



PATIENT

Gracie Brisendine

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

5.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

22926

DATE

11/11/2025

PRESENTING CLINICAL SIGNS

Started 2-3 weeks ago noticed blood in stool took her to vet gave antibiotics, and some antinausea meds. Wasn't improving so went back to vet and diagnosed as constipated. Gave enema, and sent home with lactulose and wet food. Bloody stool off/on. Started wobbling and falling when trying to walk this morning in bed. Then jumped off bed uneasy on her feet and threw up. Since discharge Gracie has been displaying consistent tenesmus, and only producing small coin-sized drops of bloody wet stool. She has not had a bowel movement beyond this. She has maintained normal appetite and energy level. She has been producing urine normally. She has not displayed any further episodes of ataxia or weakness. EENT/oral: pink moist mm, crt <2s, ptilyism H/L: No a, ss pulses, clear lung sounds, eupneic, Gr III-IV/VI murmur Abd: Reactive on palpation, firm feces vs mass effect in upper caudal abdomen Rectal: frank bloody fecal matter present, unable to palpate any abnormalities Integ: Flakes throughout coat, mild frank blood around rectum

Abnormal PE/Chem/CBC/UA Results: 11/05: Rad: One moderate size fecal segment present in descending colon, soft stool distal to that, no obvious cystolithiasis/renoliths present CBC: WBC 20.42 (H), Neut 17.06 (H), Monocytes 0.83 (H) Chem: NSF UA: USG >1.050, pH 7.0, blood 250 Ery/uL, RBC >50/hpf, no obvious bacteria or crystals 11/10: Lateral abdominal radiograph - ongoing constipation, stool not overly firm/desiccated in appearance. With distal stopping point of stool being in the same location as the previous set of radiographs, and thickened colon distal to that with no visible stool present, concern for colonic mass or stricture PCV/TS: 28%/6.6 clear EPOC: pO2 70.8 (H) cSO2 93.9 (H) Anion gap 7 (L) HCT 27 (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 mild non-organized debris. 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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestine wall measured 0.23 cm in width.

The colon exhibited primarily intact, normal wall layering with mild generalized colon distension containing formed fecal matter visualized in the proximal transverse and proximal to mid descending colon. A distal descending colon to colorectal mass was present measuring 4.3 cm x 2.0 cm at the level of the urinary bladder.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Descending colon /colorectal mass- consistent with neoplastic criteria, i.e. carcinoma or other, significant inflammatory etiology or granulomatous disease (FIP) thought less likely.
- Generalized mild distended colon containing formed fecal matter
- Sonographically normal gastrointestinal tract.

Secondary

- Age-related renal changes
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and if accessible, FNA cytology of the descending colon /colorectal mass for further clarification and potential for oncology or surgical consult could be considered. No overt evidence of current regional lymphatic metastasis.



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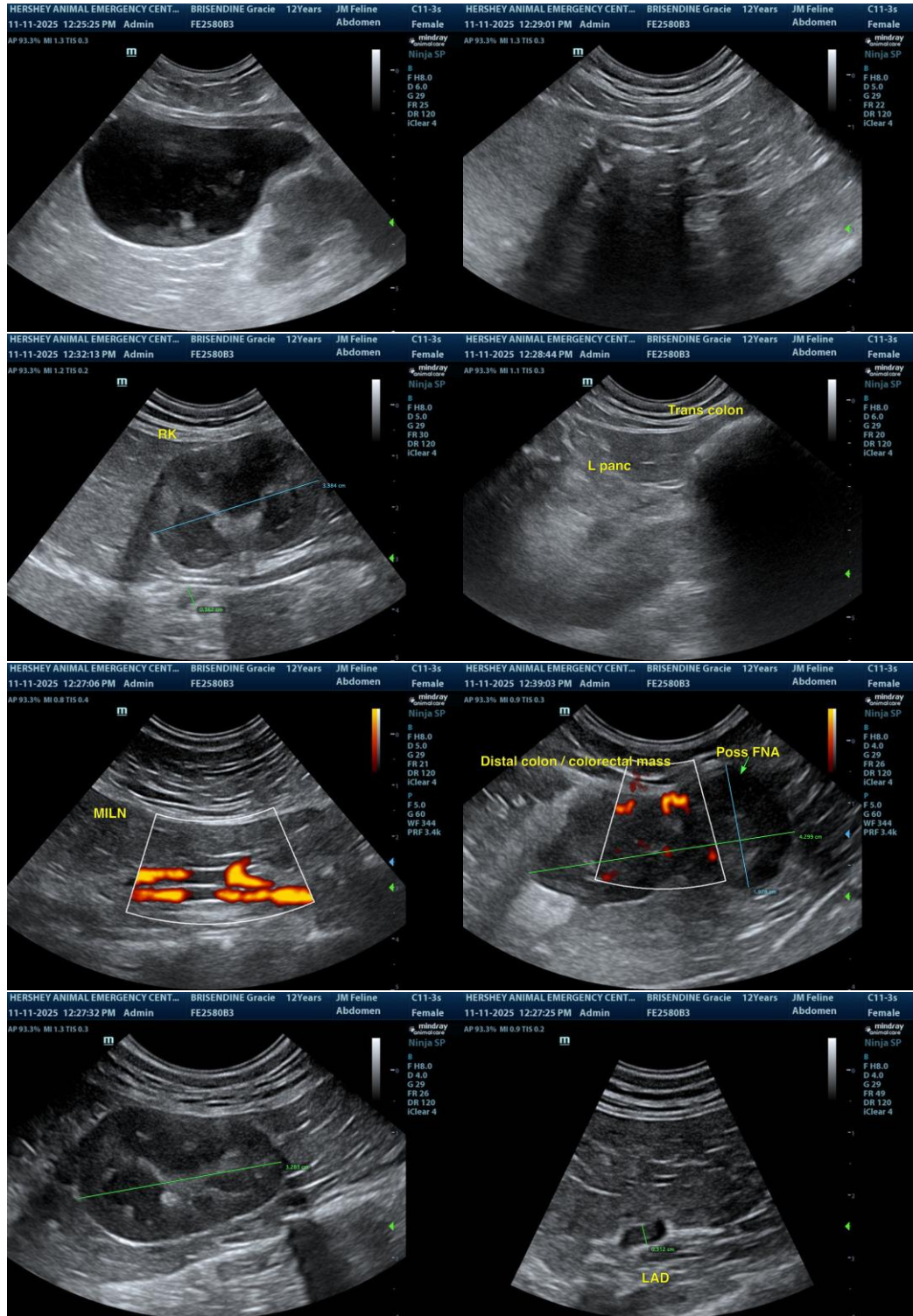
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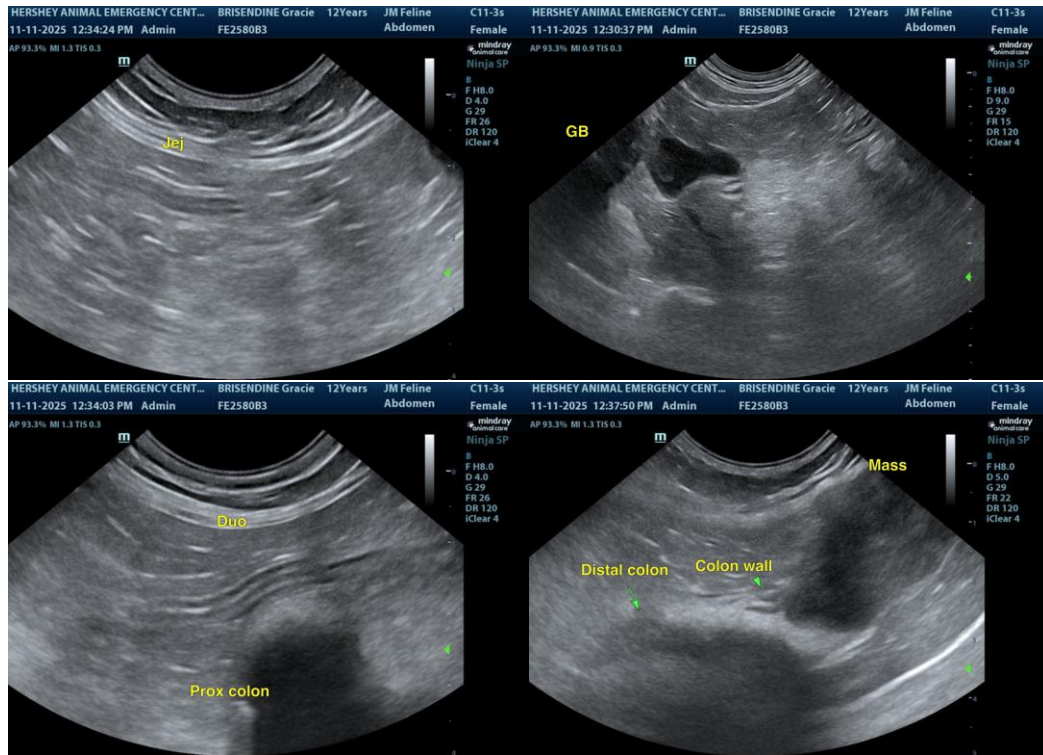
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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