



**PATIENT**

Winslow Rinehart

**SPECIES**

Feline

**BREED**

Maine Coon Munchkin  
Mix

**SEX**

Male

**AGE**

1 ½ years

**WEIGHT**

5.78 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Anderson

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Anderson

**INVOICE**

97887

**DATE**

3/29/22

**PRESENTING CLINICAL SIGNS**

History: Always skinny, but more so recently and coat dull. Recurrent bloody diarrhea has been an issue and a sensitive stomach. Lethargic this morning and off food.  
Abnormal PE/Chem/CBC/UA Results: PE: slight dehydration, mid-abdominal oblong firm mass (about 12cm), kidneys feel small. Chem: Na 166 mmol/L, TP 10 g/dL, Glob 7.3 g/dL, ALP <10 U/L, T Bili 3.0 mg/dL CBC: PLT 691 K/uL Snap fPL: Normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.72 cm. The right kidney measured 4.68 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** revealed coarse architecture with increased portal markings. The hepatic veins and vena cava were unremarkable. The gallbladder was empty with increased wall thickness.

**Gastrointestinal**

The **stomach** was empty with a minor amount of chyme. The intestine revealed a mass at the ileocecal junction and measured 4.3 x 2.0 cm. The intestinal mass was partially obstructive. The mesenteric lymph node measured 0.71 cm. A minor amount of free fluid was noted.



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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Ileocecal junction mass with mesenteric lymphadenopathy.

Cholangitis pattern, possible granulomatous disease.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Male

There is a strong concern for FIP in this patient. Screening FNA of the liver, lymph nodes and intestine are warranted. Otherwise, direct exploratory surgery could be considered. Attempt at resection of the intestinal mass is recommended. However, the regional lymphadenopathy would suggest local metastatic changes or FIP. Free fluid may be related to FIP or lymphatic obstruction. Guarded prognosis.

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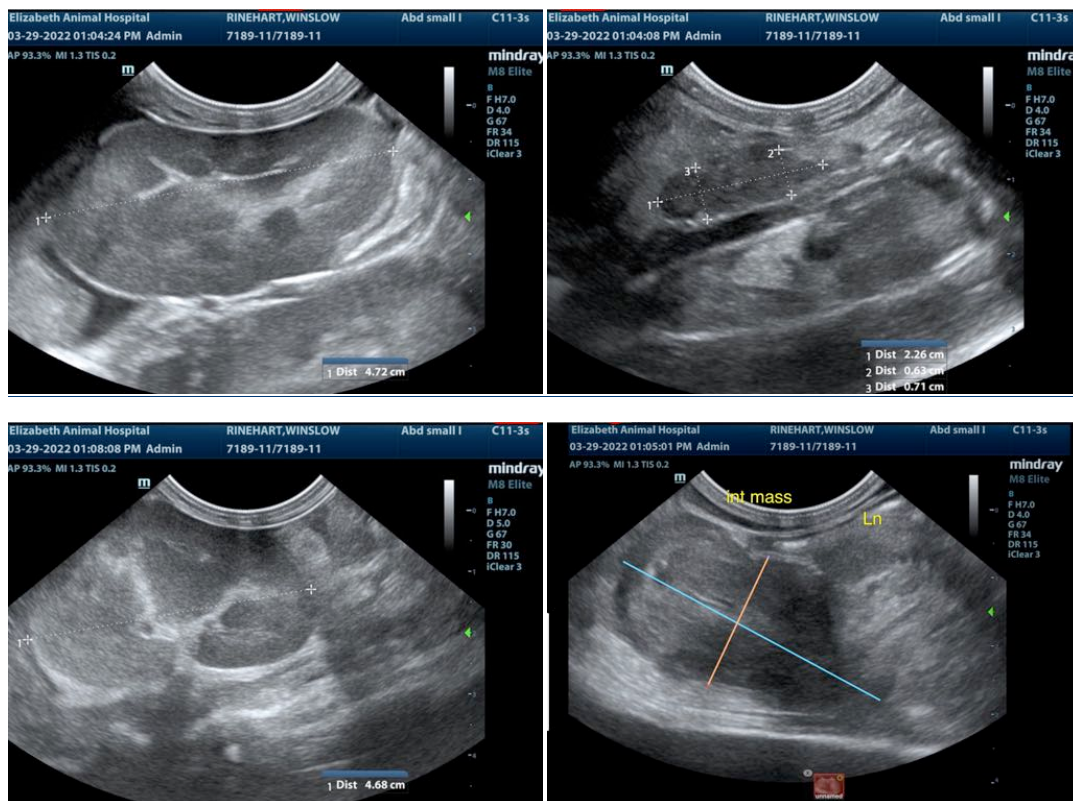
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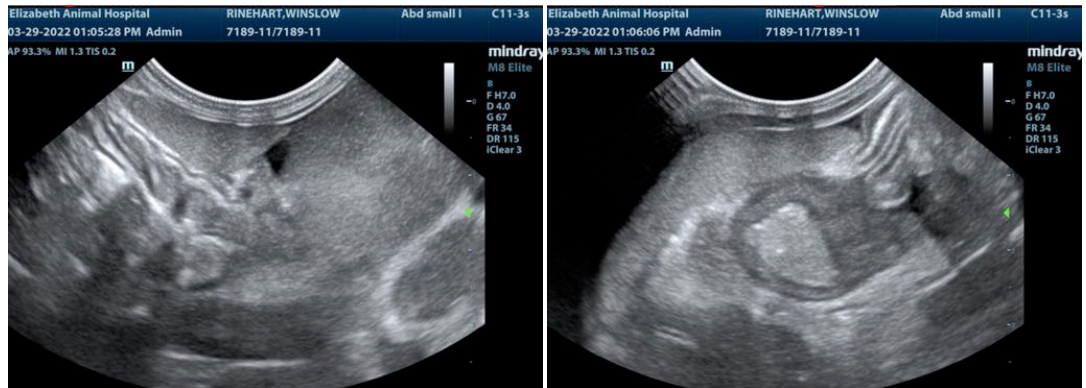
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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