



PATIENT

Candy Bose

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5

WEIGHT

8.5

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

23868

DATE

8/10/23

PRESENTING CLINICAL SIGNS

Presented for vomiting multiple times today. No diarrhea.
Abnormal PE/Chem/CBC/UA Results: Painful on abdominal palpation. Chem / CBC - unremarkable
FPLi test - ABNORMAL

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. Aortic trifurcation was normal.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. Both adrenal glands measured 0.45 cm.

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

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.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic fluid and pockets of lumen gas were present.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The lumen of the small intestine was segmentally empty with concurrent segmental mild ileus, along with segmental lumen gas.



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

Candy Bose **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 was evident.

Feline

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

DLH

ULTRASONOGRAPHIC FINDINGS

SEX

- Gastroenteritis pattern, exhibiting mild gastric and segmental intestinal ileus.
- Sonographically unremarkable pancreas

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5

No evidence of overt gastrointestinal foreign material or obstructive pattern. Technically, the possibility of a small amount of nonobstructive or passing material, such as hair or similar could be present yet without evidence of obstructive pattern. No obvious indication for immediate surgical intervention.

WEIGHT

8.5

Sonographically, no evidence of significant or active pancreatitis, although concurrent low-grade pancreatitis, which may present sonographically normal is possible and may be suspected if cranial abdominal or subxiphoid discomfort on palpation.

INTERPRETED BY

Empirically, as needed gastrointestinal support and therapy for possible low-grade pancreatitis with assessment of clinical response would be reasonable.

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

Sonographic reassessment is recommended if persistent/progressive gastrointestinal signs, despite supportive care.

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

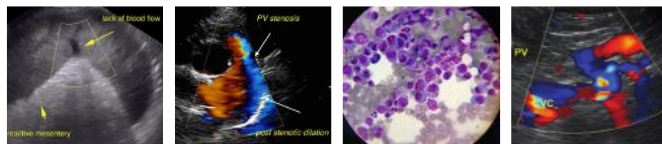
Dr. Lara Cabugawan

INVOICE

23868

DATE

8/10/23



PATIENT

Candy Bose

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

5

WEIGHT

8.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

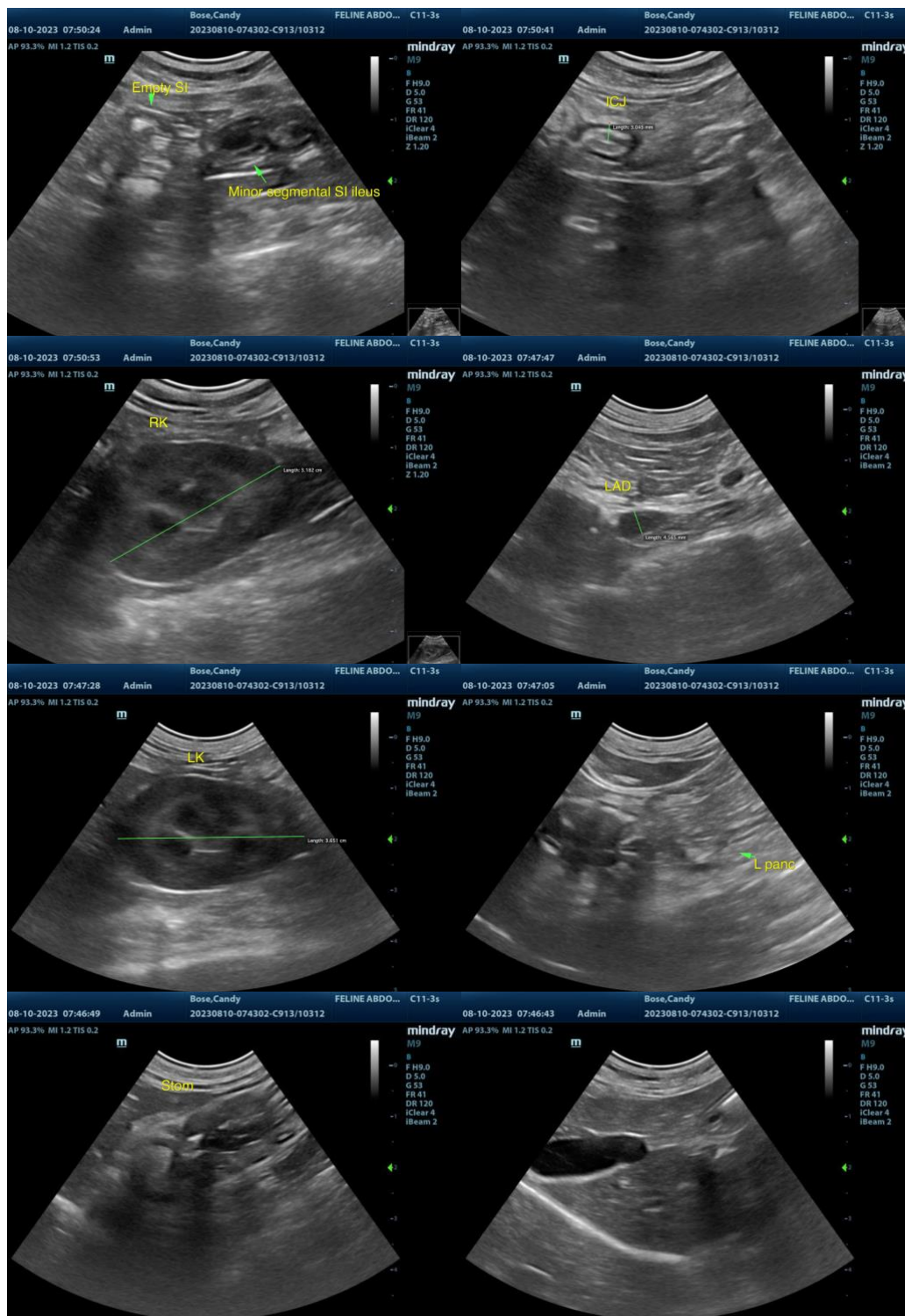
Dr. Lara Cabugawan

INVOICE

23868

DATE

8/10/23



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



PATIENT

Candy Bose

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.

SPECIES

Feline

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

BREED

DLH

SEX

Spayed Female

AGE

5

WEIGHT

8.5

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

23868

DATE

8/10/23