



## PATIENT

Cautious Arnold

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

11.9

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Sheldon

## HOSPITAL NAME

Advanced PetCare of  
Oakland

## REFERRING VET

Dr. Sheldon

## INVOICE

13113

## DATE

01/12/26

## PRESENTING CLINICAL SIGNS

Was seen at another hospital 11/28/25 for decreased appetite and vomiting. bloodwork NSF and rads were suspicious for a large liver mass. done. Through out his past he has also been seen for intermittent vomiting as well. Recommended abdominal ultrasound to further evaluate it. In the past 3 days he has vomited 9 times. Is appetite is slightly decreased. He also has soft stool.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.27 cm. The right kidney measures 4.12 cm.

### Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

### Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. Visible vasculature and biliary tree appear normal without distension or congestion. An ill-defined approximately 4.0 cm x 6.6 cm in size, largely cystic hyperechoic mass in the mid to caudal aspect of the liver was present.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



**PATIENT**

Cautious Arnold

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

11.9

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

13113

**DATE**

01/12/26

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Moderate inflammatory bowel disease- Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- In a senior cat, the liver mass is most consistent with a/multiple benign biliary cystadenoma(s), malignancy, while less common, however, can't be definitively ruled out without tissue sampling.

**Secondary Findings**

- Mild to moderate age-related kidney changes.
- Mild amount of echogenic urinary bladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the findings above, I suspect the liver mass is an incidental finding with the clinical signs likely secondary to bowel disease, therefore, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.



**PATIENT**

Cautious Arnold

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

11.9

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

Dr. Sheldon

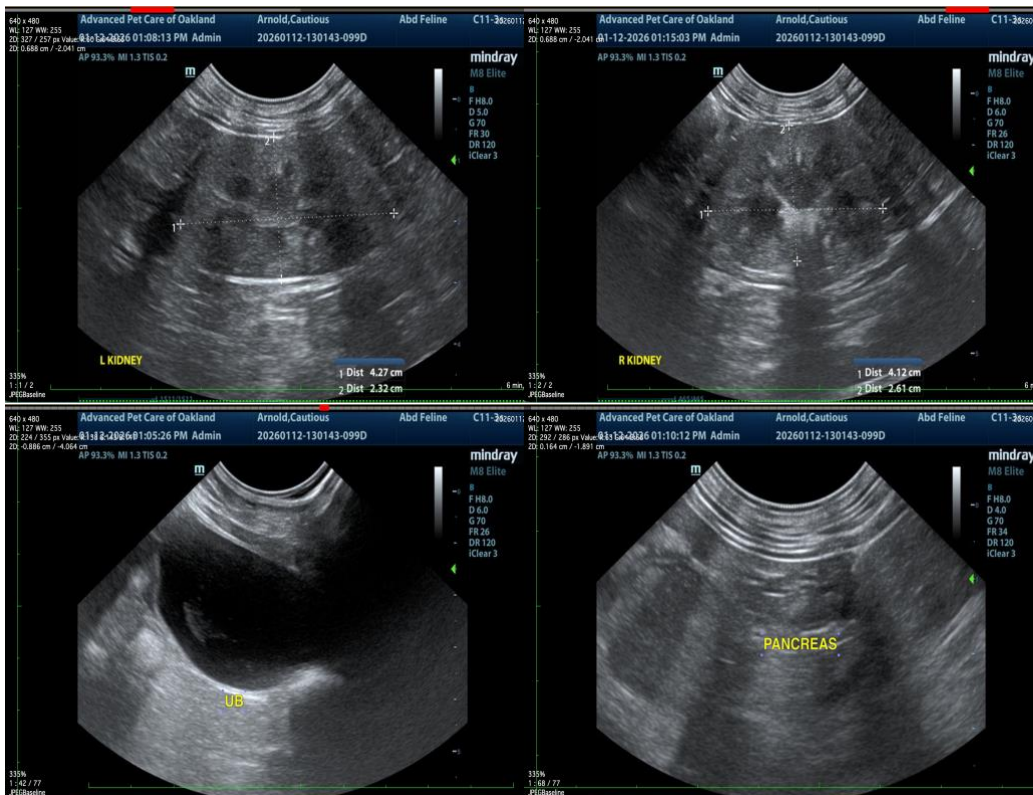
**INVOICE**

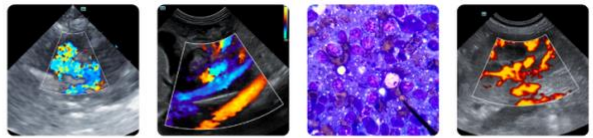
13113

**DATE**

01/12/26

- If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.
- Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).
- Given the liver mass, however, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
- Fine needle aspirates of the liver mass are recommended if patient's coagulation status is appropriate.





**PATIENT**

Cautious Arnold

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

11.9

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced PetCare of  
Oakland

**REFERRING VET**

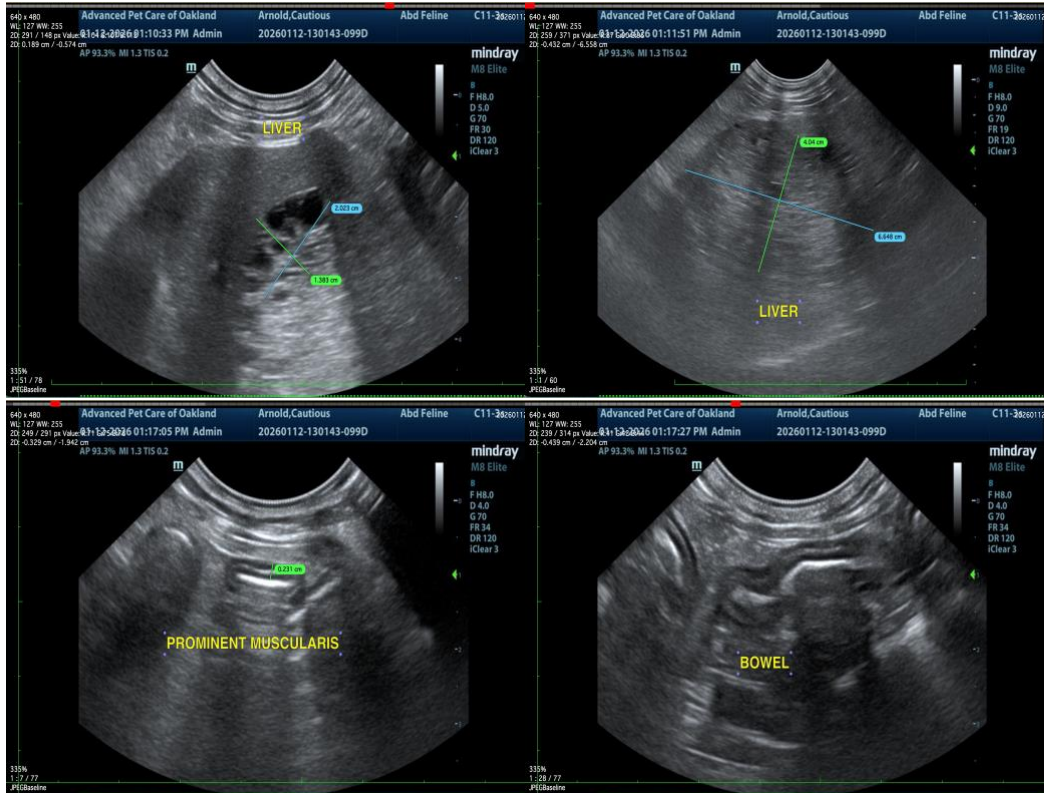
Dr. Sheldon

**INVOICE**

13113

**DATE**

01/12/26



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.

**Beth Johnson, DVM DACVIM**

info@sonopath.com