



## PATIENT

Julie Carr-Bowers

## SPECIES

Feline

## BREED

American Short Hair

## SEX

Spayed Female

## AGE

3 Years 10 Months

## WEIGHT

9.54

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Dr. Melinda Persson

## INVOICE

36029

## DATE

2/28/26

## PRESENTING CLINICAL SIGNS

- Vomiting within 10 minutes of eating for 2-3 days - still appetant
- Corresponded to food change to a chicken-based food which has caused vomiting when she tried it one other time in the past - has returned to salmon-based food but vomiting persists
- Munched on some painted dried flowers and stems before vomiting started
- Superchem/CBC/T4/Maldigestion profile pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended. The urine contains a moderate to marked amount of suspended echogenic debris, consistent with possible urinary tract infection. The bladder wall is normal in appearance and thickness. No masses are seen. The urethral papilla is not seen.

The right kidney presents normal size (3.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (3.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The adrenal glands are not seen.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

### *Liver*

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### *Gastrointestinal*

The stomach has normal wall thickness and normal wall layering. Diffusely, the GI tract is thickened at 3.4 mm (normal feline jejunum measures <2.8 mm). Jejunum is thickened due to thickened muscularis layer. Colon contains normal contents with normal wall thickness.

### *Pancreas*

The pancreas is diffusely hypoechoic with uniform echotexture. No surrounding hyperechoic fat is noted.

### *Free Abdomen*



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There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

## ULTRASONOGRAPHIC FINDINGS

- Diffuse pancreatic inflammation
- Thickened small intestines due to thickened muscularis layer

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It does appear that the patient's clinical signs are attributed to primary gastrointestinal disease. Differentials include small cell lymphoma versus mast cell disease less likely, but possibly inflammatory bowel disease. If geographically relevant for the patient, possibly histoplasmosis. Patient's pancreatic inflammation is most likely a secondary reactive process due to the patient's primary gastrointestinal disease. Consider submitting Texas A&M GI panel to confirm presence of gastrointestinal disease, evaluating for low cobalamin and/or low folate. If these abnormalities are seen on a GI panel, then recommend GI biopsies either performed surgically or endoscopically, preferably endoscopically given that it is more minimally invasive. Prognosis is open pending further diagnostics.



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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

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