



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cruser Cortez	Presented for vomiting , O stated pet started vomited 5x ( bile)yesterday , and vomited 2x today, also mentioned lethargic and no appetite. Hx of atopyca , not on any meds. PE - limited , aggressive , purulent ocular discharge, mild hyperemic conjunctiva OU ,negative oral exam, unable to hear HM due to hissing .Integument - thinning hair to alopecia along the caudal ventral abdomen and bilateral lateral abdomen.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
DSH	Spec fPL - normal, ALT 159, Glucose 218, WBC 28.5 w/ neutrophilia and monocytosis, HCT 30.7
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	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. Mild 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.
4 years, 6 months	No evidence of pathology in the area of the aortic trifurcation.
<b>WEIGHT</b>	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 3.8 cm in length. The right kidney measured 4.2 cm in length.
9 lbs.	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	No overt pathology was noted in the area of the left or right adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen was indistinctly visualized potentially owing to volume contraction, yet no overt splenic pathology was noted.
Dr. Lara Cabugawan	<b>Liver/ Gallbladder</b>
<b>HOSPITAL NAME</b>	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. 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.
Kew Gardens AH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. There was no evidence of retained gastric ingesta, fluid or foreign material.
Dr. Lara Cabugawan	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with generalized empty intestinal lumen. No evidence of an obstructive pattern was noted. Possible focal small hyperechoic to shadowing intestine lumen density was noted in the mid-abdomen measuring 0.7 cm in diameter.
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<b>DATE</b>	
6/29/23	



**PATIENT**

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

Cruser Cortez

**Pancreas**

**SPECIES**

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 were evident.

Feline

**BREED**

**Free Abdomen**

DSH

No overtly visualized or significant omental lymphadenopathy or omental masses were noted. A small pocket of scant caudal abdominal peritoneal free fluid was noted around the apical urinary bladder.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Nonobstructive gastrointestinal tract with possible, although not definitive, shadowing intestinal luminal density - potential small nonobstructive hairball density or similar

4 years, 6 months

- Low-grade hepatopathy

**WEIGHT**

- Mild urinary bladder sediment

9 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Given the lack of gastrointestinal obstructive pattern, there is no overt indication for immediate surgical intervention. Potential for small passing hairball density or similar is possible, although not definitive.

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

An obvious cause of the patient's CBC abnormalities was not obvious. CBC pathology review and recheck retroviral testing is warranted.

**IMAGING PERFORMED BY**

Empirically, as-needed gastrointestinal support with potential for 24-hour hospitalization with IV fluids and potential sonographic reassessment of the intestinal tract and possible shadowing intestinal luminal density would be reasonable.

Dr. Lara Cabugawan

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

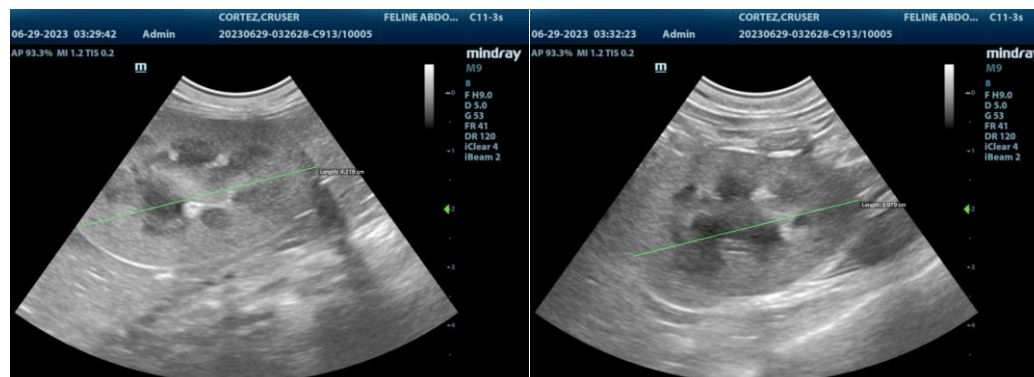
Dr. Lara Cabugawan

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**PATIENT**

Cruser Cortez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

4 years, 6 months

**WEIGHT**

9 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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**IMAGING PERFORMED BY**

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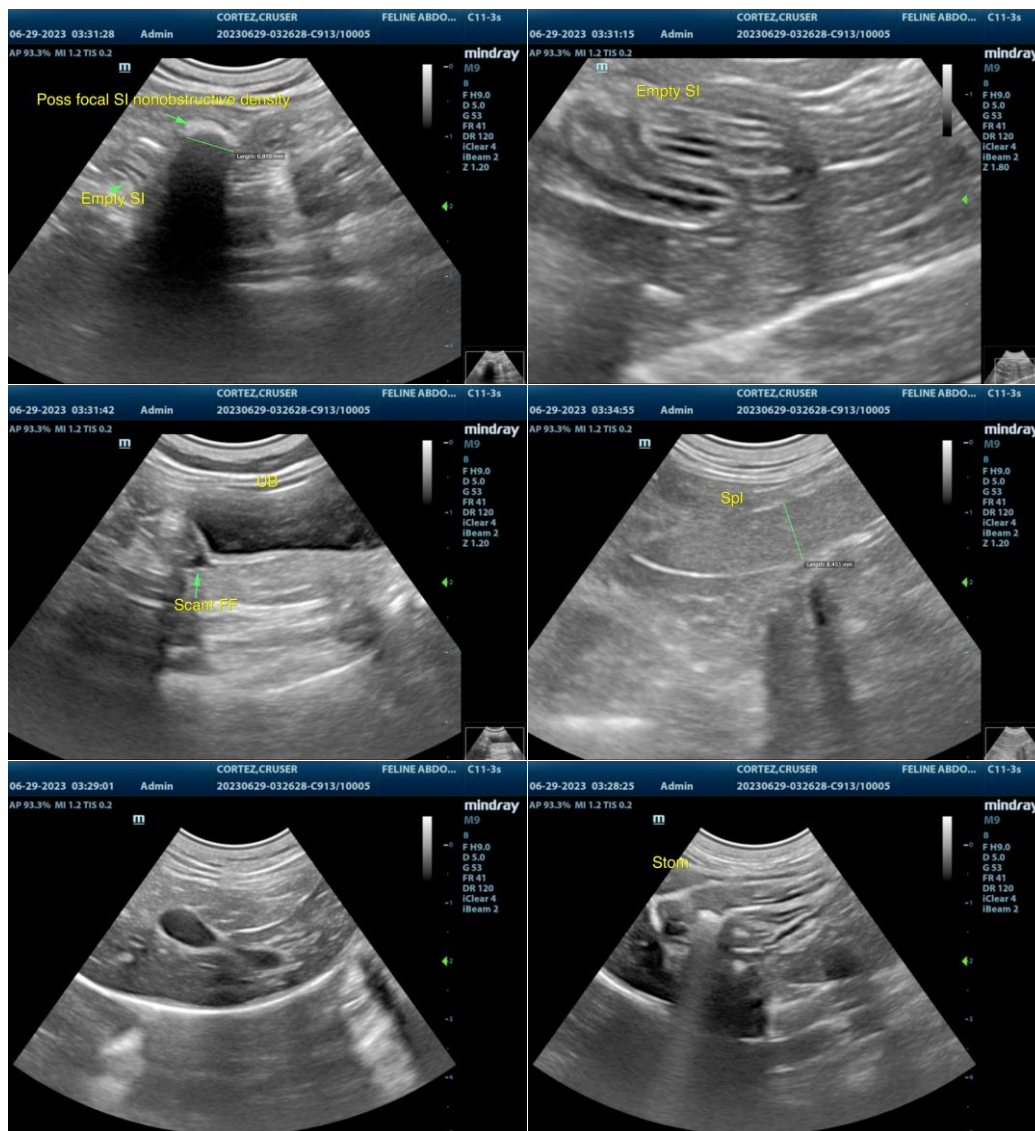
Dr. Lara Cabugawan

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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](mailto:info@sonopath.com)