



## PATIENT

Bashiri Daniels

## SPECIES

Feline

## BREED

Savannah Cat

## SEX

MN

## AGE

2 years

## WEIGHT

11 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Julia Bakker

## HOSPITAL NAME

Orange Blossom  
Veteirinary Imaging

## REFERRING VET

Dr. Josie Hamilton

## INVOICE

11444

## DATE

3/10/2026

## PRESENTING CLINICAL SIGNS

- Starting in mid to late January, P started vomiting, was lethargic, and had a decreased appetite. BW showed a mildly elevated ALT. 3V Abd rads were unremarkable. P was treated w/supportive care on an out-patient basis.
- Now, 6 wks later, P is not much better - still lethargic (kind of laying curled up most of the time), hyporexic/anorexic, and O mentioned P cried when she picked him up and put pressure on his belly. We repeated BW (see attached labwork) to see what had changed and now most liver enzymes are elevated. AUS to get a better idea of what we're dealing with at this point

Abnormal PE/Chem/CBC/UA Results: Labwork and rads attached Peritoneal fluid aspirated today was straw colored.

## 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.

The right kidney is normal is size (4.19 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

The right adrenal gland is normal in size (0.5 cm at cranial pole and 0.33 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 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 mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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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. 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.

## 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 moderate amount of anechoic free fluid present in these images. Subjectively, mildly hyperechoic/enhanced, irregular, almost clumped appearing omentum and mesentery.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- The liver changes are mild and non-specific but could represent a microscopic hepatopathy such as hepatic lipidosis, bacterial or lymphoplasmacytic cholangiohepatitis, other benign infectious or inflammatory hepatopathy, or infiltrative neoplasia cant be ruled out without tissue sampling.
- Moderate gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- A moderate 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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the free abdominal fluid for analysis and cytology is recommended if not recently evaluated.

Bile acids could be considered if patient's total bilirubin is not increased.

Pending results of above, liver sampling could be considered via a fine needle aspirate of the liver, if



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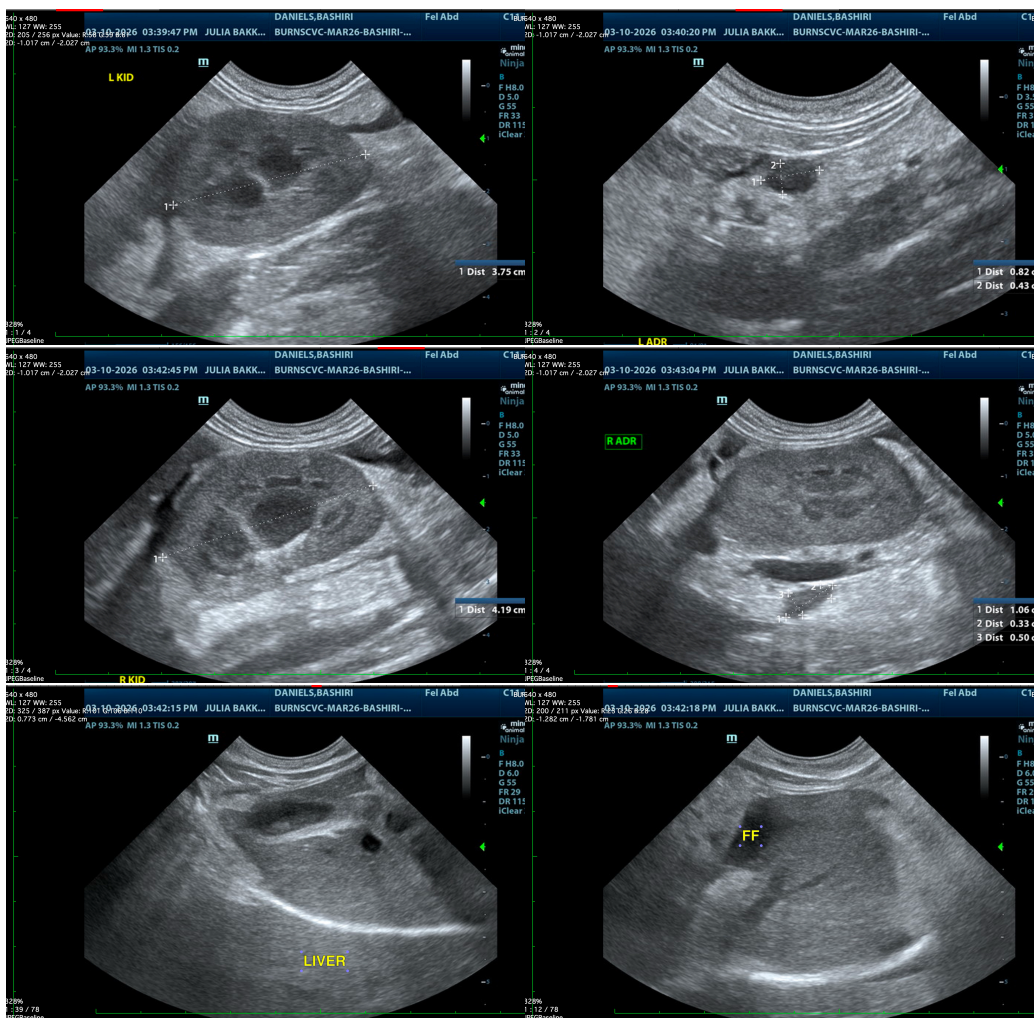
**DATE**

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patient's coagulation status is appropriate.

Having said that, however, given patient's concurrent CK value, an underlying myopathy versus a primary hepatopathy is considered a top differential, and given the reported cardio pet, underlying cardiac disease as the cause of all of the changes, should be considered. Therefore, additionally, an echocardiogram is recommended.

Pending results of that workup, comprehensive infectious disease testing and/or further assessment of neuromuscular health may be warranted.



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



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info@sonopath.com

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