



PATIENT

Moppsie Wright

SPECIES

Feline

BREED

Siamese/Ragdoll

SEX

Spayed Female

AGE

13 years

WEIGHT

3.96 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Ivan
Grechanichenko

INVOICE

11158

DATE

1/19/2026

PRESENTING CLINICAL SIGNS

On 1/8/26 the pet came in because she was retching/gagging for 2 days without producing anything. Her Abdominal muscles tense, hisses and swats when touched below the head. she also had decreased appetite: no food yesterday, only nibbled today after eating one can the day before. Her last bowel movement was yesterday (1/7/26) (loose consistency), normally defecates twice daily. X-rays and blood work was done on this day as well (see form below). The pet also came in on 1/9/26 and 1/12/26 for a recheck and fluids on both days. W did take recheck x-rays on the 9th to see if anything had changed. Working diagnosis - Intermittent anorexia - r/o inflammatory bowel disease [IBD], dietary intolerance/allergy, gastrointestinal neoplasia [e.g., lymphoma], partial/intermittent obstruction, others.

Abnormal PE/Chem/CBC/UA Results: LABS attached and both RAD reports attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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.

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. Left kidney measures 3.44 cm, and the right kidney measures 3.34 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

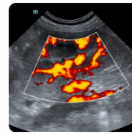
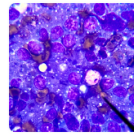
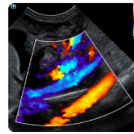
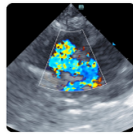
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

The 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



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The visible stomach wall is normal in thickness 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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The visible small intestines are normal in wall thickness and layering. 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.

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

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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. The pancreatic duct is mildly dilated at 0.29 cm.

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Free Abdomen

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

WEIGHT

3.96 kg

There is no apparent pathologic lymphadenopathy noted in these images.

INTERPRETED BY

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PRIMARY FINDINGS

- Chronic low-grade smoldering pancreatitis is suspected.
- A moderately heterogenous liver changes are non-specific but could represent a microscopic hepatopathy with both benign differentials such as bacterial or lymphoplasmacytic cholangiohepatitis, other infectious or inflammatory hepatopathy, hepatic lipidosis, etc., as well as infiltrative neoplasia such as round cell neoplasia i.e. lymphoma differentials being possible, and unable to be differentiated without tissue sampling.

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SECONDARY FINDINGS

- Age related kidney changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

REFERRING VET

Dr. Ivan
Grechanichenko

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

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Fine needle aspirates of the liver +/- pancreas could be considered if patient's coagulation status is appropriate.

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In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (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 possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one



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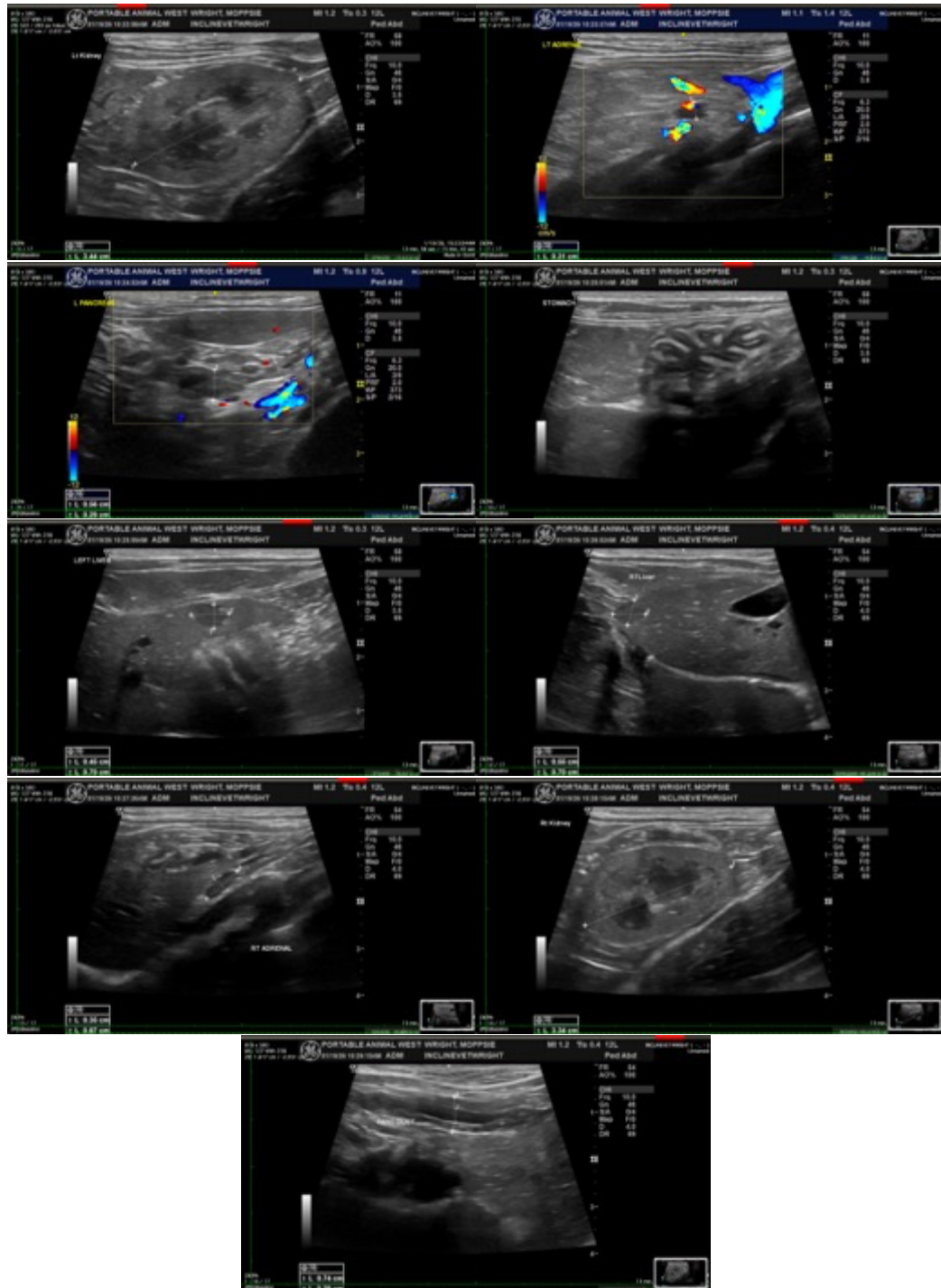
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brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.

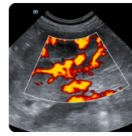
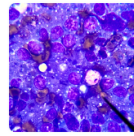
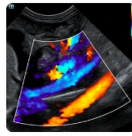
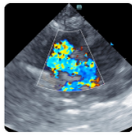


The information and recommendations provided are based on the images presented by the referring

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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