



PATIENT

Beso Zahran

SPECIES

Feline

BREED

American Shorthair

SEX

MN

AGE

13 yrs & 7 months

WEIGHT

11.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

10616

DATE

2/4/26

PRESENTING CLINICAL SIGNS

History:

- Presented for chronic diarrhea and intermittent vomiting for approximately one month. Appetite remains good. Patient has a known history of inflammatory bowel disease (IBD), diagnosed via intestinal biopsy at 1 year of age and was placed on steroids and prescription diet. Owner reports that since October 2025, budesonide has not been administered due to inability to obtain a refill from the previous veterinarian.
- hx UO - currently on c/d food

Abnormal PE/Chem/CBC/UA Results: PE: Aggressive / sedated - Periodontal disease, diffuse thickened / fluid filled GI loops in house Pli test - abnormal UA / UCS - pending.

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was noted. The left kidney measured 4.9 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

The spleen exhibited normal size and contour with primarily homogeneous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Discrete, intermittent, hyperechoic splenic nodules were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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



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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 without evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact, thickened wall and altered 1:3 muscularis/ mucosa ratio owing to mildly thickened mucosa and minor thickened muscularis layers. The small Intestinal wall width measured 0.35 cm.

Normal visible colon wall layers were present with semi-formed to soft fecal matter and lumen gas.

Pancreas

The pancreas was normal in size and contour with mild heterogeneous remodeled parenchyma and a mildly prominent pancreatic duct.

Free Abdomen

Intermittent, mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.2 cm diameter. A minor pocket of peritoneal effusion was noted in the right lateral abdomen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic IBD intestinal pattern
- Suspect probable concurrent chronic pancreatitis
- Intermittent mild mesenteric lymphadenopathy and minor peritoneal effusion – suspect mild reactive hyperplasia or lymphadenitis
- Chronic renal changes with mild left kidney pyelectasia
- Nondistended colon with semi-formed / soft fecal matter

Secondary Findings

- Discreet hyperechoic splenic nodules – suggestive of benign criteria, i.e., emerging myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for intestinal round cell neoplasia and early lymphatic metastasis is not definitively excluded yet intestine is most suggestive of chronic IBD pattern, given patient history. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. IBD protocol with concurrent gastrointestinal support with clinical monitoring and sonographic reassessment, if progressive gastrointestinal signs or weight loss, would be reasonable. Correlation with pending urinary workup is recommended.



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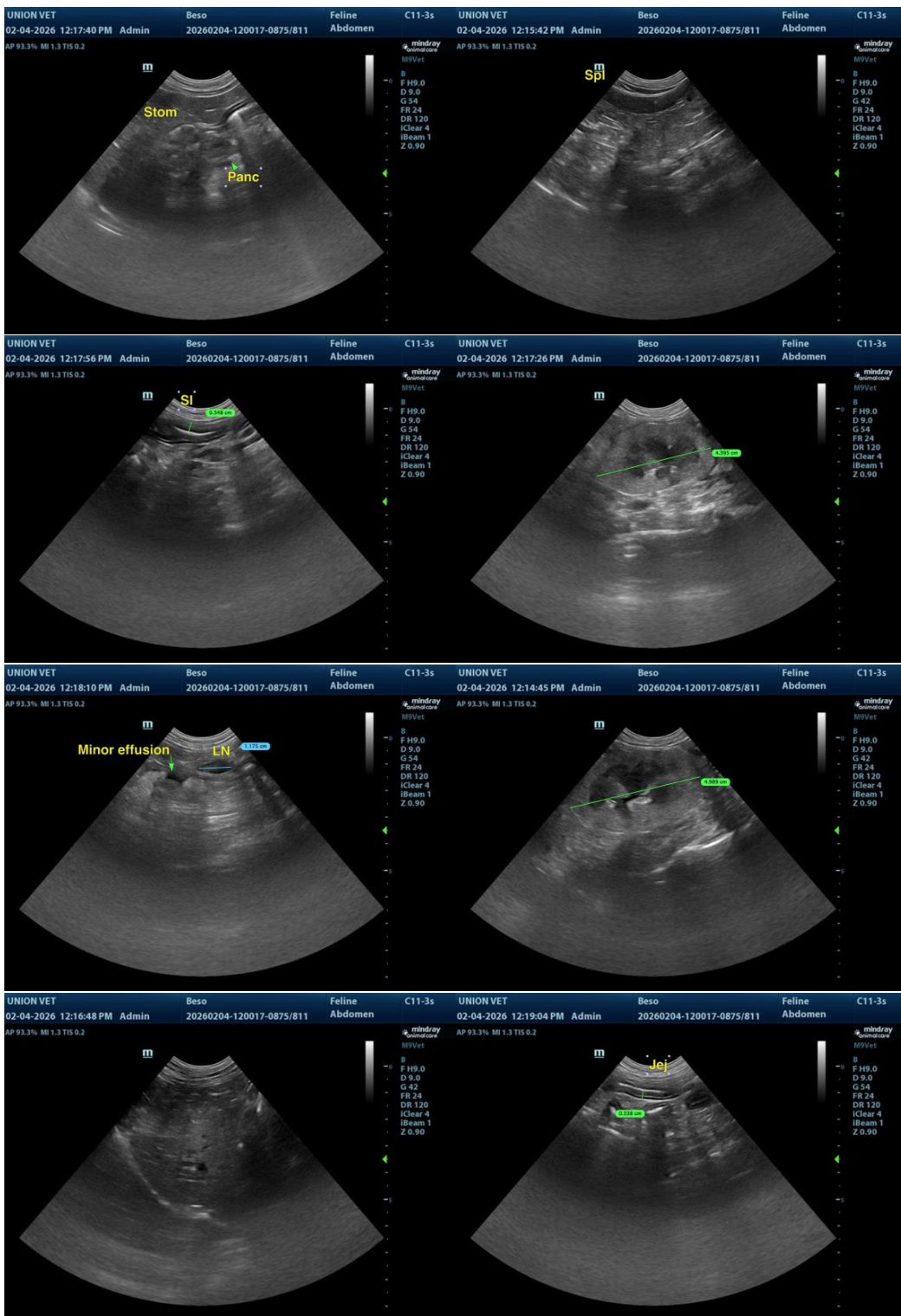
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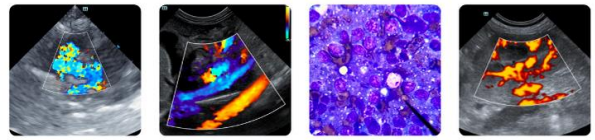
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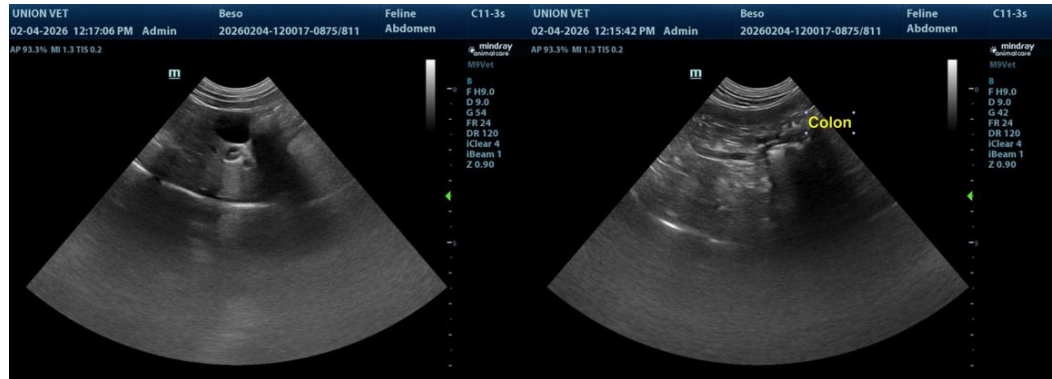
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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