



**PATIENT**

Bella Jobran

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

2.63 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

East Credit

**REFERRING VET**

Dr. Gardiner

**INVOICE**

72594

**DATE**

12/16/25

**PRESENTING CLINICAL SIGNS**

Presented Dec 8/25 as new patient, no previous history for inappetence, lethargy, fractured 104 tooth, some sneezing noted. Bloodwork done (results attached), SQF, maropitant injection given Owners updated some improvement with appetite post appointment Presented Dec 12/15 for recheck, had been eating well through the week but decline in appetite again and a vomit (hx of hairballs q1-3 months). Repeated SQF, maropitant and sent home with mirataz and cerenia, if no improvement u/s best next step Current Medications Mirataz transdermal q1-3 days, Cerenia 8 mg PO SID

Abnormal PE/Chem/CBC/UA Results: See attached lab work Primary Question to Be Answered in This Exam Reason for inappetence

**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 measured 3.94 cm. Right kidney measured 3.8 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.24 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.27 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 (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. 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.



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***Gastrointestinal***

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.

The visible small intestines are normal in wall thickness and layering. Bowel is diffusely mildly fluid distended without evidence of an obstructive pattern, plication and/or visible foreign material. Small intestinal hyperperistalsis is noted.

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

***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

***Free Abdomen***

There is a large amount of echogenic appearing free fluid as well as diffusely enhanced, clumped, hyperechoic mesentery/omentum with very ill-defined, subtle hypoechoic densities/potential nodules noted throughout.

**PRIMARY FINDINGS**

- Gastroenteritis – Consistent with irritation secondary to dietary indiscretion or intolerance, infection (bacterial, viral, other), parasitic or protozoal disease, toxin, other metabolic disease such as pancreatitis, other.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipodosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- The large amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- The diffusely clumped, enhanced connective tissue could be a benign inflammatory reactive change, although infiltrative diffuse neoplasia such as carcinomatosis versus other can't be ruled out without tissue sampling.

**SECONDARY FINDINGS**

- Age related kidney changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reported lab work changes, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.



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While hypoadrenocorticism is uncommon, given laboratory changes, an ACTH stimulation test could be considered.

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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.

Feline

Sampling of the free abdominal fluid for fluid analysis and cytology is recommended if patient's coagulation status is appropriate.

**BREED**

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.

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Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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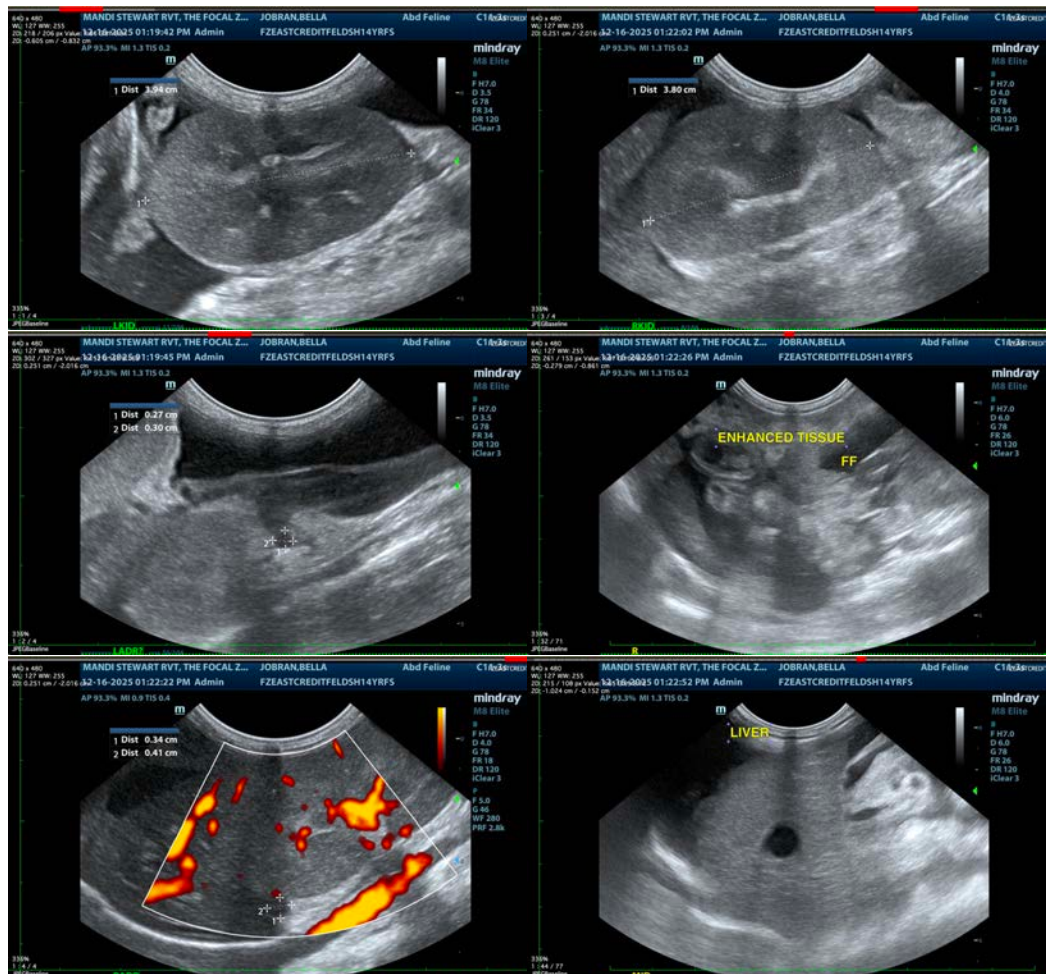
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com