



PATIENT

Lawrence Hanif

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

17.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

24814

DATE

05/12/2026

PRESENTING CLINICAL SIGNS

Presented for intermittent vomiting for 2 days , no diarrhea. Appetite is still good. Owner mentioned pet likes to eat anything on the floor.

Hx fleas infestation last winter.

Abnormal PE/Chem/CBC/UA Results: PE: Dental calculus , obese , soft non painful abdomen. fPLi test - WNL T4 test - WNL

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 no evidence of urine/lumen sediment, mineral, or calculi. 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 4.3 cm in length. The right kidney measured 4.6 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 mild enlargement with 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. Normal vascular volume. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. The pylorus wall measured 0.24 cm in width.

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The small intestine presented overall intact wall layering exhibiting segmental, borderline mild thickened primarily visualized jejunum wall exhibiting focal areas of mildly thickened to expansive jejunum muscularis layer. An example of thickened jejunum with mildly expansive muscularis layer, measured 0.47 cm wall width. An additional area of jejunum measured 0.29 cm wall width. No evidence of small intestinal mechanical or metabolic ileus to the level of the colon. The ileocolic wall measured 0.32 cm in width.

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

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mild splenomegaly.
- Normal stomach with non-shadowing gastric ingesta- consistent with food/ chyme.
- Normal area of pancreas.
- Segmental to variable thickened intact small intestinal wall with focal area of jejunum muscularis expansion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenomegaly is nonspecific and may be secondary to incidental hyperplasia, hematopoiesis, sedation if clinically applicable, inflammation and did not overtly meet neoplastic or metastatic criteria, although not definitively excluded.

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The thickened jejunum with focal area of muscularis layer expansion may indicate inflammatory criteria, i.e. IBD or other, while potential for emerging or occult intestinal round cell neoplasia both of which may present in sonographically similar manner may be possible. Inflammatory intestinal criteria favored given lack of visible or significant lymphadenopathy. Correlation with most recent meal ingestion recommended as some degree of metabolic or non-obstructive gastric ileus is possible if documented NPO.

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If the patient was non-sedated, assuming normal clotting status and using 25ga needle, splenic FNA cytology could be considered for further clarification. Gastrointestinal support which may include dietary trial and gastric protectants with clinical and sonographic monitoring for evidence of

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progressive splenomegaly or intestinal mural changes would be reasonable. Intestinal biopsies with potential for intraoperative ultrasound to identify thickened jejunal segments likely required for definitive diagnosis.

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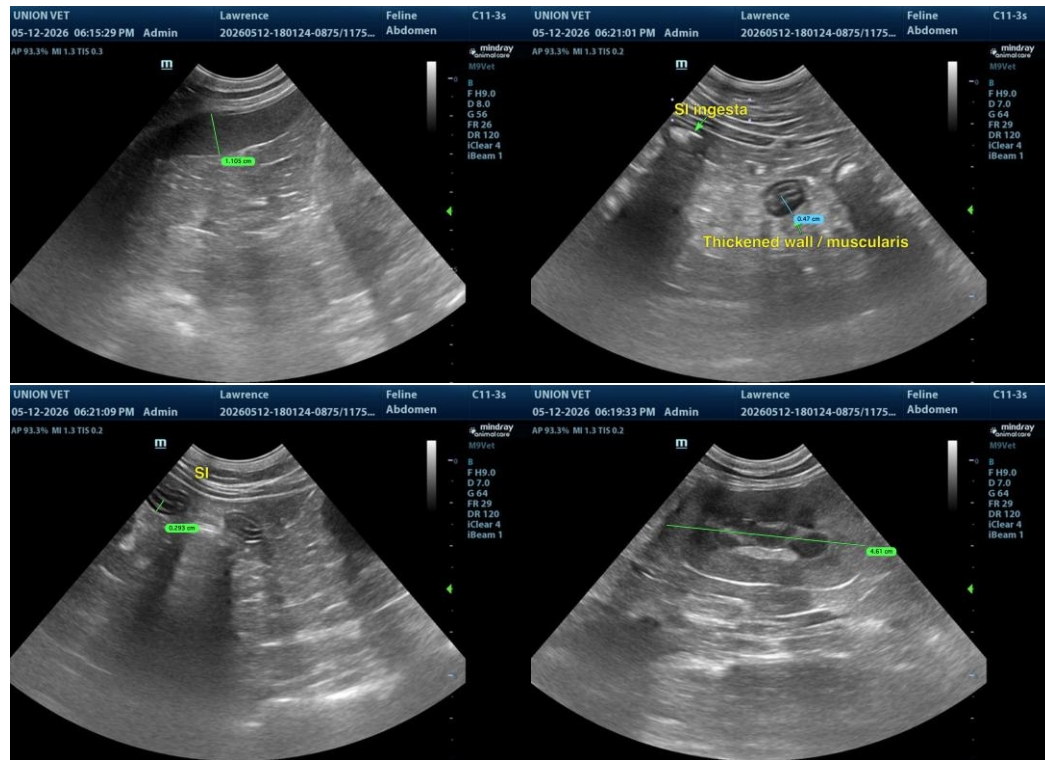
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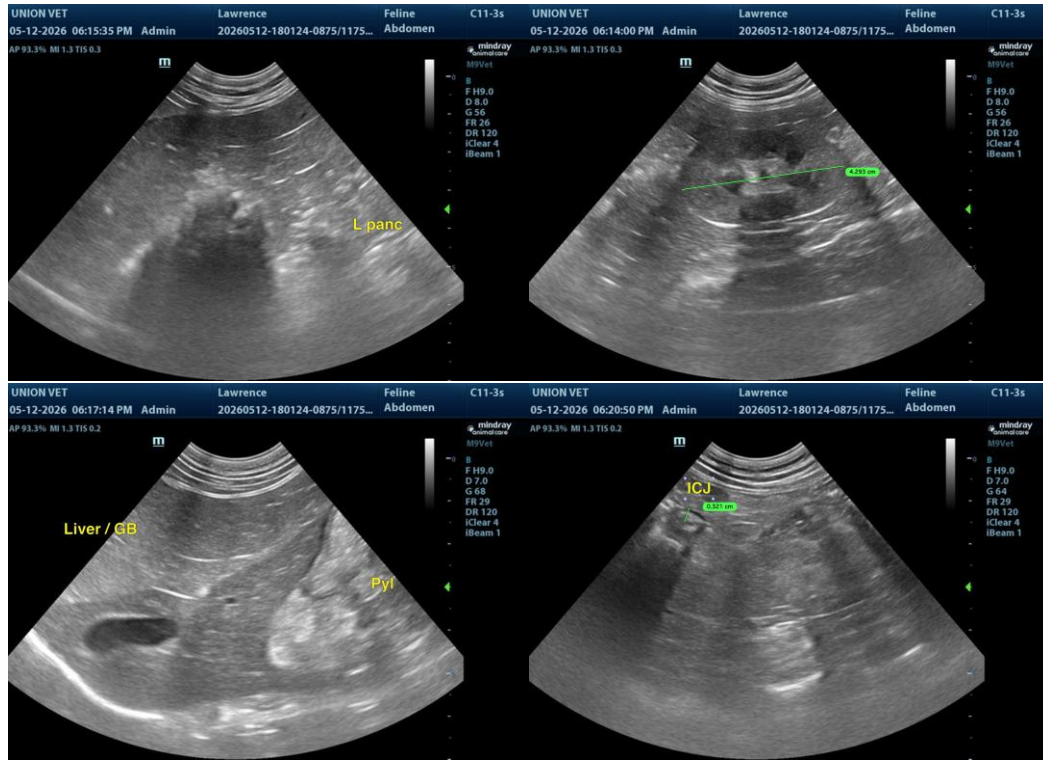
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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