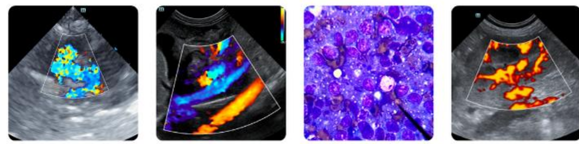



**PATIENT**
Evey Hanson

**SPECIES**
Feline

**BREED**
DSH

**SEX**
FS

**AGE**
14yr

**WEIGHT**
4.1kg

**INTERPRETED BY**
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**
Amanda Stewart

**HOSPITAL NAME**
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**REFERRING VET**
Turpin

**INVOICE**
23671

**DATE**
01/26/2026

## PRESENTING CLINICAL SIGNS

- Presented for lethargy and hyporexia, brought to an after hours clinic over weekend was noted to be icteric.
- -PE: BAR, Temp 39.1. MM slightly tacky, pink but mildly icteric. ~5% dehydration. LNs palpate WNL. Sclera icteric. Immature cataract OD. Chest ausc WNL - HR 200 bpm, RR 40 bpm. Comfortable on abdominal palpation with no obvious masses felt.
- Current Medications Veraflox, Cerenia, zentonil, buprenorphine

Abnormal PE/Chem/CBC/UA Results: Blood work performed at our clinic Dec 8th: Marked lymphocytosis (29.2), CBC: WBC H - 36.4, Lymphocytes H - 29.12 (n:0.65-6.86), Monocytes H - 0.73, Platelets H 507, K - 5.3, Chloride - 110, TP - 96, Globulins - 60, ALT - 456, AST - 97, ALP - 236, Bilirubin total - 15.9, Bilirubin conjugated - 4.9 -Flow cytometry Dec 2026 did not indicate a monotypic (neoplastic) population of lymphocytes. Showed a heterogenous population of lymphocytes with an expansion in B-cells consistent with inflammation. -Recent blood work performed at another clinic (Jan 18/26) - lymphocytosis resolved. ALT - 550, ALP - 271, Total Bilirubin 90 Primary Question to Be Answered in This Exam Underlying cause of elevated liver enzymes - evidence of neoplasia, primary or secondary liver disease, gallbladder disease?

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

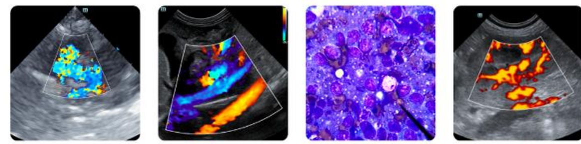
The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

### *Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.





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### *Liver/Gallbladder*

Generalized hepatomegaly exhibiting areas of asymmetrical hepatic capsule contour. Non-homogenous hypoechoic hepatic parenchyma exhibiting variable coarse echotexture and indistinct portal vascular borders. No definitive hepatic mass or nodule. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not definitively visualized.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material. The small intestinal wall measured 0.22 cm in width/

Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The left pancreas was mildly prominent in size with mild capsule asymmetry and mild non-homogenous to remodeled parenchyma. Mildly prominent pancreatic duct.

### *Free Abdomen*

No overt lymphadenopathy was present.

Mild increased peri hepatic omental echogenicity present.

Minor perihepatic to peritoneal effusion was present.

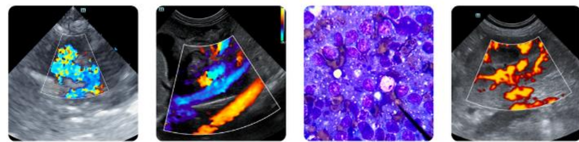
## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatomegaly exhibiting non-homogenous hypoechoic parenchyma and mild capsule asymmetry.
- Sonographically normal gallbladder / common bile duct -no evidence of post-hepatic obstruction.
- Minor perihepatic / peritoneal diffusion.
- Mild chronic renal changes.
- Possible mild left limb chronic pancreatitis.
- Normal gastrointestinal tract with mild non-shadowing gastrointestinal ingesta- consistent with food echogenicity.

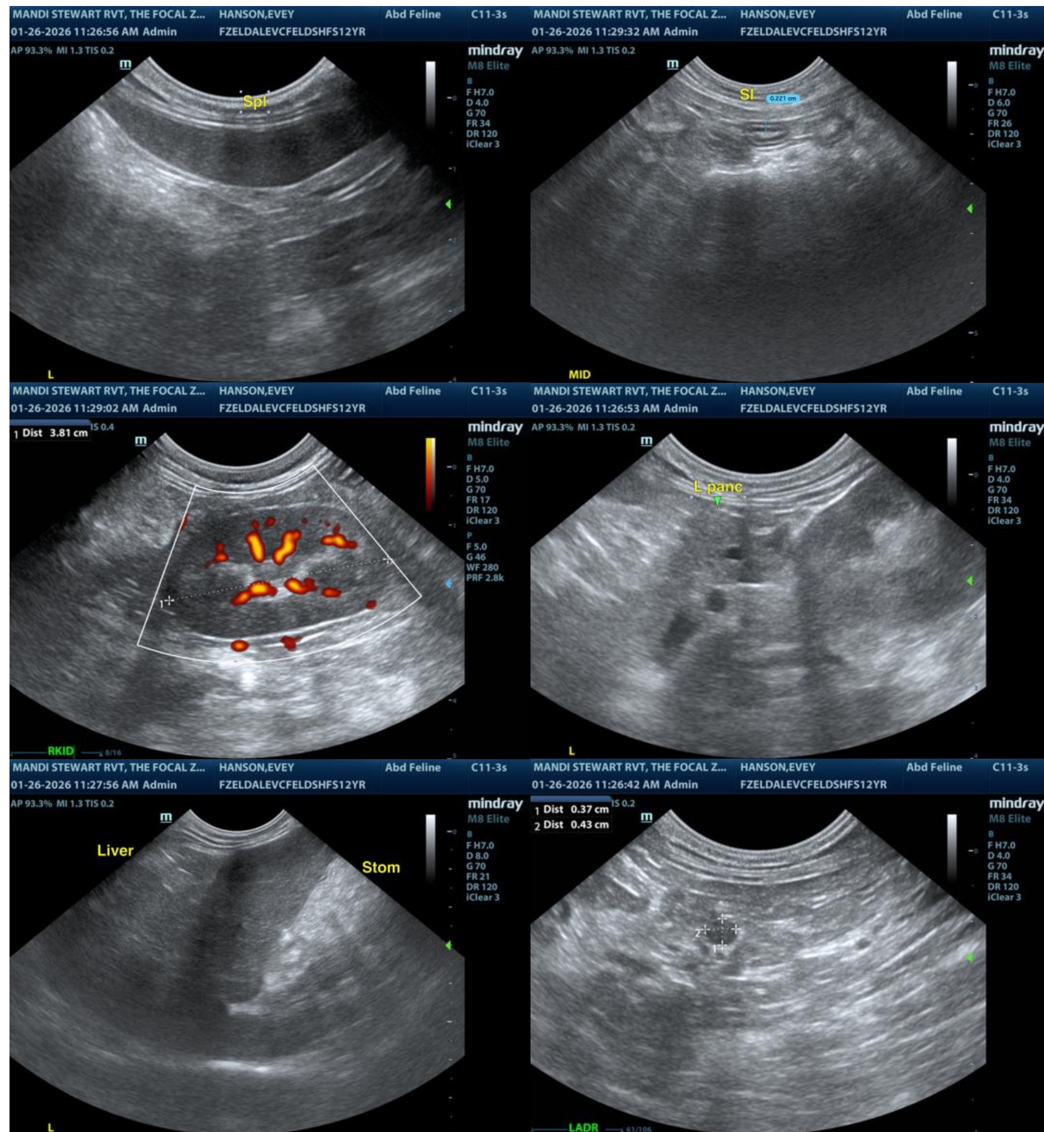
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic to significant cholangiohepatitis without evidence of post-hepatic obstruction or hepatic neoplasia among other hepatopathies may be considered primary differentials. Given precluded sampling at this stage in light of elevated clotting times, hospitalization with empirical therapy for cholangiohepatitis and possible low grade chronic pancreatitis with clinical monitoring is





recommended. Correlation with a spec FPL or if more generalized gastrointestinal signs a GI panel to include PLI/TLI/Cobalamin/Folate for evidence of potential triaditis may be considered. Sonographic reassessment indicated if progressive hepatopathy or icterus.

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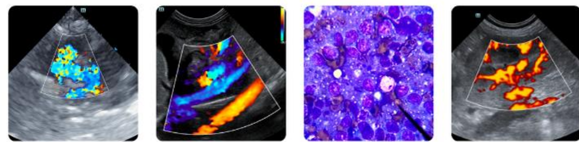



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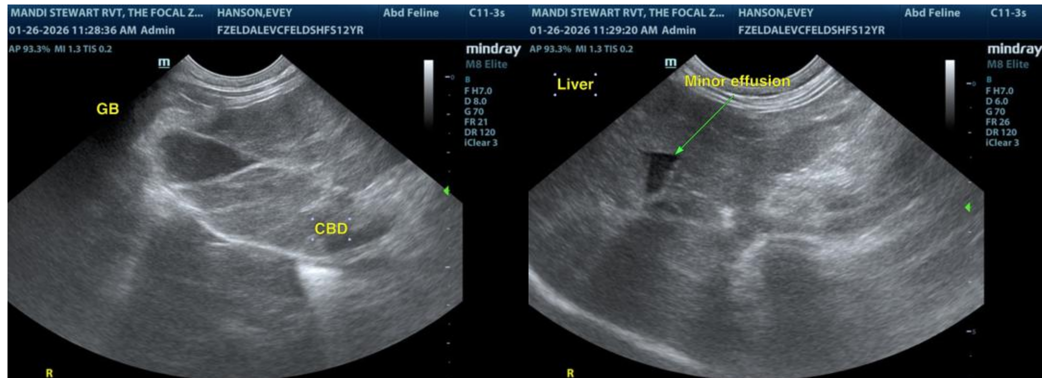


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**
info@sonopath.com