



PATIENT

Evie McDonnell

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

10.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13622

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- Geriatric screening, hx of mild elevated liver enzymes, mild abdominal distention.
- hx hypertension, DJD, CKD, kidney stones

PE: LS OU, periodontal ds, Hm grade 3-4/ 6, stiff gait.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

The right kidney presented with moderate loss of corticomedullary border demarcation, adequate size and asymmetrical margination. Mild medullary mineral was present with no evidence of pyelectasia. The right kidney measured 3.4 cm in length.

The left kidney presented subnormal in size with asymmetrical renal margination and cortical infarcts. Marked loss of corticomedullary border demarcation was present with renolithiasis and mild pyelectasia. The left kidney measured 2.7 cm in length.

Left and right increased retroperitoneal echogenicity with no obvious effusion.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild lobar biliary tree mineralization was present.

The gallbladder was non-distended and noninflamed in appearance. The gallbladder contained hyperechoic to mineralized dependent lumen sediment. The common bile duct was not definitively visualized.

Gastrointestinal



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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 small intestine presented intact segmental to possible generalized thickened wall. Primarily empty intestinal lumen with mild segmental nonobstructive ileus to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- chronic hepatopathy with lobar biliary tree mineral.
- Nonobstructive mineralized bile sediment.
- Chronic renal changes, more prominent in the left kidney with medullary mineral/renoliths, subnormal left kidney size with infarcts.
- Segmental to potentially generalized thickened small intestine with mild nonobstructive ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic inflammatory hepatobiliary disease, i.e. cholangiohepatitis may be suspected given lobar biliary tree and gallbladder mineral. The thickened small intestine is nonspecific given no reported gastrointestinal signs or weight loss yet may suggest concurrent enteropathy or potential triaditis if gastrointestinal signs or weight loss are non-reported or arise. Clinical monitoring going forward is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Screening GI panel to include PLI, TLI, cobalamin and folate for further assessment of the small intestine or for evidence of chronic pancreatitis which may present sonographically normal may be considered.





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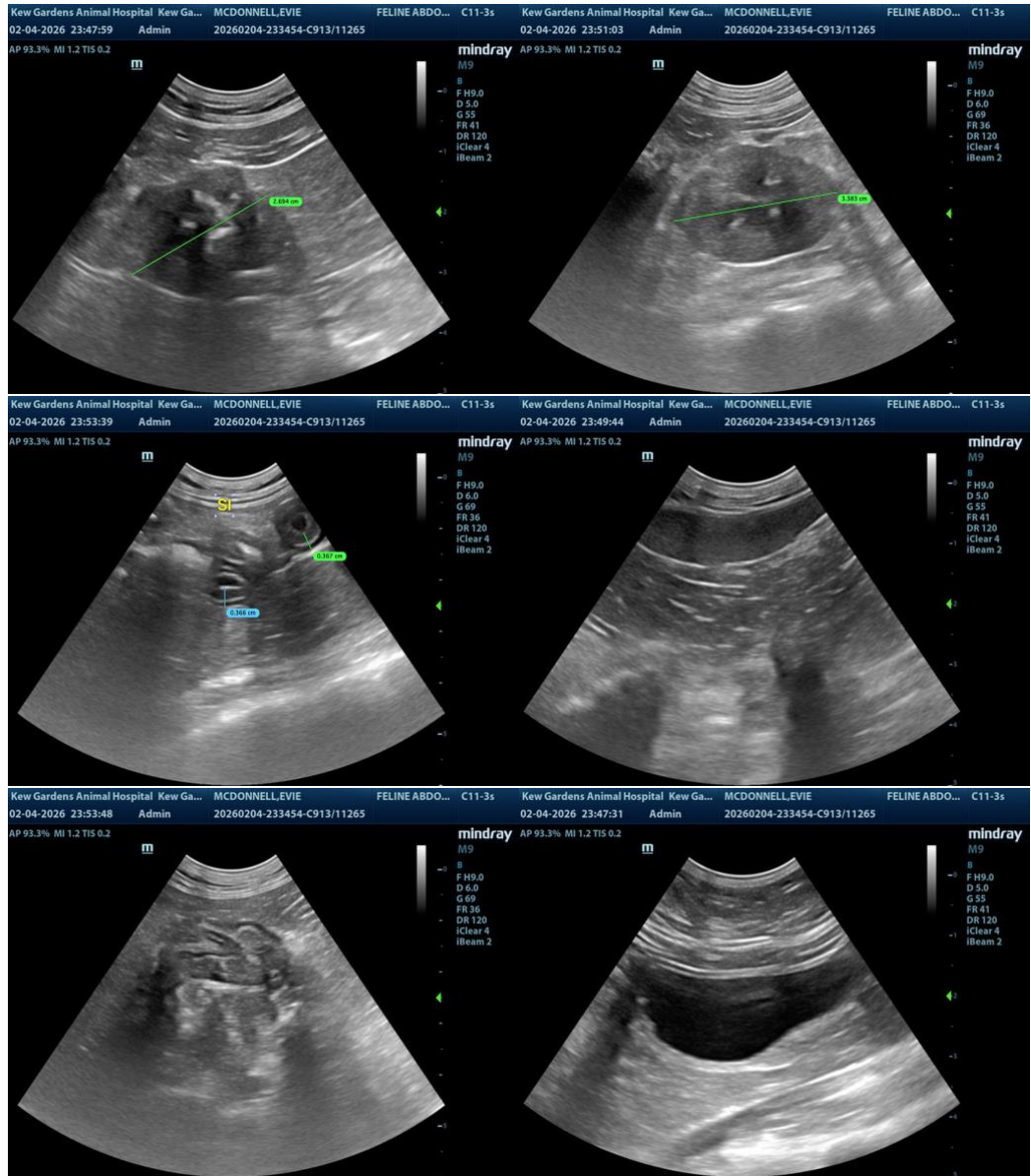
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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