



PATIENT

Aslan Precious
Marie Sipin-Jean-
Gilles

SPECIES

Feline

BREED

American Shorthair

SEX

MN

AGE

4 years 9 months

WEIGHT

13.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nader Shafik

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

D.r Nader Shafiik

INVOICE

10873

DATE

5/6/26

PRESENTING CLINICAL SIGNS

2 days fever , no eating and vomiting 4 hours after eating, might have eaten laundry dryer sheets.
Abnormal PE/Chem/CBC/UA Results: Neutrophilia.

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. 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. Subjective mildly thickened cortex was noted exhibiting normal cortex echogenicity. Adequate corticomedullary border demarcation was noted with adequate medullary volume. No evidence of pyelectasia was noted in either kidney. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.47 cm width at the caudal pole. 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. 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 containing primarily anechoic content with minor gallbladder debris. 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.

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.

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



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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract
- Nondistended colon with formed fecal matter
- Normal area of pancreas
- Minor gallbladder debris
- Nonspecific bilateral mild thickened renal cortices – potential patient variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral pathology as a definitive cause of the patient's clinical signs. There is no evidence of peritonitis, gastroenterocolic mural pathology, foreign body, or obstructive pattern. Mild pancreatitis at times may present as sonographically normal and may be suspected if cranial abdomen or subxiphoid discomfort on palpation. Three-view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate +/- CBC pathology review to assess for occult disease may be considered.

Gastrointestinal support, empirical therapy for fever of unknown origin, and clinical monitoring are indicated. Recheck sonogram if persistent or nonresponsive clinical signs.





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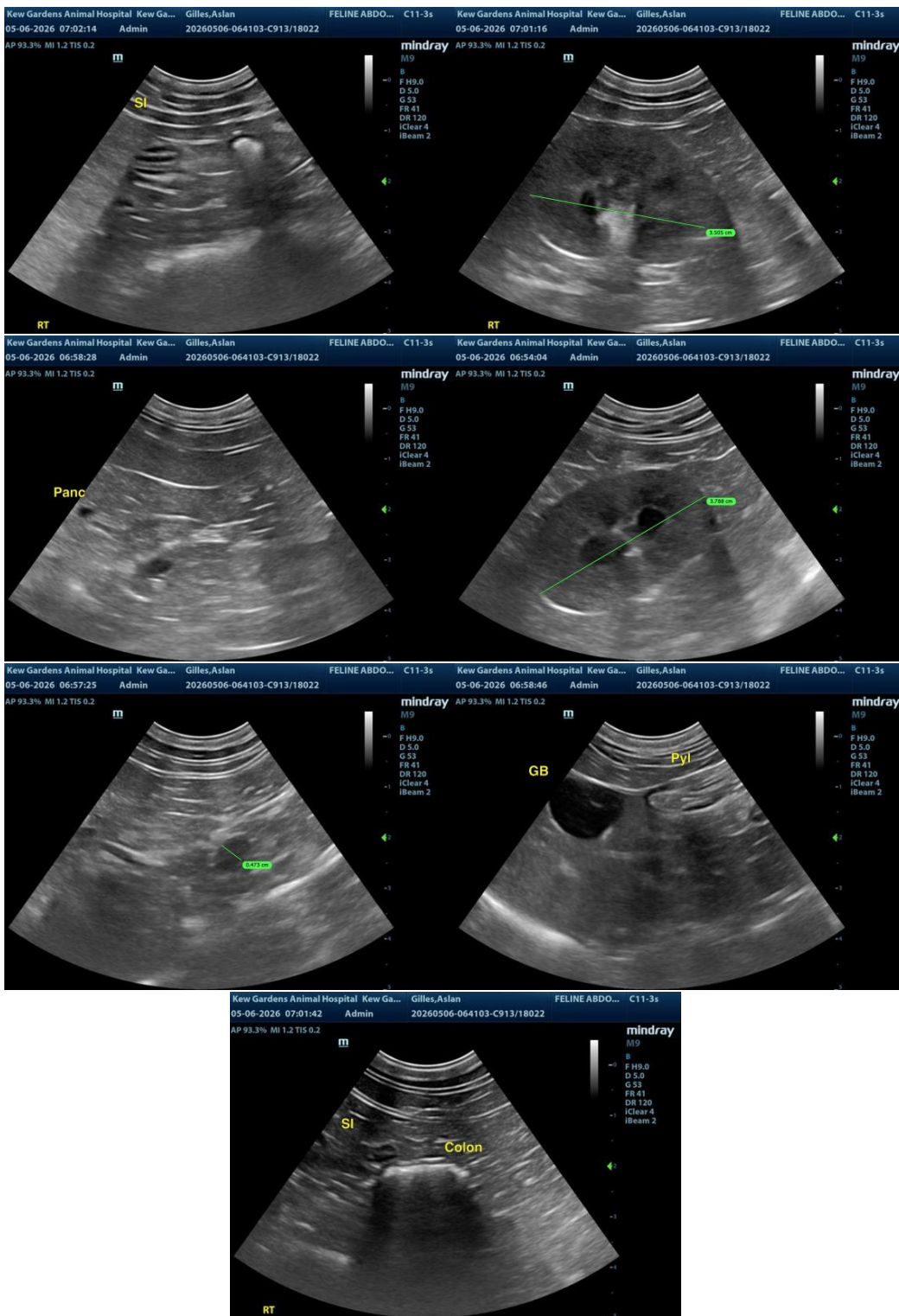
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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