



**PATIENT PRESENTING CLINICAL SIGNS**

**Holly Lamparella** Chronic history of sporadic vomiting with recent development of diarrhea/soft feces. Variable appetite. On Felimazole for hyperthyroidism - well-controlled with most recent testing. History of elevated Spec fPL Minor improvement in vomiting with prednisolone historically (has been off pred for at least a couple months).

**Feline** Medication: Felimazole

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH** *Urinary System*

**SEX** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**FS**

**AGE** The area of the aortic trifurcation was free of pathology.

**2011** 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

**WEIGHT**

8.4

**INTERPRETED BY Adrenal Glands**

**R. McKenzie Daniel, DVM, DABVP (Canine and Feline)** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

**IMAGING PERFORMED BY Spleen**

**Rebekah Jakum, CVT ARDMS/RVT** 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.

**HOSPITAL NAME** 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. The spleen measured 0.80 cm width at the level of the hilus.

**Alburtis AH**

**REFERRING VET Liver/ Gallbladder**

**Dr. Smith** The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

15337

**DATE**

11/2/22



**PATIENT** *Gastrointestinal*

Holly Lamparella

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. The gastric body wall width measured 0.24 cm.

**SPECIES**

Feline

The intestinal walls demonstrated intact yet altered 1:3 muscularis / mucosa ratio with generalized variably thickened muscularis layer. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.45 cm width.

**BREED**

DSH

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

**SEX**

FS

***Pancreas***

The left limb of the pancreas was normal in size with areas of mild capsule asymmetry with mildly hypoechoic to nonhomogeneous parenchyma.

**AGE**

2011

***Free Abdomen***

Multiple, variably sized, irregular to nonhomogeneous jejunocolic lymph nodes were present. Some of the lymph nodes exhibited potential focal cystic changes. An example of a lymph node measured 1.6 cm in diameter. Mild evidence of perilymphatic and peri intestinal reactive mesentery was noted. No free fluid was noted.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

- Chronic infiltrative enteropathy pattern - chronic IBD / eosinophilic enteritis vs. neoplastic infiltrative enteropathy with round cells i.e., lymphoma, mast cell neoplasia, or other
- Associated subjective chronic jejunocolic lymphadenopathy - chronic reactive hyperplasia or lymphadenitis, potential for early to mild neoplastic lymphadenopathy possible
- Possible concurrent low-grade pancreatitis
- Bilateral mild chronic renal changes

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full-thickness intestinal +/- lymphatic biopsies are likely required for a definitive diagnosis. Screening jejunocolic lymph node cytology could be considered initially, although may be unrewarding.

Empirically, IBD / mild pancreatitis therapy protocol, which may include reinstatement of Prednisolone therapy, hydrolyzed diet trial, empirical cobalamin supplementation pending cobalamin levels, high colony count probiotic and assessment of clinical response would be reasonable.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

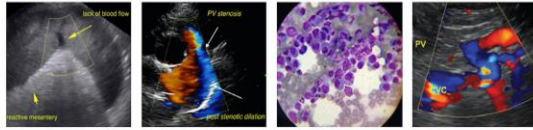
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**PATIENT**

Holly Lamparella

**SPECIES**

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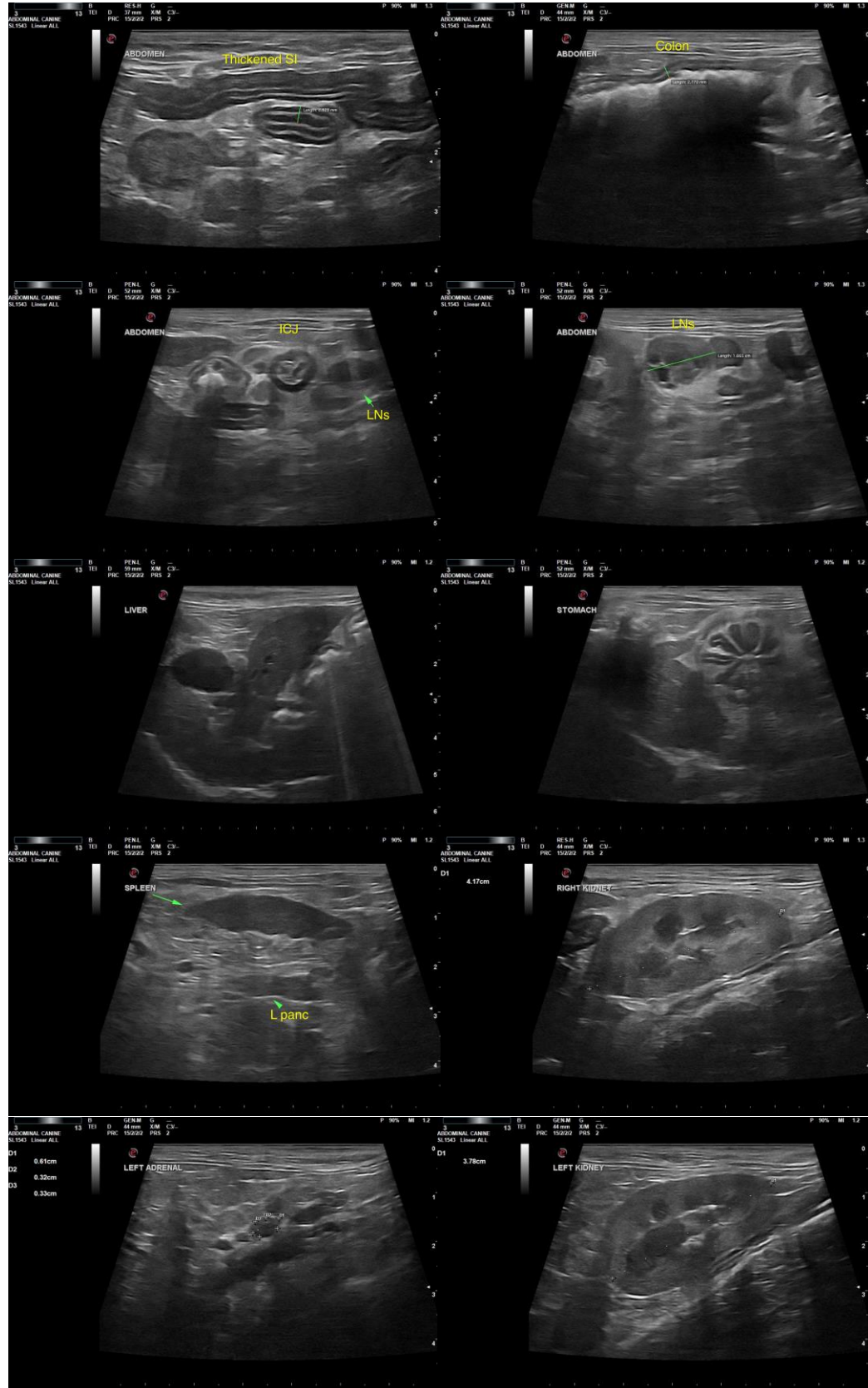
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**PATIENT**

Holly Lamparella

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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**SEX**

FS

**AGE**

2011

**WEIGHT**

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