



**PATIENT**

Bamboo Charpentier

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

2 Years 11 Months

**WEIGHT**

8 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Dr. Ken Leal

**HOSPITAL NAME**

Hamburg Veterinary  
Clinic

**REFERRING VET**

Dr. Martens

**INVOICE**

73564

**DATE**

3/11/26

**PRESENTING CLINICAL SIGNS**

Rule out IBD vs lymphoma.

Abnormal PE/Chem/CBC/UA Results: Albumin = 2.0 HCT = 29%

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The bladder is moderately distended with a mild amount of suspended echogenic debris present within the urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

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

The left kidney presents normal size (3.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

**Adrenal Glands**

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 4.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.0 mm in width.

**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 layering and thickness. The majority of the small intestine has normal layering and thickness. In the mid jejunum there is an approximately 10.0 cm segment of jejunum that is diffusely thickened up to 7.0 mm in width. This thickened jejunum has lost all normal layering, and there is hyperechoic fat surrounding the abnormal section of jejunum. Colon contains normal contents with normal wall thickness.

**Pancreas**

The left limb of the pancreas is visualized and is diffusely mildly hypoechoic. It is normal in size. No surrounding hyperechoic fat. The right limb is not seen.



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**Free Abdomen**

There are several moderately enlarged, rounded, hypoechoic mesenteric lymph nodes. A representative lymph node measures approximately 7.0 mm in width.

No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- Thickened jejunum – suggestive of neoplastic etiology such as lymphoblastic lymphoma or mast cell disease, adenocarcinoma, or leiomyosarcoma versus a possible infectious etiology such as feline infectious peritonitis.
- Moderately enlarged, rounded mesenteric lymph nodes - These nodes are most likely enlarged due to either a neoplastic cause such as round cell neoplasia or possibly metastatic neoplasia. These lymph nodes may be enlarged due to a reactive process or an infectious disease such as feline infectious peritonitis.
- There appears to be reactive pancreatic inflammation likely owing to patient’s GI disease.
- Urinary bladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If urinalysis has not been performed, recommend urinalysis. If active urine sediment, recommend urine culture.

Recommend fine needle aspirate of the abnormal segment of jejunum with submission for cytology. Also submit a sample for coronavirus PCR testing. If cytology and infectious disease testing are inconclusive as to the cause of the thickened small bowel, surgical resection and submission for histopathology would be recommended.

If possible, recommend ultrasound guided aspirate of an enlarged mesenteric lymph node and submitting for cytology.

Prognosis is open pending results of cytology and coronavirus PCR testing.





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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)

Veterinary Internal Medicine Specialist  
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