



**PATIENT**

Rainie Garrison

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

12 years

**WEIGHT**

8.74 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Hannah Fearing

**INVOICE**

12929

**DATE**

12/30/21

**PRESENTING CLINICAL SIGNS**

Hx of vomiting for several months. Had abdominal exploratory a year ago due to vomiting and concern for obstruction - no FB found but enlarged mesenteric LNs seen. Biopsies showed inflammation - differentials including FIP. Vomiting has remained about the same for the last year. No diarrhea, decreased appetite, or weight loss noted.

Abnormal PE/Chem/CBC/UA Results: 12/28/21 CBC/Chem/UA/T4: WNL

**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 changes was noted.

The area of the aortic trifurcation was free of pathology.

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 3.4 cm in length. The right kidney measured 3.6 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**

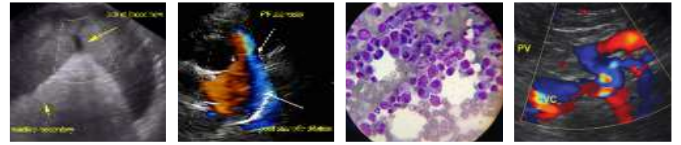
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was subjectively normal yet divided into two compartments consistent with bilobed gallbladder which is a normal variant in a cat. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta / chyme was present primarily in the antrum and pylorus. The ventral gastric body wall width measured 0.31 cm. The pylorus wall width measured 0.23 cm.



<b>PATIENT</b>	The small intestine exhibited generalized retained echogenic digesta / chyme with intact yet subjective mild prominent wall layering. An ill-defined, nonhomogeneous mass lesion in the area of the mid-abdominal small intestine was present. This mass lesion measured approximately 3.2 cm x 2.0 cm. The jejunum wall width measured up to 0.32 cm in width.
Rainie Garrison	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	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 were evident.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	
<b>AGE</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
12 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
8.74 lbs.	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Generalized gastrointestinal stasis or inefficient peristalsis pattern</li> <li>• Ill-defined nonhomogeneous mass lesion adjacent to midabdominal small intestine</li> <li>• Associated mild regional reactive mesentery and likely scant free fluid</li> <li>• Bilateral chronic renal changes</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b><i>Secondary Findings</i></b>
Dr. Hannah Fearing	<ul style="list-style-type: none"> <li>• Bilobed gallbladder</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Lanier AH	The ill-defined peri intestinal mass lesion, as well as the generalized gastrointestinal presentation, may indicate inflammatory, granulomatous (FIP), or neoplastic etiologies. Assuming normal clotting status, ultrasound-guided FNA of the ill-defined mass lesion could be considered for screening cytology. Overt evidence of mechanical obstruction was not present in light of generalized gastrointestinal stasis, which is suspected to be owing to segmental to potential generalized underlying gastrointestinal disease. Potentially, the ill-defined mass lesion may be in the area of the ileocolic junction, although an obvious location was not definite. Correlation with previous biopsy results or additional intestinal and ill-defined mass biopsies are likely required for a definitive diagnosis.
<b>REFERRING VET</b>	
Dr. Hannah Fearing	
<b>INVOICE</b>	
12929	Empirically, as-needed GI support +/- inflammatory enteropathy therapy protocol may be considered.
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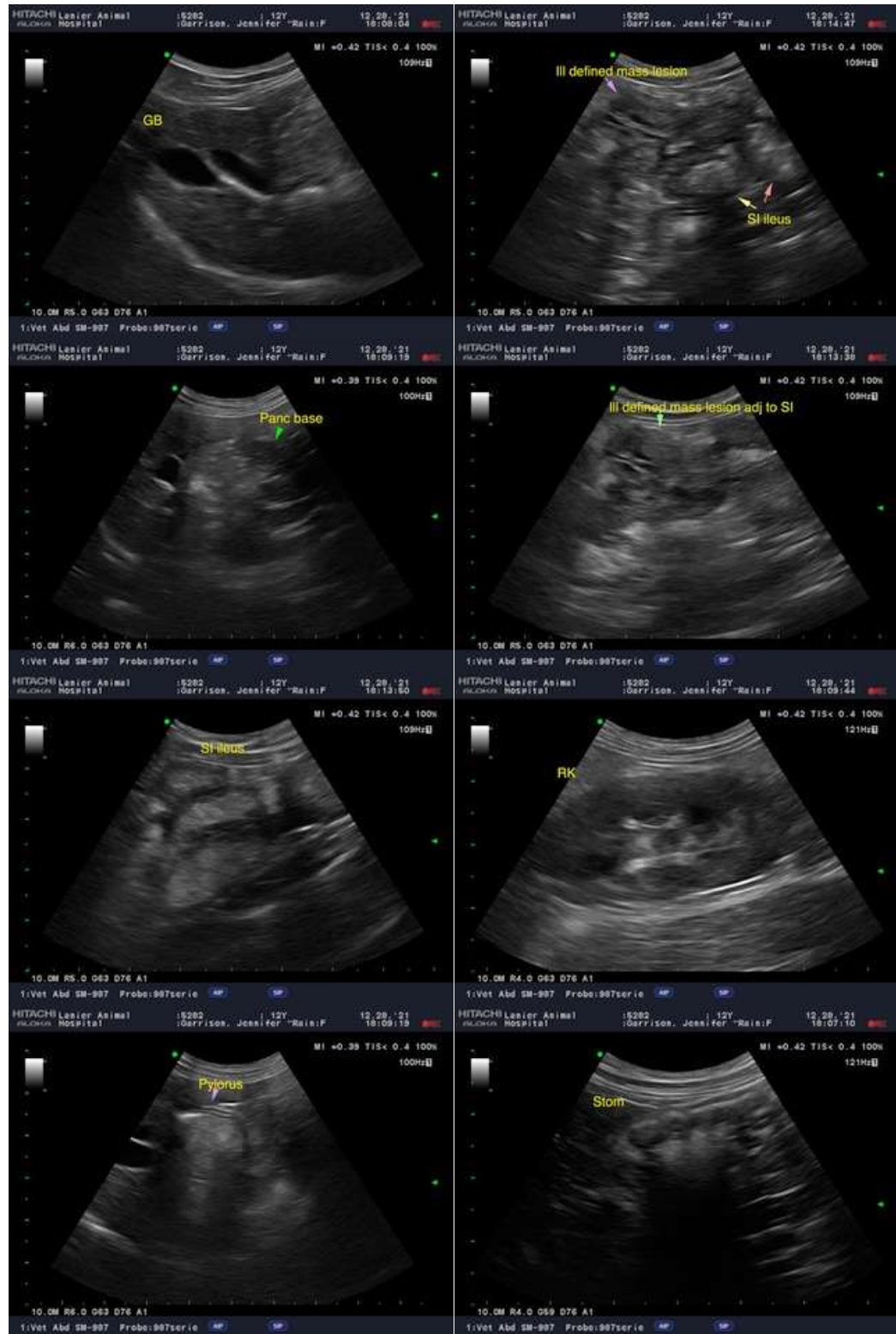
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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