



PATIENT

Jamie Hagan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

5.3 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Queensway Veterinary
 Hospital

REFERRING VET

Dr. Addison

INVOICE

73938

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Limited exam dt patient compliance. 3-4 day history of significantly decreased appetite and energy starting. History of chronic vomiting (undigested kibble ~1x/weekly). Mild jaundice around ears. Fractious, cannot handle in clinic awake - will be sedated for ultrasound.

Current Medications: Maropitant 1mg/kg IV SID, mirtazapine 2mg transdermal SID, famotidine 0.5mg/kg IV BID.

Abnormal PE/Chem/CBC/UA Results: Values ALT 683, total bilirubin 67, HCT low normal (30.4%). Primary Question to Be Answered in This Exam What is possible diagnosis and recommended treatment plan.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.04 cm. Right kidney measures 3.98 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 0.33 cm in thickness. Right measures 0.37 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is normally distended with anechoic luminal contents. The gallbladder wall is diffusely mildly thickened and hyperechoic. The common bile duct is not overtly distended. There is thickening and surrounding inflammation but no specific mass at the level of the duodenal papilla.

Gastrointestinal

The stomach is distended with food and gas. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.



PATIENT

Jamie Hagan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

5.3 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Queensway Veterinary
Hospital

REFERRING VET

Dr. Addison

INVOICE

73938

DATE

3/23/26

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with ingesta throughout. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Cholangitis with thickening at the duodenal papilla.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gall bladder changes with concurrent ELE are most consistent with cholangiohepatitis. Despite normal ultrasonographic appearance, liver FNA is indicated. Acute toxic insult, infectious or inflammatory hepatitis (leptospirosis, other bacterial, viral, auto-immune other), and neoplasia among other things remain possibilities. Cholangiohepatitis may be sterile or infectious. Cholecystocentesis for cytology and culture should be considered. There is a low but present risk of causing bile peritonitis with this procedure. Empiric antibiotic therapy is not unreasonable and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage. Consider treatment with liver supportive medications (SAM-E, milk thistle, Vitamin E, ursodiol) and GI support as needed.

The thickening at the level of the duodenal papilla is most consistent with inflammation of the area, and no discrete mass is seen. Ultimately, biopsy of the area would be required to completely rule out neoplasia as a cause of the thickening, though I would not recommend that diagnostic at this time due to its invasiveness. Serial monitoring with ultrasound is indicated if there is no improvement with medical therapy for cholangitis.





PATIENT

Jamie Hagan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

5.3 kg

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Queensway Veterinary
 Hospital

REFERRING VET

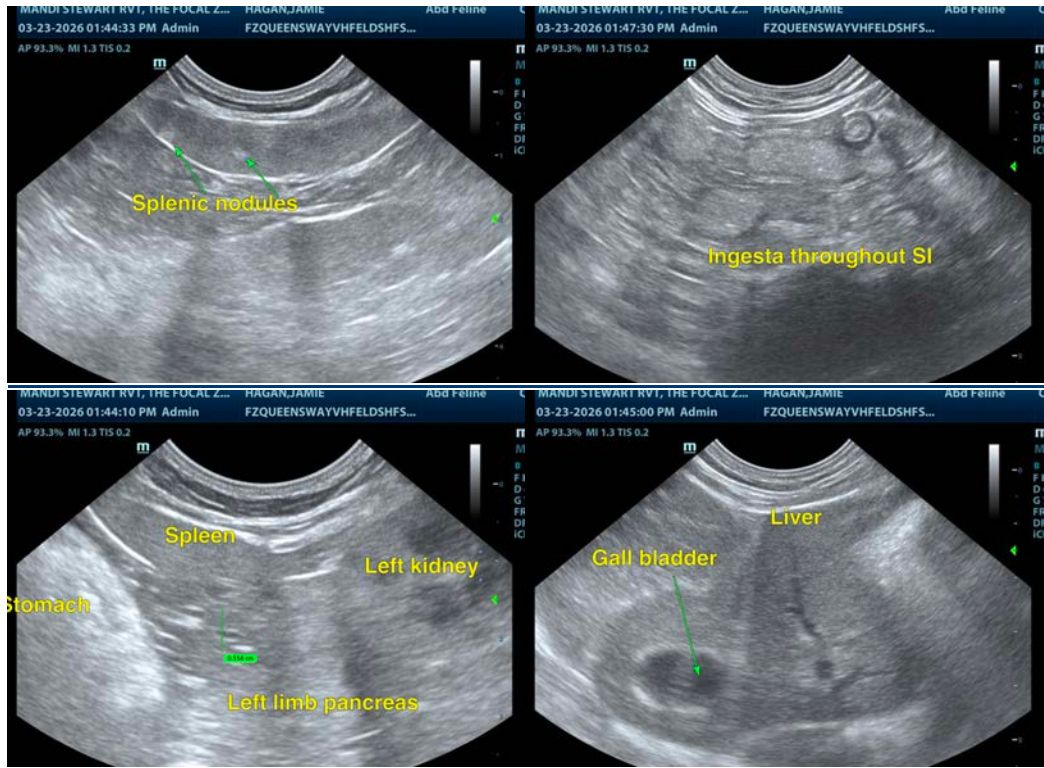
Dr. Addison

INVOICE

73938

DATE

3/23/26



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
 info@SonoPath.com