



PATIENT

Pangzi Yang

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 yrs, 2 months

WEIGHT

15.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

10858

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Presented for intermittent diarrhea for a couple of months , a week ago onwer stated pet had 2 episode of blood in the stool. Good appetite. Diet : i/d

Abnormal PE/Chem/CBC/UA Results: PE: mild dental calculus , overweight and mild seborrhea .

Cobalamin >2000

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 with mild nondependent particulate sediment. No 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.

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 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 4.5 cm in length. The right kidney measured 4.5 cm in length.

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 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 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.



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The visualized segments of the small intestine presented intact wall layering with subjective mildly thickened jejunum wall, exhibiting borderline altered wall layer ratio with borderline prominent muscularis layer. The jejunum wall measured up to 0.27 cm width. No overt pathology was noted at the level of the ileocolic junction, measuring 0.42 cm width.

Normal visible colon wall layers were present with semi-formed fecal matter. Subjective mildly thickened cecum was noted, measuring 0.54 cm cecum wall width.

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 obvious visualized swollen mesenteric lymphadenopathy or effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Semi-formed fecal matter in colon with subjective thickened cecum
- Intact gastrointestinal wall with borderline thickened jejunum
- Normal area of pancreas
- Sonographically normal liver / gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subjective mildly thickened cecum wall may indicate cecum inflammation / typhlitis. The small intestine exhibited subjective borderline mural changes, which although potential for patient variant, may suggest concurrent low-grade enteropathy. A dietary trial such as a higher fiber diet, WD, or similar, or fiber supplementation and hydrolyzed diet, high colony count probiotics such as Provable, and if clinically indicated, empirical deworming (Panacur SID x 7-10 days) despite fecal testing. may prove beneficial.

Although no overt evidence of neoplastic criteria, hypercobalaminemia in cats may be associated with neoplasia or hepatic disease. Monitoring of hepatic enzymes going forward is recommended. Enterocecolic biopsies are likely required for a definitive diagnosis. Serial sonographic monitoring is indicated pending clinical monitoring, if continued dietary and empirical therapy is elected.



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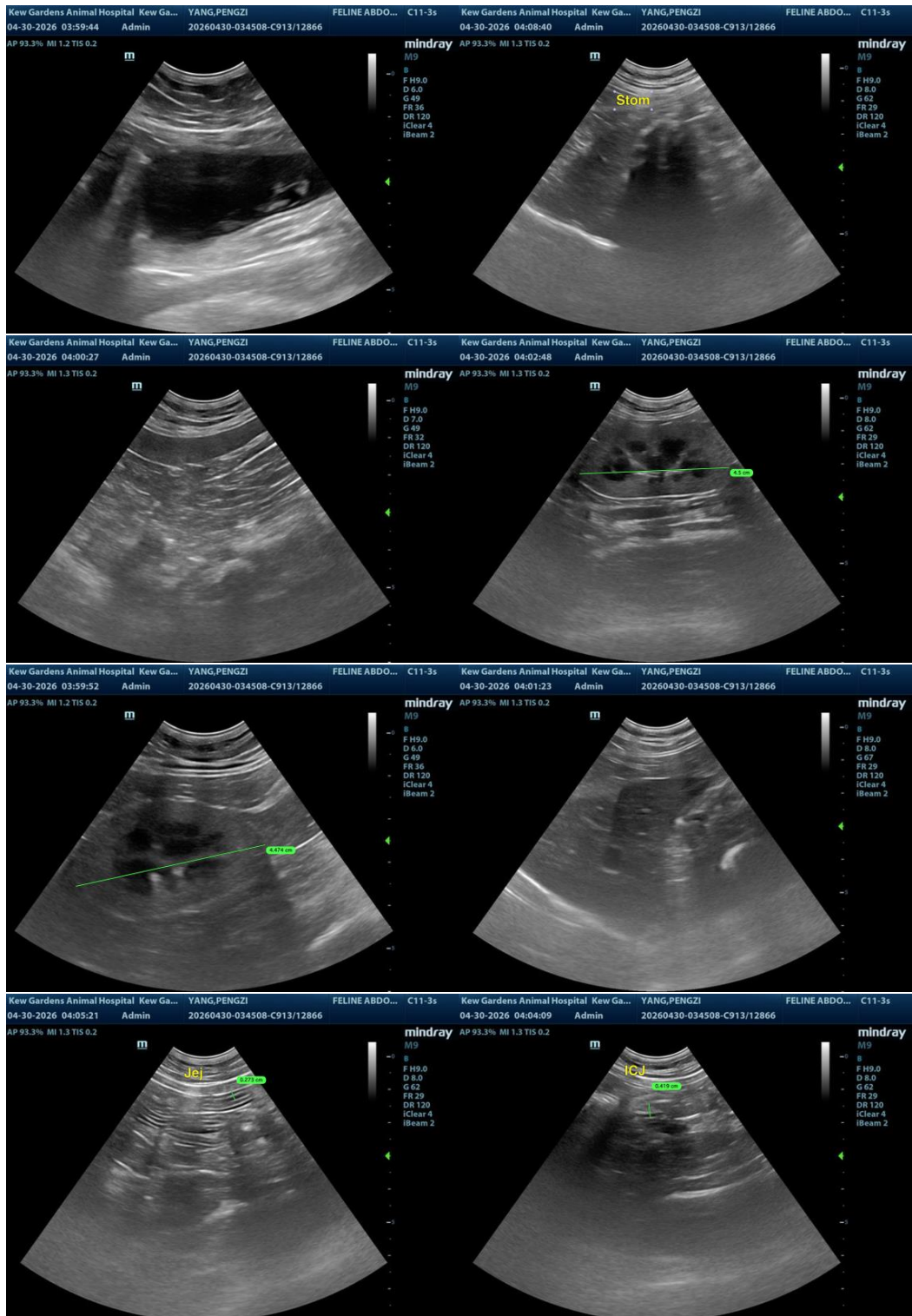
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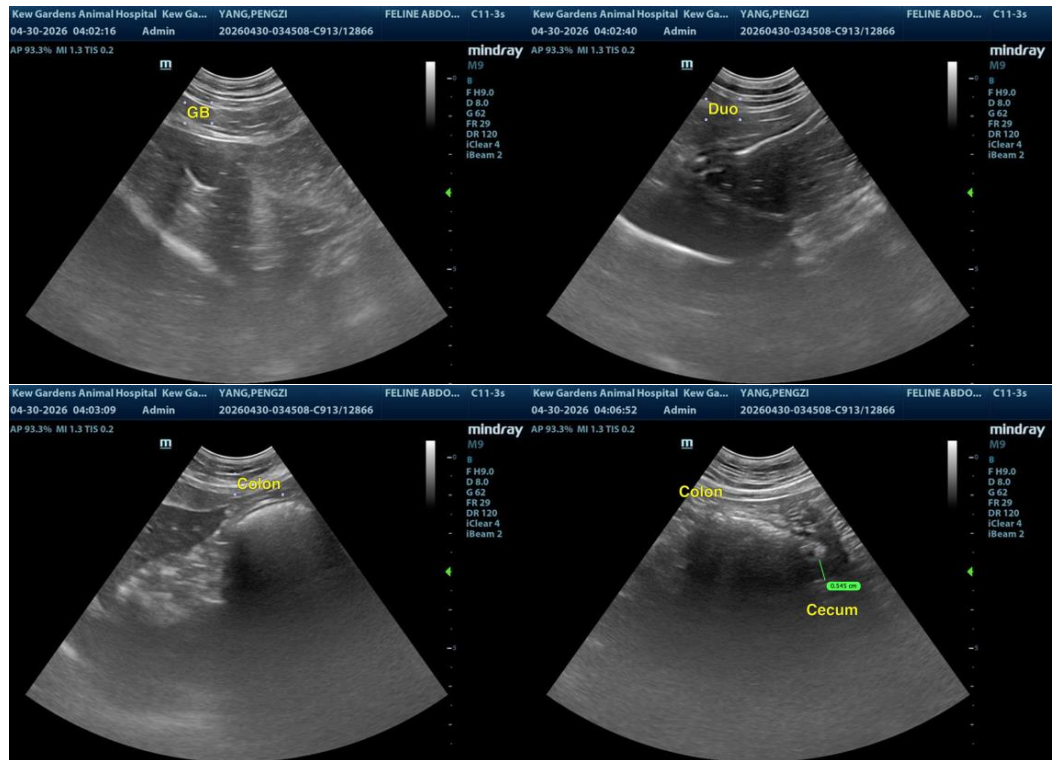
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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