



PATIENT

Kachina Li Mangone

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

13.26

INTERPRETED BY

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

IMAGING PERFORMED BY

Brianna Gaines

HOSPITAL NAME

Healthy Pets
Veterinary Care - Boca
North

REFERRING VET

Brianna Gaines

INVOICE 24351

DATE
03/30/2026

PRESENTING CLINICAL SIGNS

P presented for hyporexia and weight loss. She is currently on Senvelgo for diabetes management

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 no evidence of urine/lumen sediment, mineral, or calculi. 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. Minor right kidney pyelectasia was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.48 cm width. The right adrenal gland measured 0.38 cm width.

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/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with mild non-organized debris. 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 contained moderate non-shadowing ingesta with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with propensity for segmentally prominent intestinal mucosa layer. Mild segmental similar appearing non-shadowing jejunal ingesta / chyme without obstructive pattern to the level of the colon. The jejunum wall measured up to 0.32 cm in width.



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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry. Mildly heterogeneous remodeled parenchyma compared to adjacent non-reactive or inflamed omentum. Mildly prominent left limb pancreatic duct.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly with mild gallbladder debris
- Chronic pancreatitis with remodeling
- Intact mild to variably thickened small intestinal wall with retained non-shadowing gastric ingesta
- Bilateral chronic renal changes exhibiting minor right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming NPO in conjunction with hyporexia, metabolic or functional gastrointestinal ileus potentially associated with chronic enteropathy, chronic pancreatitis and potential for hepatobiliary inflammation and triaditis is favored. Underlying to emerging intestinal or multi-centric neoplasia is thought less likely.

Further assessment may include assuming normal clotting status and using 25ga needle, screening hepatic FNA cytology in combination with a GI panel. Recheck full lab work and U/A with urine C/S if evidence of glucosuria is recommended.



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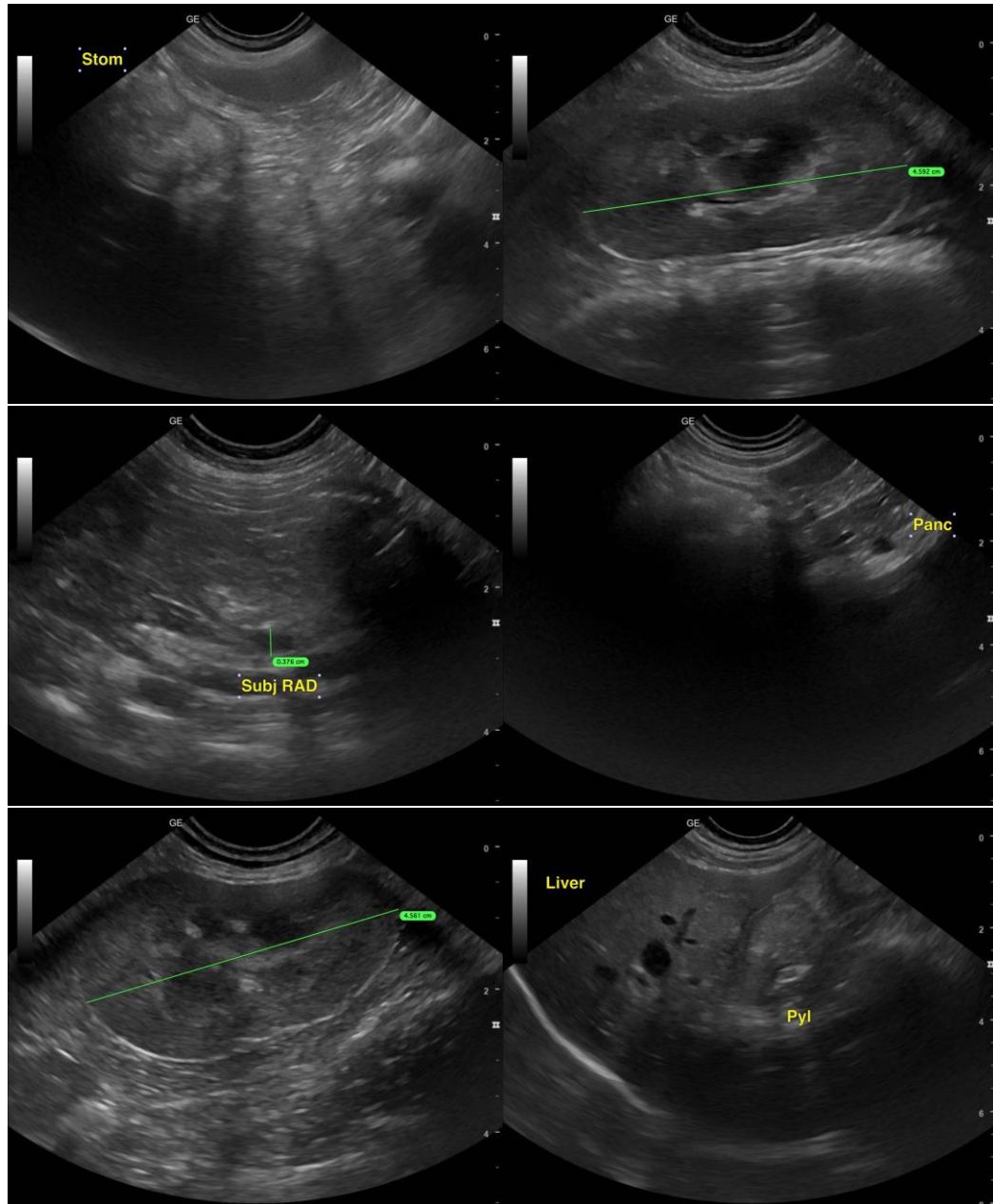
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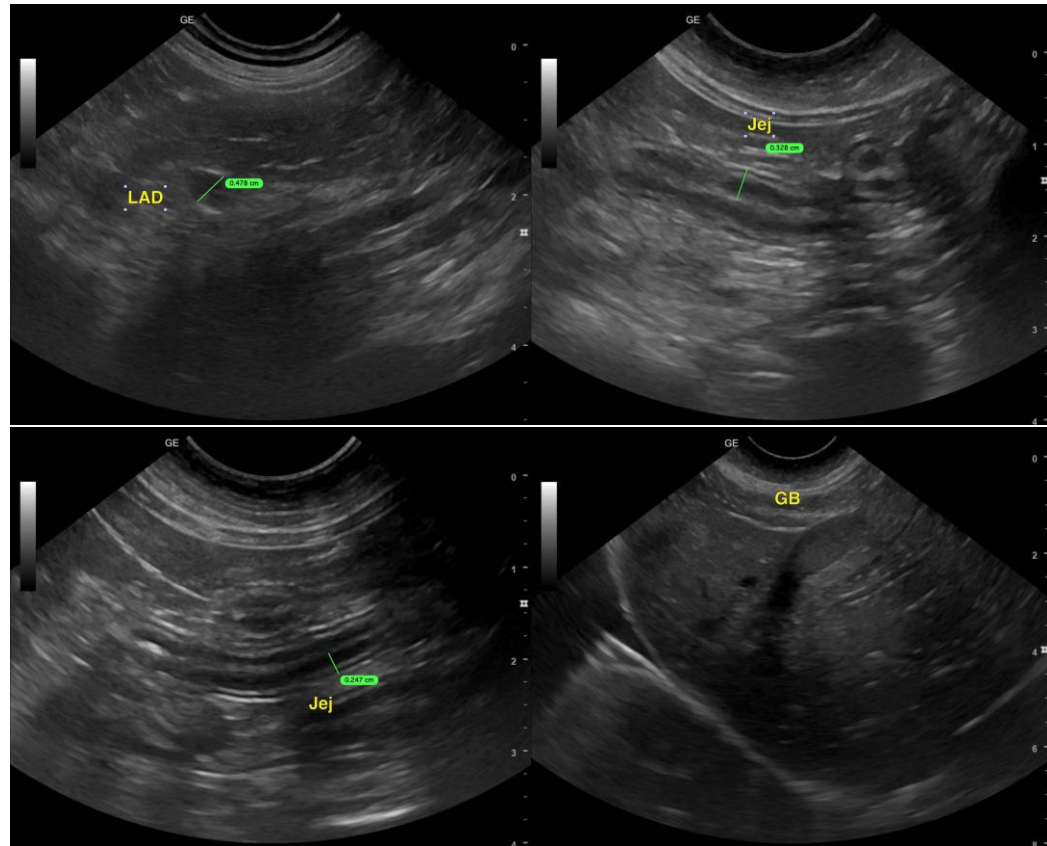
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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