



PATIENT

Maverick Benoff

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Months

WEIGHT

5.88 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

12995

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Submitted study contained 28 videos for review.

P WAS SEEN 12/23/25 FOR LETHARGY AND DECREASED APPETITE CAME BACK ON 1/3/26 WITH NO IMPROVEMENT

Abnormal PE/Chem/CBC/UA Results: Focally thickened section of small intestine cranial abdomen. - Thickened irregular caudal end of liver lobe (or could be spleen) - No discomfort elicited on abdominal palpation. - No obvious abdominal effusion - H/L - not muffled. Tachypnea and tachycardia
ASSESSMENT 1. Suspected feline infectious peritonitis (FIP) r/o lymphoma vs. intussusception vs. gastrointestinal foreign body. 2. Thickened section of small intestine - r/o granulomas sec to FIP, intussusception, FB, LSA 3. Focally thickened area on liver - r/o granuloma sec to FIP, neoplasia 12/23/25 1) RBC 5.19 (6.54-12.20), HCT 18.6 (30.3-52.3), HGB 6.1 (9.8-16.2), WBC 22.82 (2.87-17.02), NEU 15.93 (2.30-10.29), MONO 2.73 (0.05-0.67) 2) CHEM: TP 11.5 (5.2-8.2), GLOB 8.8 (2.8-4.8), CI 109 (115-126)

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 change were noted.

Normal size and margination was 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. A subtle to mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 revealed generalized hepatomegaly. 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.



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Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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 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 visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with an empty intestinal lumen. An example of the small intestine wall measured 0.21 cm wall width.

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

Pancreas

The area of the left pancreas was sonographically normal.

Free Abdomen

A mid to cranial abdomen asymmetrically enlarged nonhomogenous hypoechoic subjective lymph node was present measuring 3.4 cm x 1.5 cm. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral subtle to mild medullary rim sign.
- Hepatomegaly.
- Overtly normal visualized gastrointestinal tract.
- Mid abdomen asymmetrically enlarged nonhomogenous hypoechoic lymph node.
- Transdiaphragmatic comet tail artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical gastrointestinal obstructive pattern, definitive gastrointestinal tumors or intussusception. The lymphadenopathy may indicate reactive, inflammatory, granulomatous/FIP or neoplastic criteria. The hepatomegaly is nonspecific. Assuming normal clotting status, lymph node and screening hepatic FNA cytology +/- culture/sensitivity and FIP titers/PCR is recommended for further clarification. Three view chest radiographs are suggested if not done. Supportive care is indicated pending additional diagnostics.



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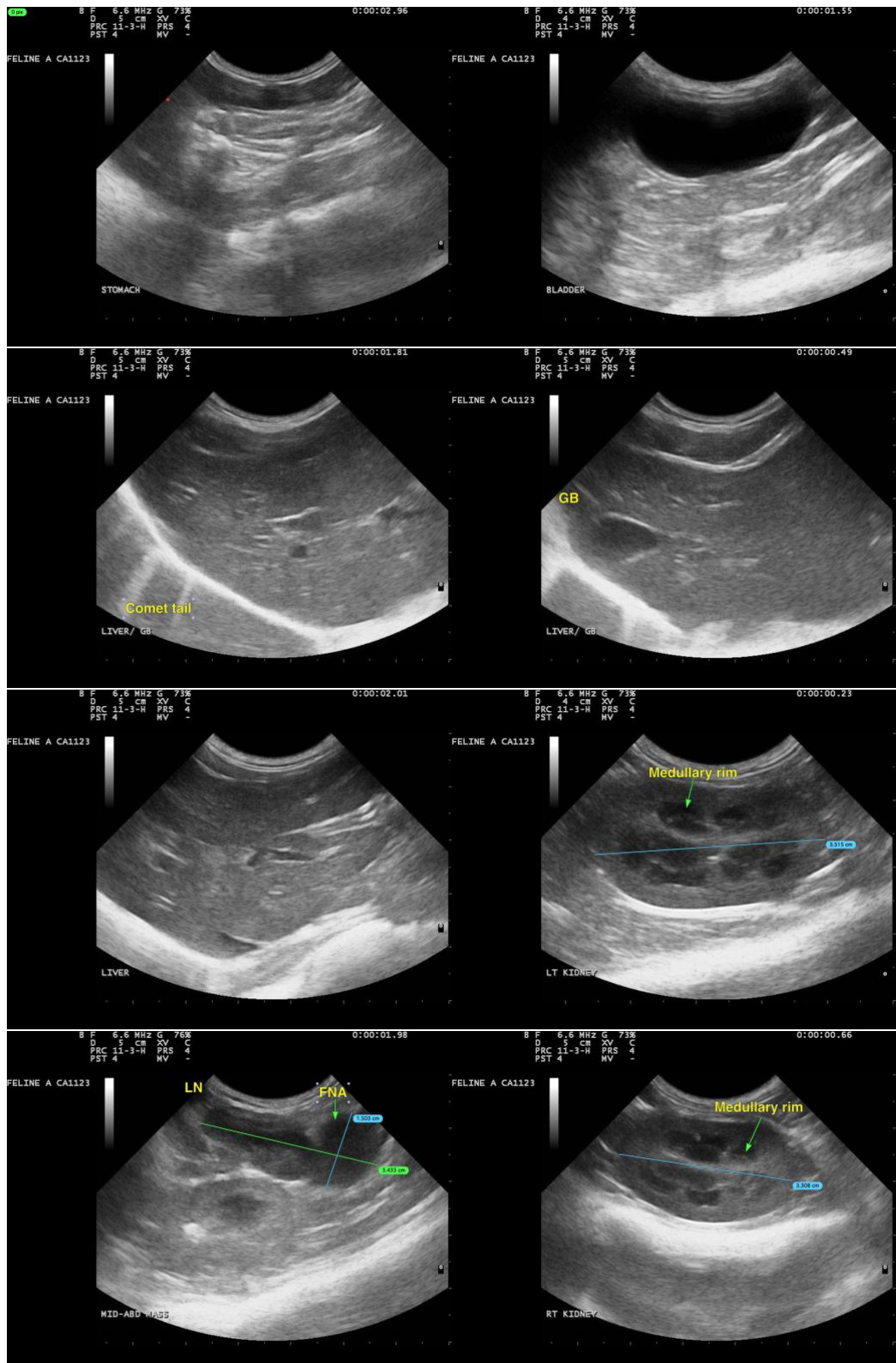
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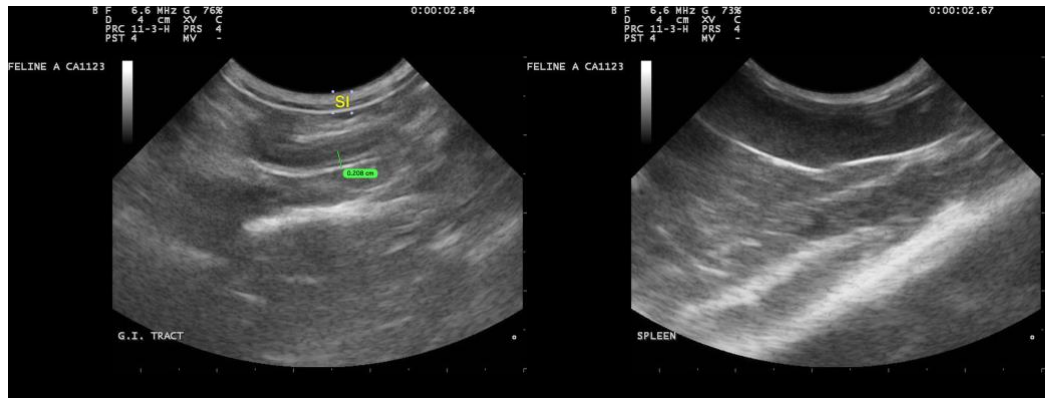
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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