



PATIENT

Oliver Cardenas

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

~1 Year

WEIGHT

7.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gradens Animal
Hospital

REFERRING VET

Dr. Ghobrial

INVOICE

14644

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- Patient presented for evaluation of recurrent vomiting that began earlier this month. The pet was treated palliatively by the referring DVM; however, clinical signs have not improved despite prior therapy.

PE: diffuse thickened / fluid GI loops.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.8 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 0.33 cm width.

The right adrenal gland was 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.

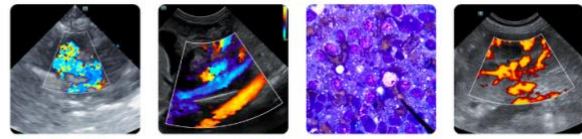
Liver & Gallbladder

The liver 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 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.20 to 0.21 cm wall width.

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Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

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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.

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Free Abdomen

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Mild to variable hypoechoic mesenteric lymph nodes were present exhibiting a combination of maintained width to length ratio less than 0.5 cm with several lymph nodes exhibiting width to length ratio approaching 0.5 cm. Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.6 cm x 0.84 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.6 pounds

- Overall sonographically normal nonthickened empty gastrointestinal tract.
- Semiformed to soft fecal matter in colon.
- Mild to variable hypoechoic mesenteric lymphadenopathy- reactive hyperplasia, lymphadenitis, granulomatous lymphadenopathy, emerging neoplasia are all potentials.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of mechanical gastrointestinal obstruction, i.e. foreign bod, mass, intussusception, or other. Assuming normal clotting status and using 25-gauge needle, accessible lymph node FNA cytology +/- culture and sensitivity is recommended for further clarification. Biopsies may be required for a definitive diagnosis. Gastrointestinal support is indicated with clinical monitoring. Sonographic reassessment if progressive or non-responsive gastrointestinal signs or suspicion for progressive lymphadenopathy.

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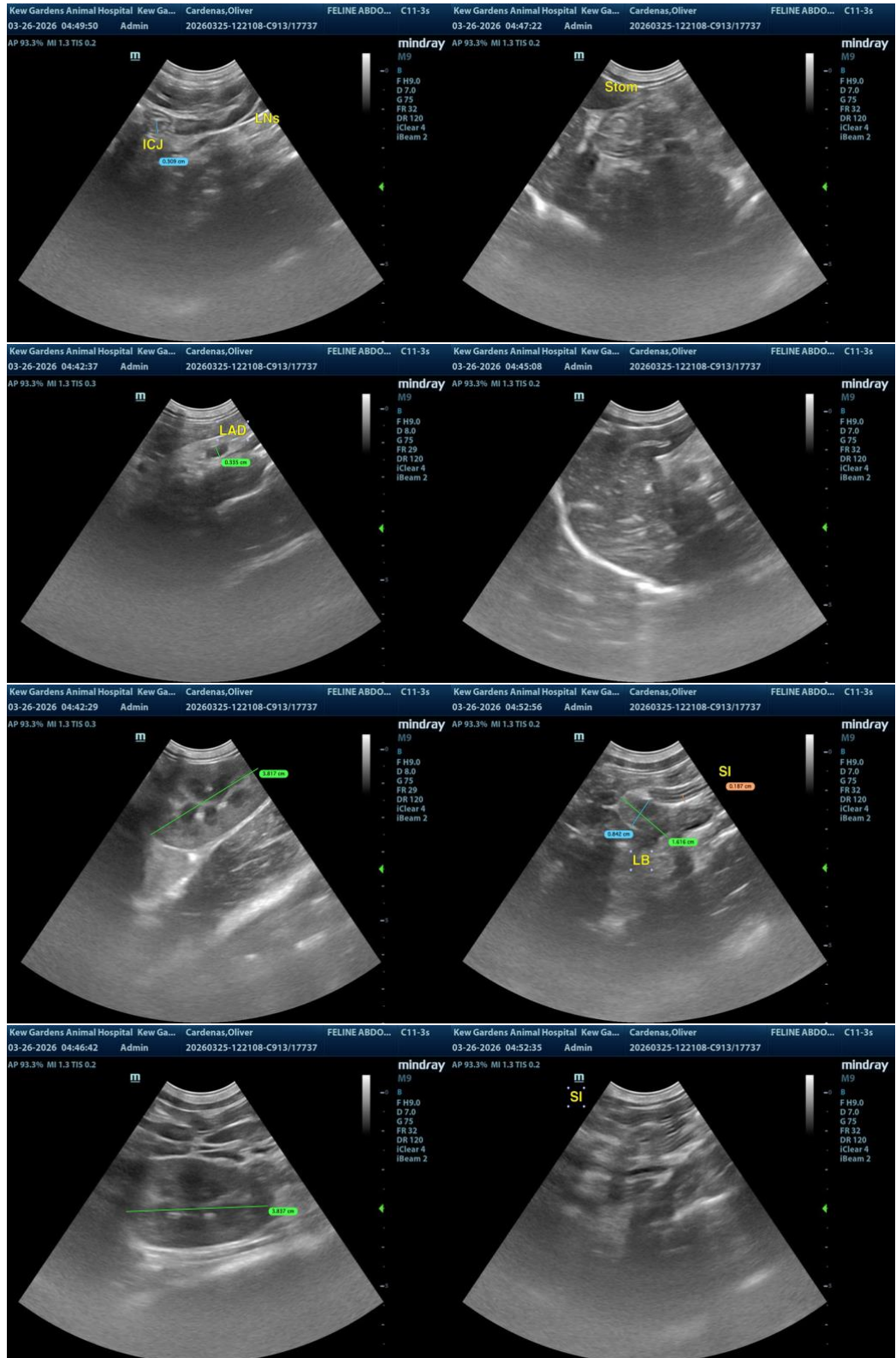
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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