



PATIENT

Benji Simpson

PRESENTING CLINICAL SIGNS

re check prev u/s 5/27

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4

WEIGHT

11.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Maniar

INVOICE

24974

DATE

05/28/2026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate bladder 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 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 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 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 normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with 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. Empty lumen with mild gas, no evidence of previously noted non-shadowing pyloric chyme or foreign material.

The small intestine presented exhibited similar compared to the previous study with intact borderline mild thickened wall and mild altered wall layer ratio owing to propensity for mild thickened muscularis



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layer. Empty intestine lumen without mechanical /metabolic ileus or shadowing content. The small intestine wall measured up to 0.29 cm in width.

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

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach
- Previously noted intact borderline mild thickened small intestinal wall, borderline to mild prominent intestinal muscularis layer
- Similar appearing hypoechoic liver
- Normal gallbladder
- Mild to moderate urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall similar hepatic and intestinal presentation compared to the previous study. These findings are non-specific yet may suggest mild inflammatory enteropathy criteria and concurrent mild acute hepatopathy.

Correlation with current hepatic enzyme levels for evidence of progression is suggested as well as correlation with current clinical signs. No evidence of gastrointestinal foreign material. As needed continued supportive care with monitoring of liver enzymes or for future gastrointestinal signs/ weight loss is recommended.

Urine C/S indicated if inflammatory sediment on UA.

Minor potential for emerging to occult intestinal and hepatic round cell neoplasia thought less likely.

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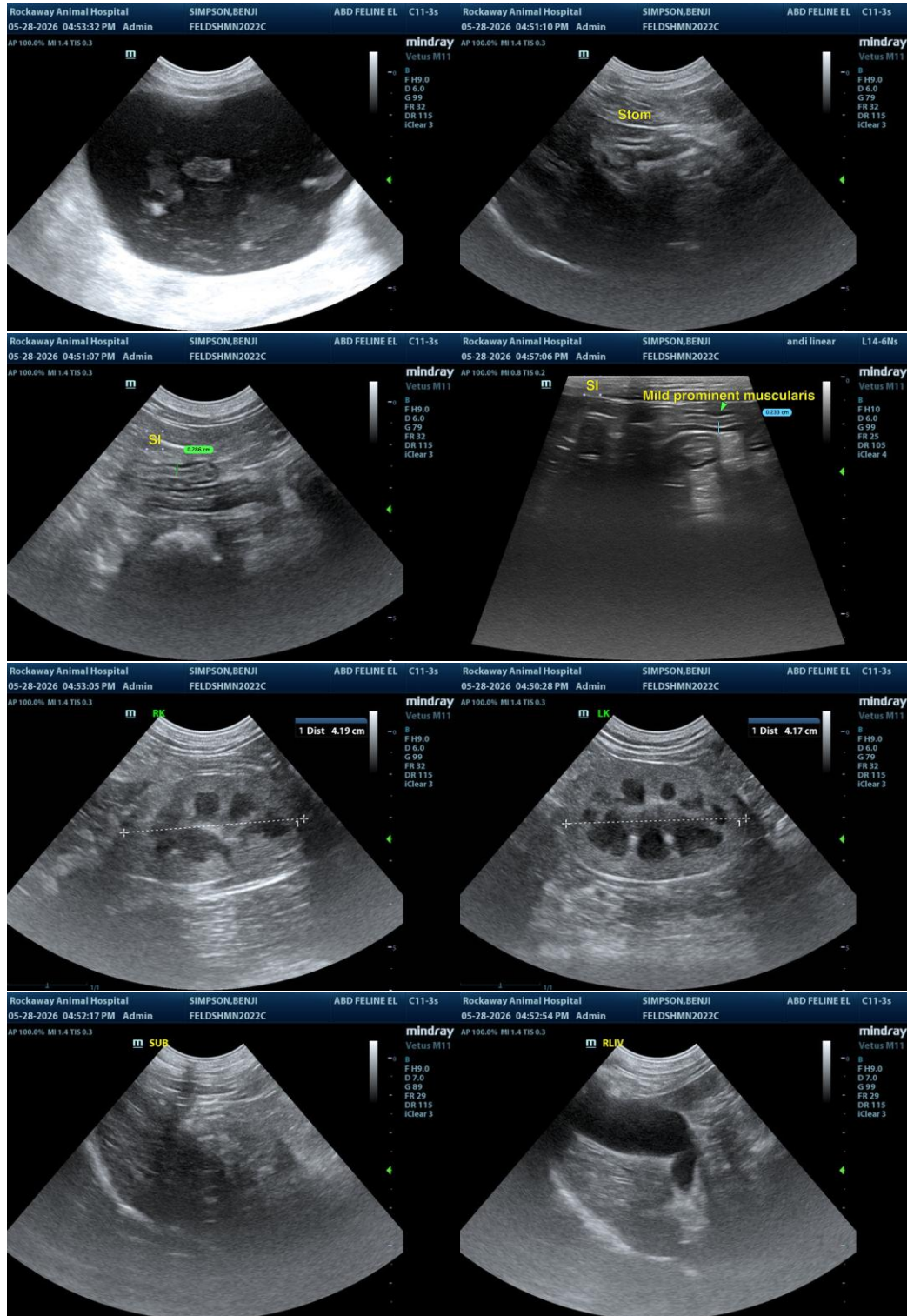
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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