



## PATIENT

Davidson Moakley

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

56.2 lbs

## INTERPRETED BY

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

74240

## DATE

4/4/26

## PRESENTING CLINICAL SIGNS

Patient presented for multiple episodes of vomiting since last night and again this morning. No diarrhea reported. Owner states patient frequently gets into inappropriate items and is often given table food. Inappetence since yesterday.

Abnormal PE/Chem/CBC/UA Results: PE: limited oral exam , dental calculus, BCS 7/9 , tensed/ grunting on abdominal palpation , multiple skin tag.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae and trigone are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 6.3 cm. Right kidney measures 6.4 cm.

### Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

### Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

### Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### Gastrointestinal

The stomach is moderately distended with gas and anechoic shadowing material. The gastric wall is 3.8 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. There is a small amount of anechoic shadowing material seen within the small bowel without evidence of obstruction.

The visible portions of the colon are of normal thickness with intact wall layering.



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## Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

## Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed.

## PRIMARY FINDINGS

- Diffusely heterogeneous, hyperechoic liver – consistent with non-specific hepatopathy.
- Anechoic shadowing material seen within both the stomach and small bowel without clear evidence of obstruction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The anechoic shadowing material seen within the gastrointestinal tract may represent normal dense ingesta, but may also represent foreign material. There is no clear evidence of a gastrointestinal obstruction. Supportive care for gastroenteritis is recommended, and if symptoms persist, either recheck sonography or abdominal exploratory may be needed to confirm whether this material has moved out of the GI tract. If symptoms resolve, then recheck sonography would not be needed.

The appearance of the liver and the elevated ALP are consistent with a reactive hepatopathy. The following next steps are recommended:

- Screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed.
- Serial chemistry screens, at 3-6 month intervals, are recommended. As long as all other liver laboratory values are normal, then a clinically significant hepatopathy is highly unlikely. However, if ALT or TBili become elevated, then bile acid testing, liver support supplements such as SAME, milk thistle and ursodiol, as well as recheck ultrasound would all be recommended.
- Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Fine needle aspirate for cytology could also be performed, but is less likely to yield a definitive diagnosis.





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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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

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