

**PATIENT PRESENTING CLINICAL SIGNS**

Tigger McFarland History: Unexplained weight loss  
Abnormal PE/Chem/CBC/UA Results: elevated proBNP 140 , elevated AST 139, elevated SDMA 16

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

9.04 Lbs.

Urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface

The left kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.9 cm.

The right kidney is 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 echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.08 cm.

**Adrenal Glands**

Left adrenal gland is normal in size (1.09 cm long x 0.49 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.9 cm long x 0.56 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**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.

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West Hills AH

**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. A focal mass of mixed echogenicity in the caudal left liver measures 4.0 cm x 2.3 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Remcho

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.

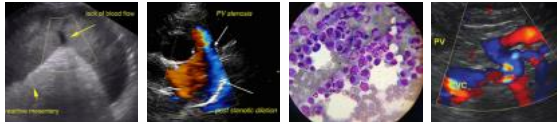
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**Gastrointestinal**

**DATE**

2/17/22



**PATIENT**

Tigger McFarland

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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Normal layering is maintained in the small intestine, except for a diffusely disproportionately thick muscularis layer relative to mucosa. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

**BREED**

DSH

**Pancreas**

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Neutered Male

**Free Abdomen**

There is no evidence of peritoneal effusion. There is an enlarged, cystic medial iliac lymph node appreciated that measures 0.7 cm x 1.2 cm in size.

**AGE**

11 Years

**ULTRASONOGRAPHIC FINDINGS**

- Thick muscularis- This finding has been reported in cats with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma.

**WEIGHT**

9.04 Lbs.

- A liver mass, which in a senior cat, could be an incidental and benign biliary cystadenoma. However, malignancy cannot be ruled out and tissue sampling is necessary for a definitive diagnosis.

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DACVIM

- Age-related kidney change- This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

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- A cystic medial iliac lymph node of unknown significance, both reactive node, as well as infiltrative neoplasia are differentials, especially given the concurrent findings.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Remcho

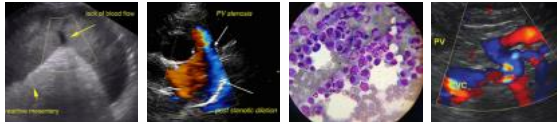
Recommendations for this patient include a fine needle aspirate of the liver mass, if patients coagulation status is appropriate. Given the bowel changes and the reported weight loss, a gastrointestinal malabsorption panel, including TLI, PLI, folate and cobalamin (to Texas A & M GI Laboratory) is recommended. A T4 is recommended, if not recently evaluated. Ultimately, biopsies of the intestines, being sure to include the ileum (if possible) may be necessary to definitively diagnose and therefore properly manage the underlying infiltrative bowel disease. If biopsies are obtained surgically, the liver mass can be biopsied and removed at that time.

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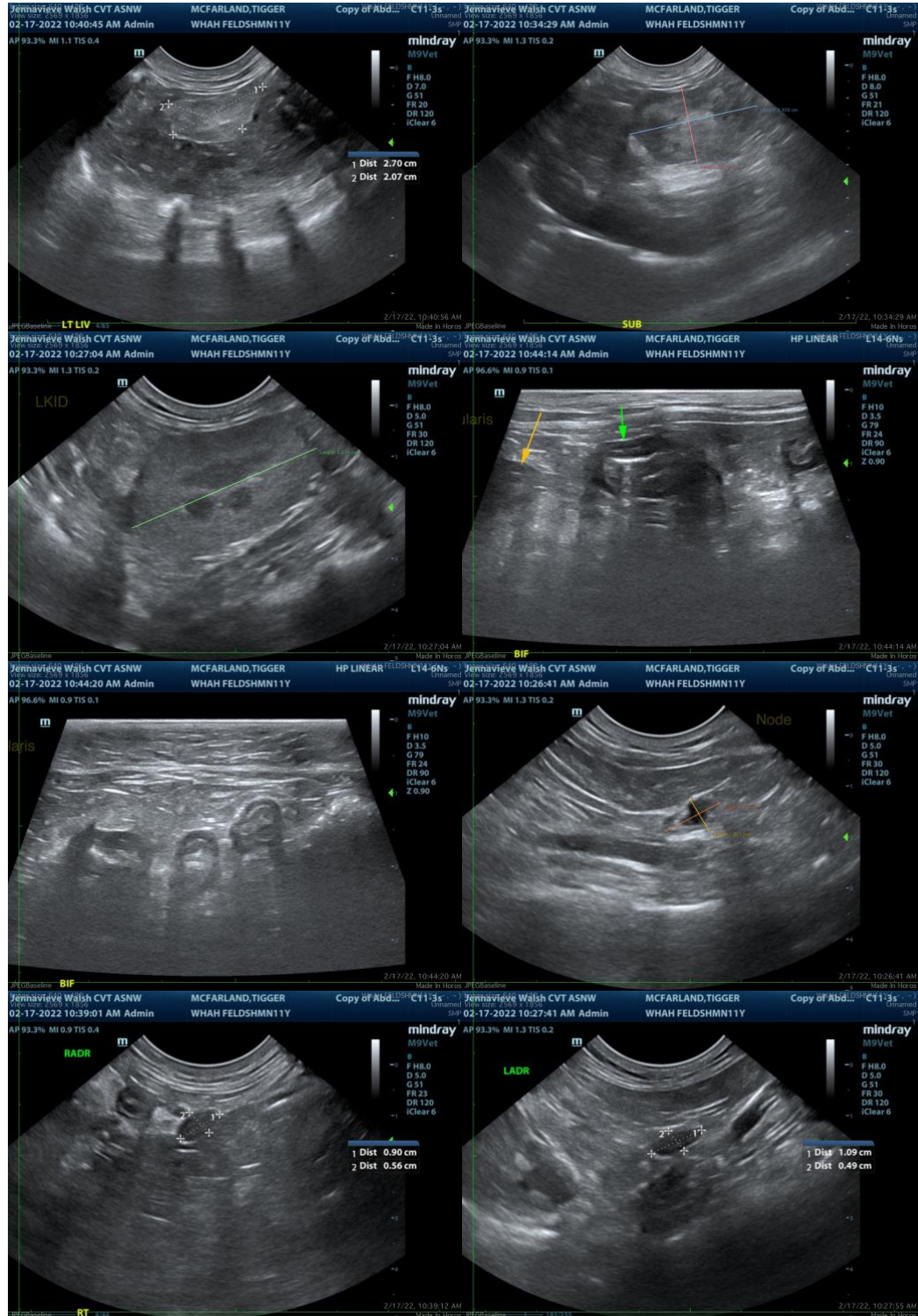
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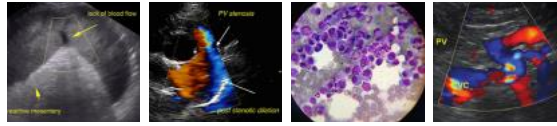
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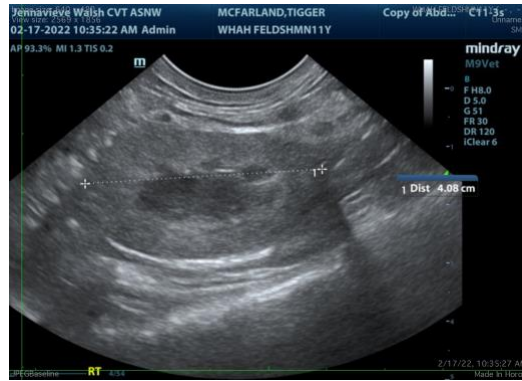
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
Beth.Johnson@SonoPath.com