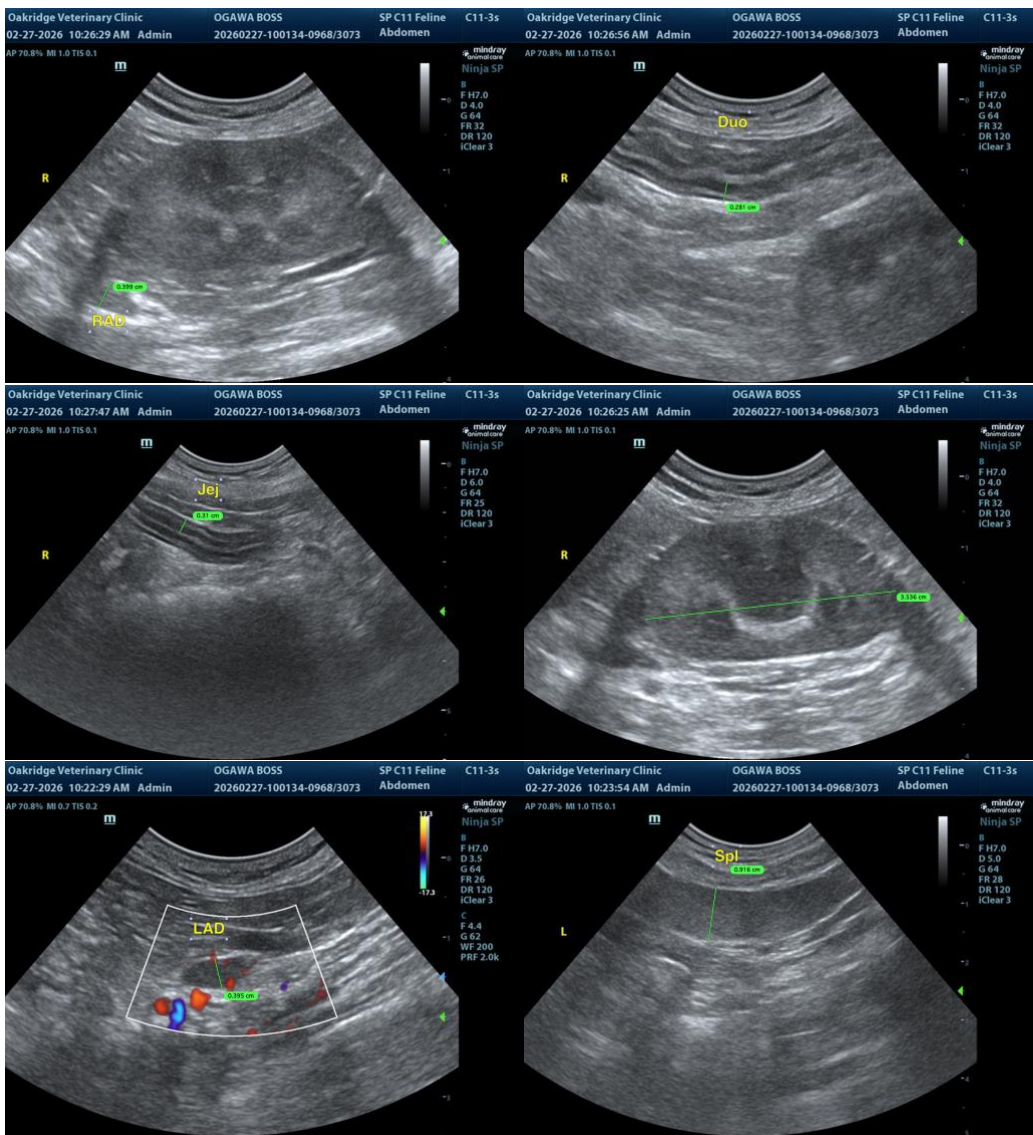
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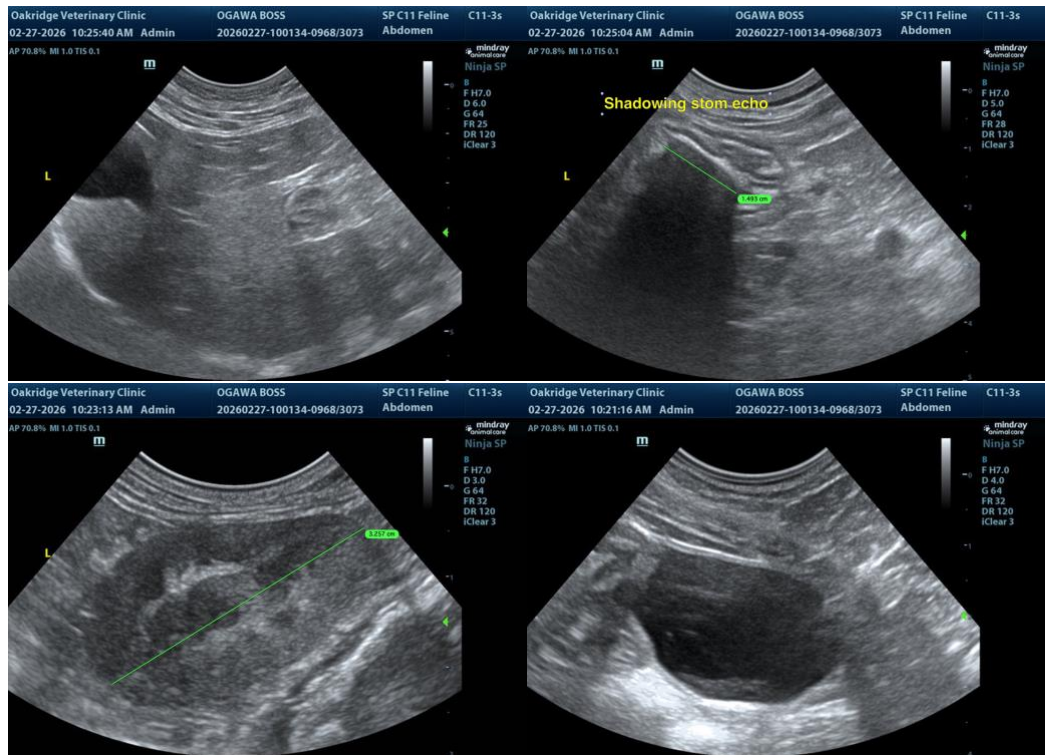
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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