



## PATIENT

Luna Lopez

## SPECIES

Feline

## BREED

Bombay

## SEX

Spayed Female

## AGE

1 Year 7 Months

## WEIGHT

12.8 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. Ghobrial

## INVOICE

74212

## DATE

4/4/26

## PRESENTING CLINICAL SIGNS

Presented for diarrhea and vomiting multiple times for 3 days and today owner stated vomited plastic, low appetite.

Abnormal PE/Chem/CBC/UA Results: PE: tensed on abdominal, negative oral exam, dental calculus. pli test - normal cbc - negative chem, mild elevated amylase, the rest blood test WNL.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. The ureteral papillae, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys exhibit adequate corticomedullary differentiation. Infarcts are seen within the renal cortex of the right kidney. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.6 cm. Right kidney measures 3.6 cm.

### Adrenal Glands

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

### Spleen

The spleen is of appropriate size (8.5 mm) 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 is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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 fluid. The stomach wall measures 2.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.

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.

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is normal.



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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 free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach and colon. Enlarged abdominal lymph nodes are not observed.

## PRIMARY FINDINGS

- Steatitis surrounding the stomach and colon, consistent with non-specific gastroenteritis.

## SECONDARY FINDINGS

- Small right renal infarct, typically an incidental finding in a cat, although occasionally associated with underlying cardiac disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no specific cause identified for the reported gastrointestinal signs on today's ultrasound. There is no foreign material nor evidence of obstruction visualized. Additional recommendations, if not already performed, would include:

- Fecal parasite testing and empiric fenbendazole treatment.
- Probiotic therapy.
- Bland diet.
- Treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- If signs persist, trials with a novel protein or hydrolyzed diet and a GI panel could be considered.
- It is possible for occult intestinal disease to present with normal ultrasound findings; thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.



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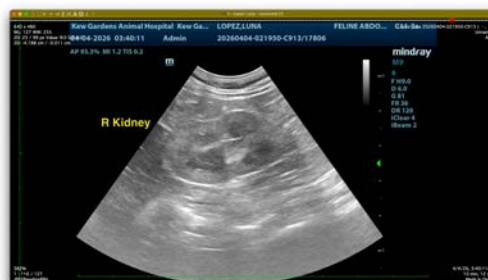
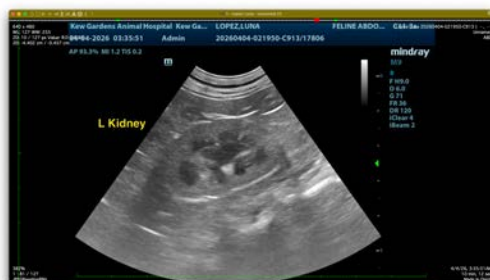
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com