



**PATIENT**

Teagan Lagman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10y

**WEIGHT**

6.65 lbs.

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Littleton AH

**REFERRING VET**

Dawn Brooks, DVM

**INVOICE**

15115

**DATE**

10/6/22

**PRESENTING CLINICAL SIGNS**

Half pound weight loss since seen 5 months ago. Possible change in appetite. Mild increase of ALT, ALP; significant elevations of Bilirubin levels; suspect EBHO - r/o GB dz, IBD, pancreatitis, neoplasia. Abnormal PE/Chem/CBC/UA Results: ALT 275, AST 86, ALP 125, Bili 1.0.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate to mildly hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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 changes, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.71 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly hyperechoic non-thickened walls. The gallbladder contained anechoic content with mild to moderate, non-dependent, mildly echogenic gallbladder debris. The common bile duct exiting the cystic biliary duct extending into the approximately level of the duodenal papilla was mildly dilated and tortuous without overt evidence of obstructive pathology, i.e., calculi, mucus, or overt duodenal papilla pathology. The common bile duct measured 0.24 cm diameter. The common bile duct contained anechoic content.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

**BREED**

DSH

***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**SEX**

FS

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**AGE**

10y

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6.65 lbs.

- Cholangitis / cholangiohepatitis hepatobiliary pattern
- Nondistended gallbladder containing mild luminal debris, nonobstructive concurrent common bile duct dilation - no overt post hepatic obstruction
- Sonographically unremarkable gastrointestinal tract / pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology is warranted for further clarification and potential identification of inflammatory cell type, if present. Occult hepatic neoplasia is considered an unlikely differential diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult intestinal or pancreatic disease, i.e., Triad Disease, as a potential contributing factor to the patient's weight loss. Three-view chest radiographs are suggested if not done.

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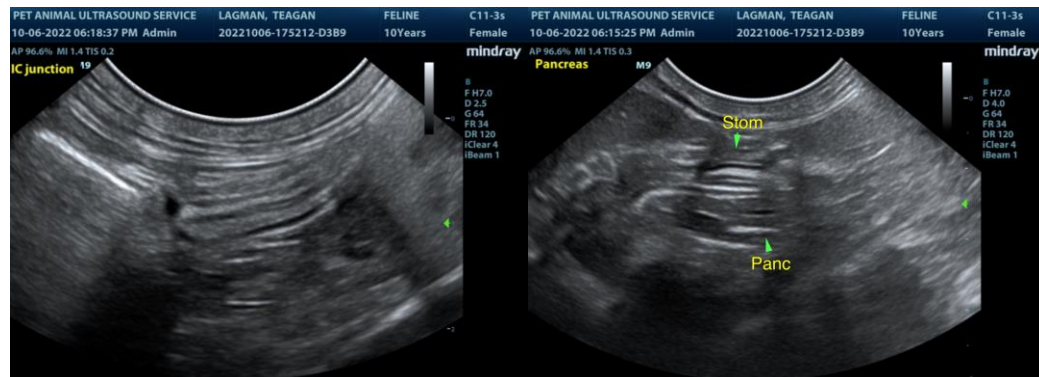
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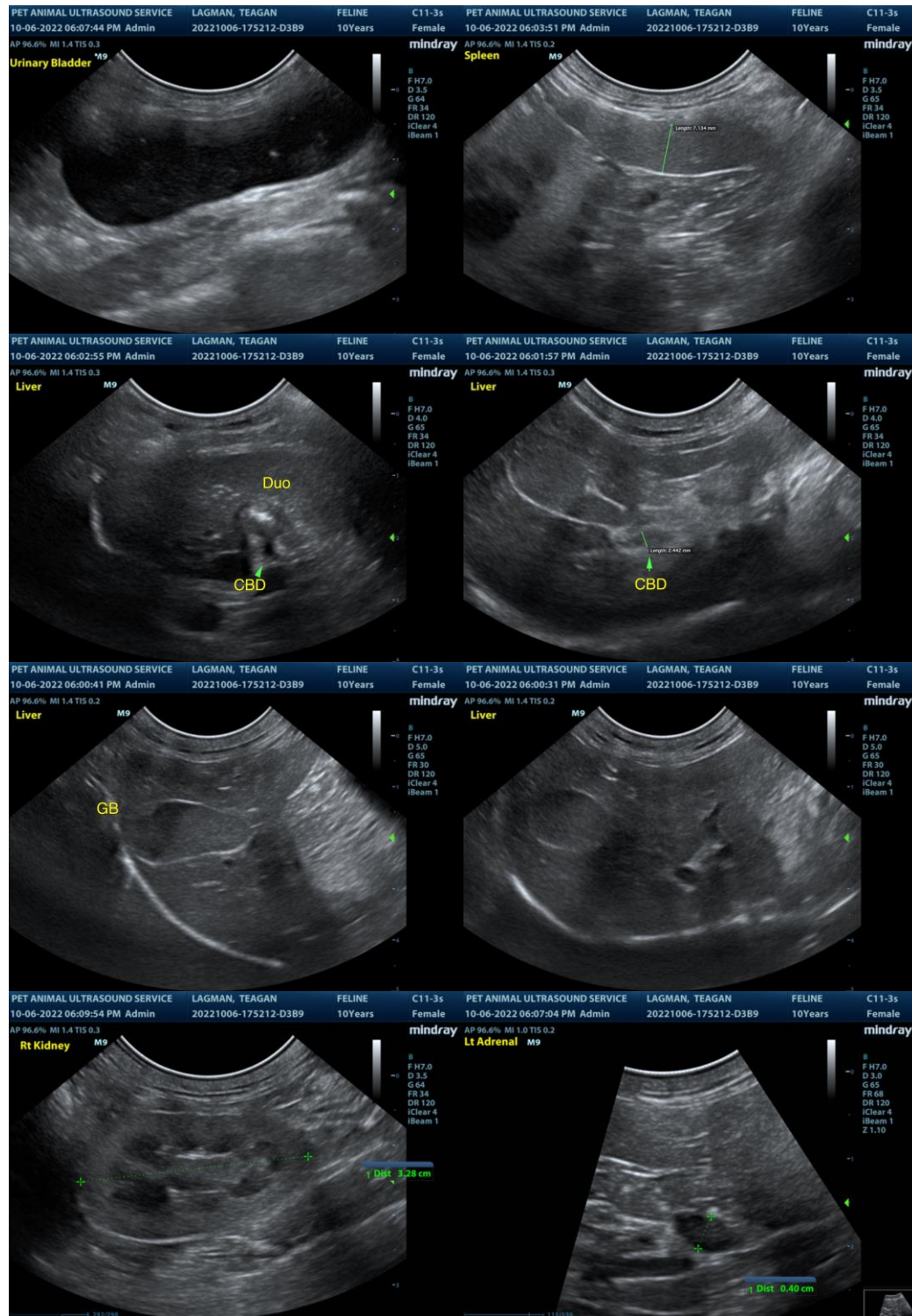
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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