



## PATIENT

Jersey Mangona

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

15

## WEIGHT

12.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Maniar

## INVOICE

22883

## DATE

11/08/2025

## PRESENTING CLINICAL SIGNS

Had dental on 10/20 , now bloody d/c coming from R nostril lethargy decreased appetite

Abnormal PE/Chem/CBC/UA Results: ALP 197 Lipase 7.6 HCT 24.5 %

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

The spleen was borderline to mildly enlarged with asymmetrical to scalloped medial capsule contour and mild non-homogenous hypoechoic parenchyma. The spleen measured 1.0 cm in width at the level of the mid spleen.

### Liver/Gallbladder

The liver was subjectively mildly enlarged with symmetrical capsule contour. Homogenous mildly hypoechoic hepatic parenchyma and mild coarse echotexture were present. Normal vascular volume. 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

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



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## *Pancreas*

The area of the pancreas was sonographically normal.

## *Free Abdomen*

No visualized overt lymphadenopathy or peritoneal effusion was present.

Subjective mild increased omental echogenicity was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Borderline enlarged hypoechoic spleen with scalloped medial capsule contour
- Mildly enlarged hypoechoic liver
- Enteropathy
- Sonographically normal area of pancreas
- Mild omental hyperechogenicity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations may include potentially acute multi-centric hepatosplenic and gastrointestinal inflammation or emerging to occult round cell neoplasia, i.e. lymphoma or other. Clotting status recommended given epistaxis. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. Correlation with three view chest radiographs recommended. Concurrent CBC pathology review and recheck retroviral status may be considered. Pending additional diagnostics, gastrointestinal support is recommended. A guarded prognosis is indicated.



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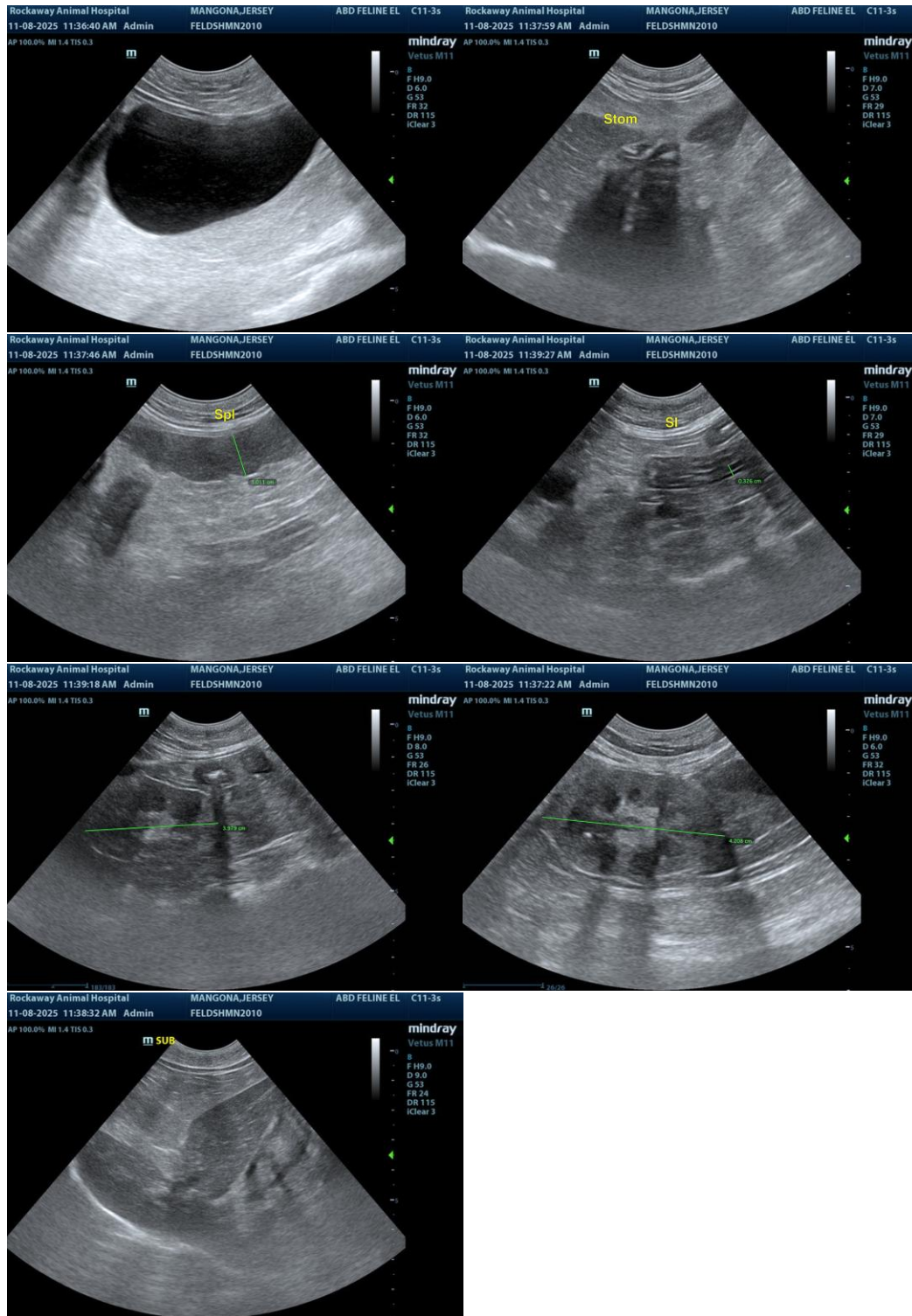
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@sonopath.com](mailto:info@sonopath.com)

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