



**PATIENT**

Louie Havlis

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

9.48 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara Animal  
Hospital

**REFERRING VET**

Dr. Pappas

**INVOICE**

73996

**DATE**

3/25/26

**PRESENTING CLINICAL SIGNS**

03/03/26 Pt presented for vomiting and losing weight. PE: 1/6 parasternal systolic HM. Moderate dehydration. Triple snap FIV + Treated symptomatically with SQF, Cerenia, mirtazapine

Recheck 3/20/26. No improvement. Pt interested in food but cannot eat without vomiting. Continued weight loss. PE: Mild dehydration. No HM. Incorporated metoclopramide, administered Convenia, switched to Entyce. Weight decreased from 11.3lb (3/3/26) to 9.48lb (3/20/26)

ABNORMAL Labwork Values 3/3/26: Chem: Cl 111, Glob 5.7, K 3.4; rest WNL, CBC: Neut 2.26, MCHC 26.4; rest WNL, Triple snap - FIV +

Current Medications: Entyce 12mg PO SID, metoclopramide 2mg PO TID, Cerenia 8mg PO SID

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.4 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 4.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.2 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.



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**Gastrointestinal**

The stomach has normal wall layering and thickness. The stomach contains a moderate amount of retained ingesta. No outflow tract obstruction seen. Diffusely the small intestines have loss of normal layering. The lumen of the small intestines is empty. Small intestinal wall is markedly thickened at 4.1 mm in width due to markedly thickened muscularis layer. Colon contains normal contents with normal wall thickness.

**Pancreas**

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

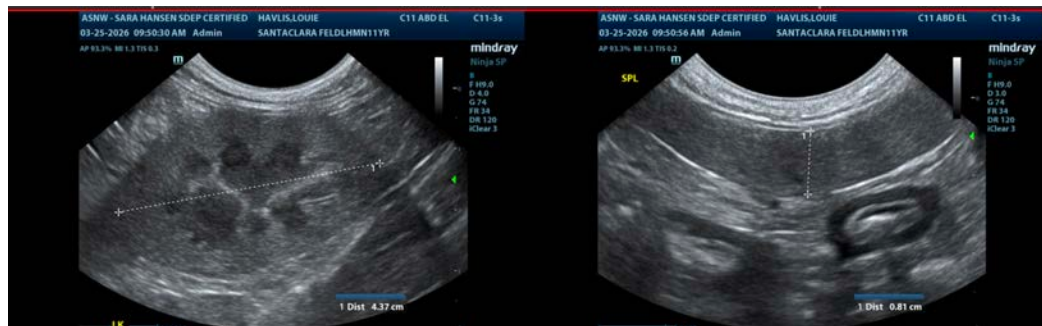
- Chronic enteropathy and mild gastritis – Most likely small cell GI lymphoma or mast cell disease. Less likely but possibly inflammatory bowel disease.
- Urinary bladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend urinalysis, and if active urine sediment recommend urine culture to rule out urinary tract infection.

Recommend continuing supportive medical care as described in submission form. The patient's clinical signs are most likely attributed to the diffuse severe enteritis. Recommend GI biopsies surgically or endoscopically. Consider submitting a Texas A&M GI panel to determine if cobalamin supplementation or folate supplementation is necessary.

Prognosis is open pending results of GI biopsy histopathology.





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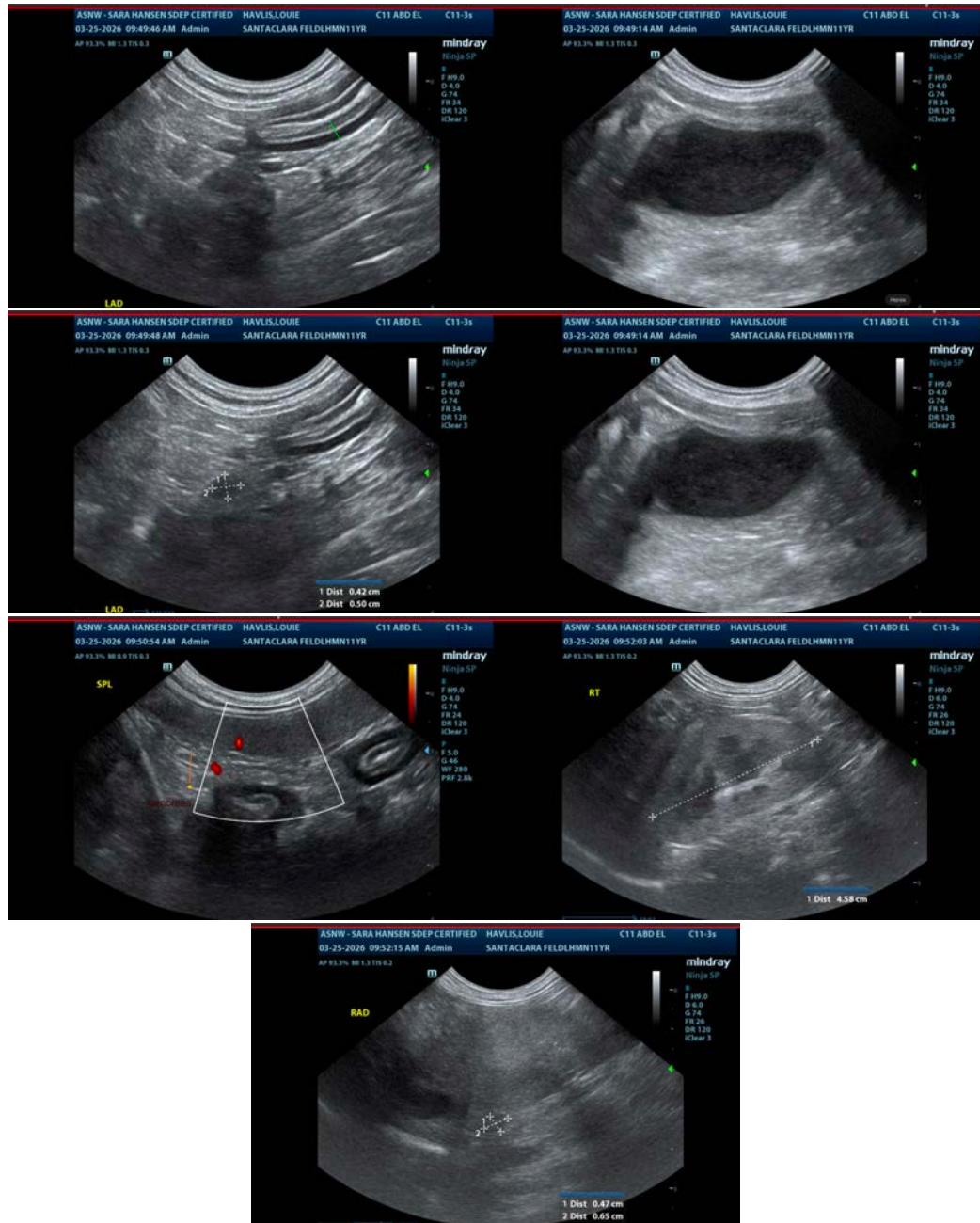
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM) Veterinary Internal Medicine Specialist [info@SonoPath.com](mailto:info@SonoPath.com)