



PATIENT

Tiggie Scialdone

SPECIES

Feline

BREED

Maine Coon Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.9 pounds

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Meghan Morse LVT,
CVT

HOSPITAL NAME

Montgomery
Veterinary Hospital

REFERRING VET

Dr. Grech

INVOICE

12927

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

Significant wt loss. Currently on Fiber Response diet. No other meds.

Abnormal PE/Chem/CBC/UA Results: SDMA 16, K 3.4, rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is trace pyelectasia present in right kidney, with anechoic contents, measuring in the transverse plane. There is a 5.0 mm anechoic cyst noted in the cranial pole of the right kidney. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.3 cm in length. The right kidney is 3.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measured 4.2 mm in width. The right adrenal gland measured 3.6 mm in width.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal. The spleen measures 6.5 mm in width.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There are multiple hyperechoic nodules, present within the liver parenchyma, all measuring less than 1.0 cm in diameter. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal. The duodenum wall measured 2.5 mm in width. The jejunum wall measured 2.3 mm in width.



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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction was not seen. The colon measured 1.2 mm in width.

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Pancreas

The pancreas is isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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PRIMARY FINDINGS

- Hyperechoic liver nodules.
- Bilateral chronic renal changes with right renal pyelectasia.

AGE

14 Years

SECONDARY FINDINGS

- Right renal cyst (which is an incidental finding).

WEIGHT

7.9 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's weight loss on today's ultrasound. The hyperechoic nodules in the liver are most typical of a benign process such as myelolipomas, however, possibility of malignancy such as mast cell disease cannot be excluded without sampling. Thus, fine needle aspiration of the nodules with a 25-gauge needle and diphenhydramine premedication should be considered.

The renal changes are typical of age-related degeneration. Given the presence of pyelectasia in the right kidney, urinalysis and potentially urine culture would be recommended to completely rule out the possibility of secondary pyelonephritis.

Additional recommendations for the investigation of weight loss would include:

- ❖ Fecal parasite testing and/or empiric deworming with fenbendazole
- ❖ A hydrolyzed diet trial
- ❖ A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency
- ❖ Three view chest radiographs
- ❖ It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.

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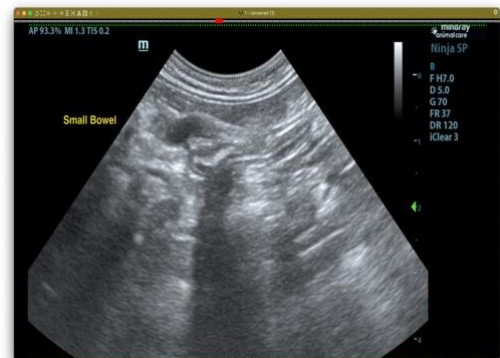
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com