



PATIENT

VINNY BAEZ

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10m

WEIGHT

8.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rami Henin

HOSPITAL NAME

Maspeth Animal
Hospital

REFERRING VET

Rami Henin

INVOICE

24457

DATE

04/11/2026

PRESENTING CLINICAL SIGNS

P is presented for anorexia and lethargy. Temp.: 105

CBC/CHEM17: ATTACHED.

Abdominal palpation : Cranial abdominal firm lump was felt.

Abnormal PE/Chem/CBC/UA Results: Leukocytosis with Neutrophilia and monocytosis. High Creatinine - High ALT results attached.

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 mild to moderate dependent lumen particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 3.7 cm in length. The right kidney measured 4.0 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. The spleen measured 0.75 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver presented borderline to mild enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mildly increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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 evidence of peritoneal effusion was present.

Focally to intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.7 cm x 0.93 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Acute hepatopathy
- Normal gallbladder
- Normal empty gastrointestinal tract / area of pancreas
- Mid abdomen hypoechoic lymphadenopathy with perilymphatic hyperechoic omentum
- Normal kidneys with urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a mass. Considerations for the hepatopathy and lymphadenopathy may include acute inflammation, hyperplasia or neoplasia. If normal clotting status, FNA cytology of the liver and accessible lymph node +/- C/S is recommended. Recheck retroviral status may be considered.

Empirical therapy for nonspecific acute cholangiohepatitis and lymphadenitis possible secondary to nonstructural inflammatory bowel episode with clinical and sonographic monitoring would be more conservative. Urine C/S assuming inflammatory sediment is recommended.



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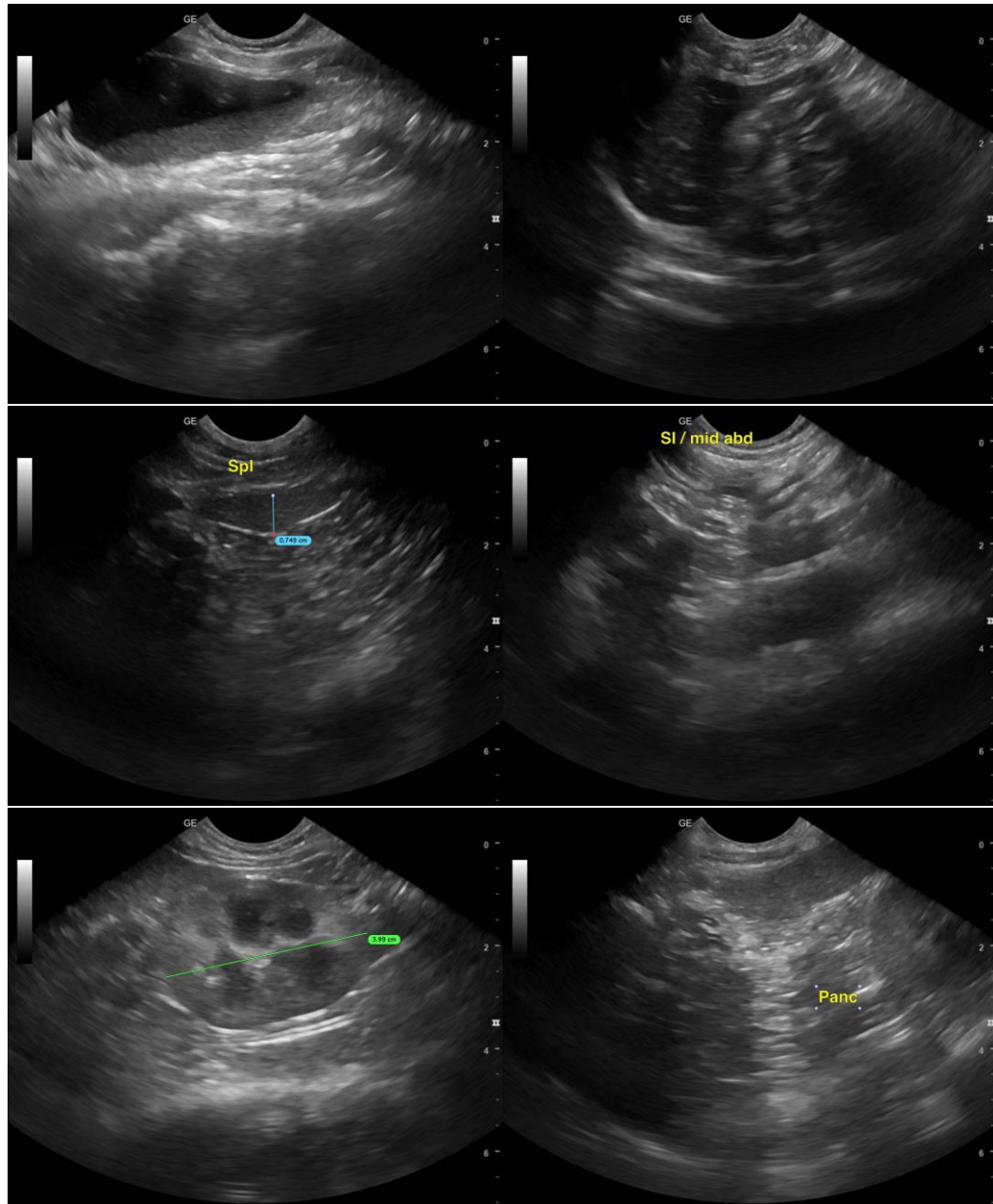
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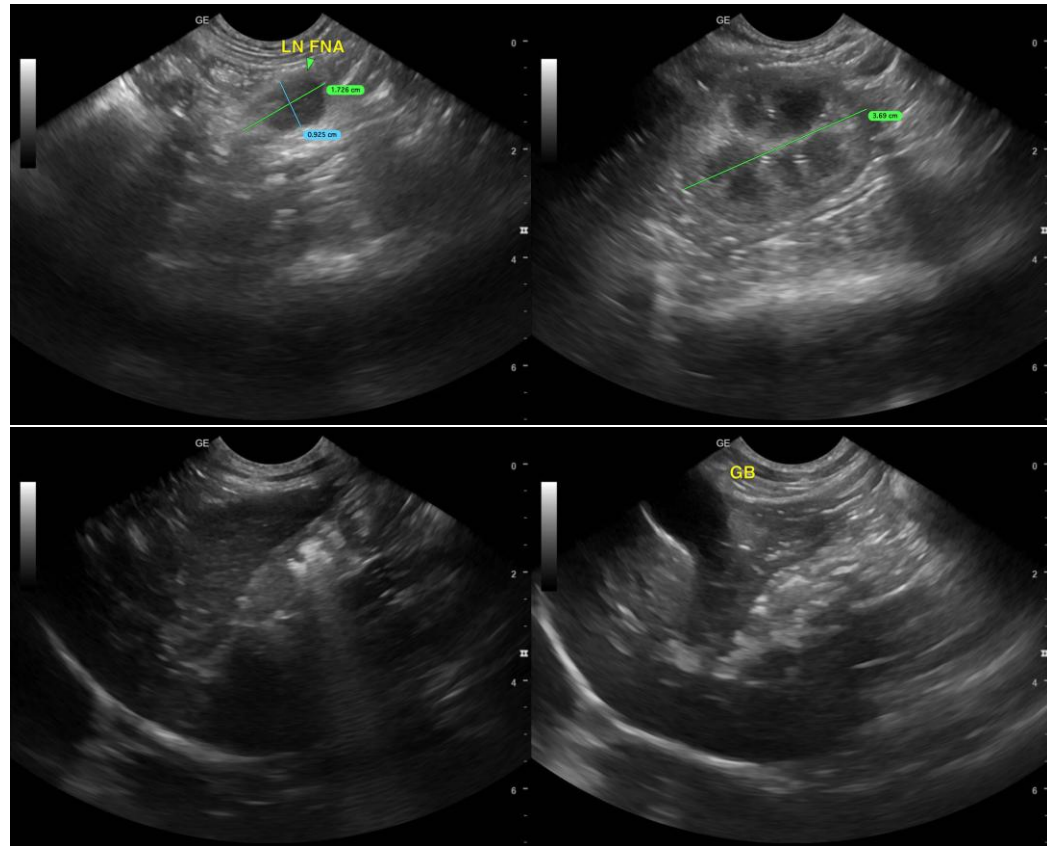
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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