



PATIENT

Catticus Finch
Smylie

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 yrs old

WEIGHT

13.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Lara Cabugawan

INVOICE

10894

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Presented for acute onset of vomiting, lethargic, decrease appetite.
Hx . DM – controlled. HX hypertension – controlled. hx DJD. Hx lymphoma - on chemo. hx constipation

Abnormal PE/Chem/CBC/UA Results: PE: LS OU, dental calculus, bloated abdomen, mild discomfort on abdominal palpation. f pli test - elevated fructosamine test = pending

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. Minor nondependent particulate sediment was present without 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size exhibiting a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent, discreet, hyperechoic nodules were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.9 cm width at the level of the mid-spleen.

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 small intestine presented intact, mildly thickened wall layering exhibiting propensity for mildly thickened mucosa layer. Primarily empty intestinal lumen was noted with mild segmental nonshadowing intestinal ingesta. There was no obstruction pattern to the level of the colon. The small Intestinal wall width measured up to 0.37 cm.

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

Pancreas

The left pancreas was normal in size and contour with isoechoic to mildly remodeled nonhomogeneous parenchyma with mildly prominent left limb pancreatic duct.

Free Abdomen

No significant or swollen mesenteric lymphadenopathy was visualized. No evidence of effusion was present. Normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Intact thickened small intestinal wall with segmental mild nonshadowing ingesta – consistent with chronic enteropathy / patient history
- Possible mild left limb chronic pancreatitis
- Discreet hyperechoic splenic nodules – most suggestive of probable benign myelolipomas
- Bilateral chronic renal changes
- Minor urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction. The mild abdominal discomfort on palpation, if cranial abdomen / subxiphoid, may correlate with mild chronic left limb pancreatitis in conjunction with elevated fPLI test. Correlation with pending Fructosamine level is recommended. Gastrointestinal support and empirical therapy for chronic pancreatitis with clinical monitoring would be appropriate. Recheck sonogram is indicated if nonresponsive or progressive gastrointestinal signs are noted. Urine C/S is recommended if inflammatory urine sediment or glucose urea are noted.





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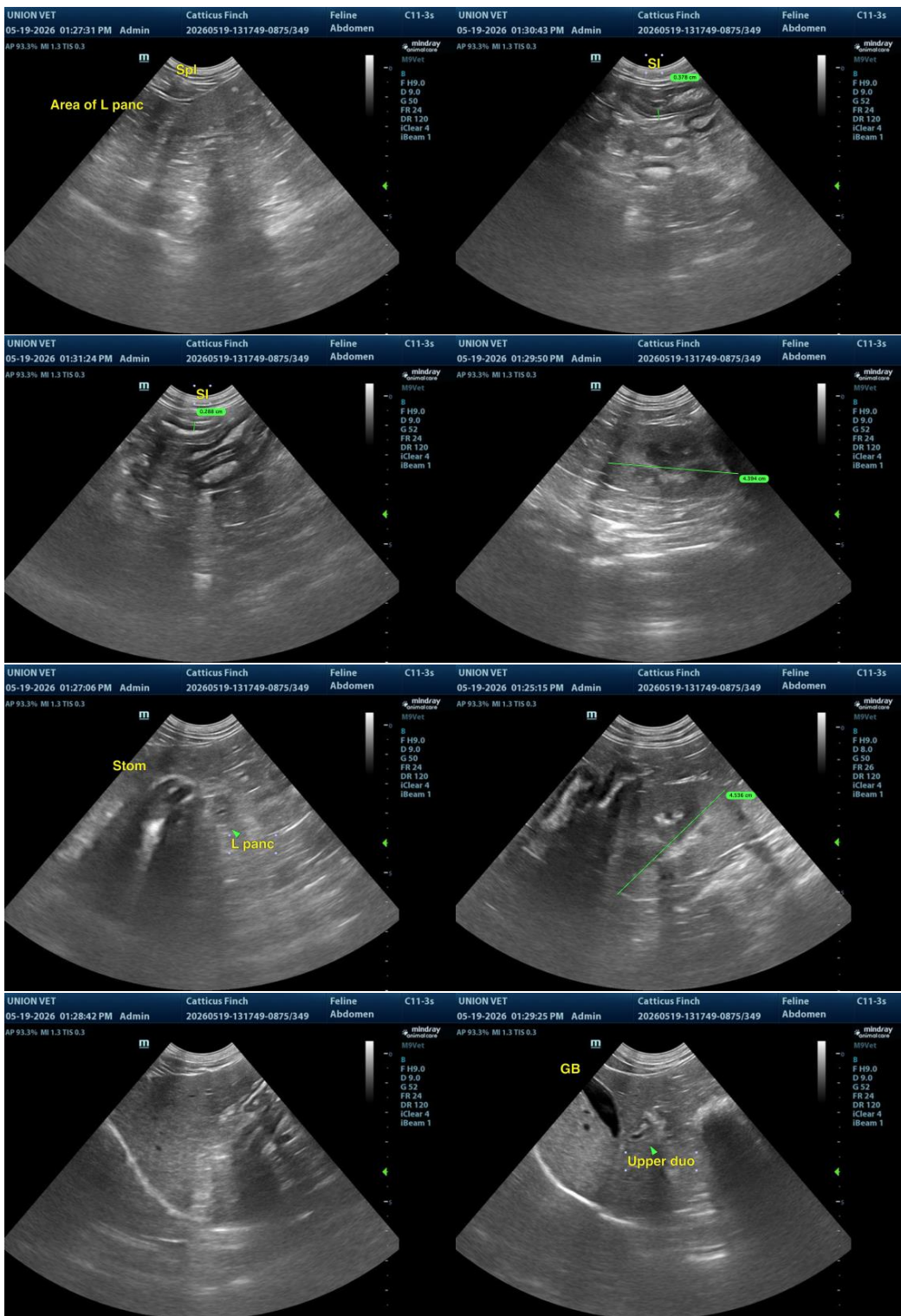
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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