



PATIENT

Rusty Baumhour

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

7.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Cassie Jackson

HOSPITAL NAME

Huntsville Animal
Hospital

REFERRING VET

Dr. Brenda Cameron

INVOICE

73866

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Vomiting intermittently for >1 month. Appetite typically normal. BM normal. Energy level does fluctuate with episodes of hiding and episodes of normal activity level

Abnormal PE/Chem/CBC/UA Results: Feb 20 ALP mildly elevated, fPL 7.1 and folate >54, rest of GI panel NSF - Mar 6 mild non-regenerative anemia, fPL 5.6, folate >54, ALP still mildly elevated - FIV/FeLV test negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papillae seen.

The right kidney presents normal size (4.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.6 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 3.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.4 mm in width.

Spleen

The spleen is diffusely enlarged and hypoechoic, measuring 1.3 cm in width.

Liver

The liver is diffusely enlarged and hyperechoic with rounded margins.

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 jejunum appears diffusely normal in thickness and layering, measuring 2.3 mm in width. Colon contains normal contents with normal wall thickness.

Pancreas

The pancreas appears diffusely mildly hypoechoic. No surrounding hyperechoic fat.

Free Abdomen

Mild mesenteric lymphadenopathy present. A representative node measures 13.2mm x 2.6 mm. No free abdominal fluid is seen.



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ULTRASONOGRAPHIC FINDINGS

- Enlarged, hypoechoic spleen – This may be a normal variation or may represent infiltrative neoplasia such as lymphoma or mast cell disease or could also represent infectious splenitis due to diseases such as bartonella, less likely toxoplasmosis.
- Enlarged, hyperechoic liver – Suggestive of possible early hepatic lipidosis or less likely infiltrative neoplasia such as lymphoma.
- Mild mesenteric lymphadenopathy – These lymph nodes appear to be reactive, less likely enlarged due to neoplasia.
- Mildly hypoechoic pancreas – Consistent with reactive pancreatitis. Primary pancreatitis is not suspected.

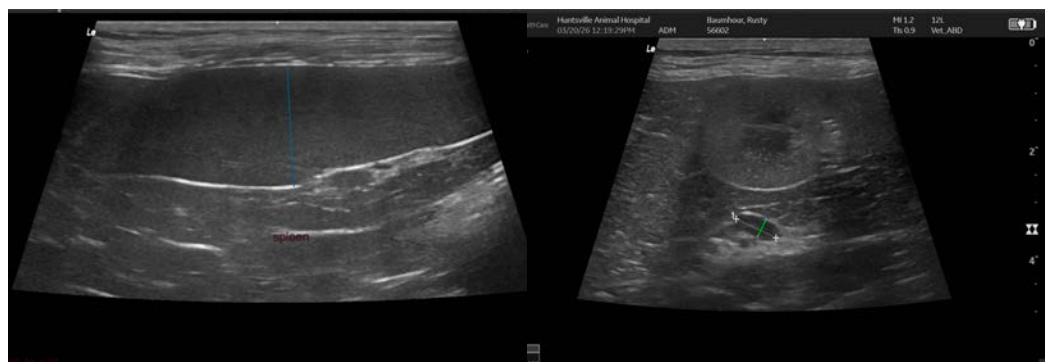
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is reported that a fine needle aspirate of an abdominal lymph node was obtained. Recommend submitting for cytology to rule out possible round cell neoplasia such as lymphoma or mast cell disease and also to rule out the possibility of metastatic neoplasia.

Recommend fine needle aspirate of the spleen with submission for cytology to evaluate for possibility of round cell neoplasia. If neoplasia is ruled out and an inflammatory process is suspected, then recommend infectious disease testing, as well as coronavirus PCR test.

Recommend fine needle aspirate of the liver with submission for cytology to determine etiology.

Determination and treatment of the primary cause of the patient's clinical signs will most likely resolve the mild pancreatic inflammation seen.





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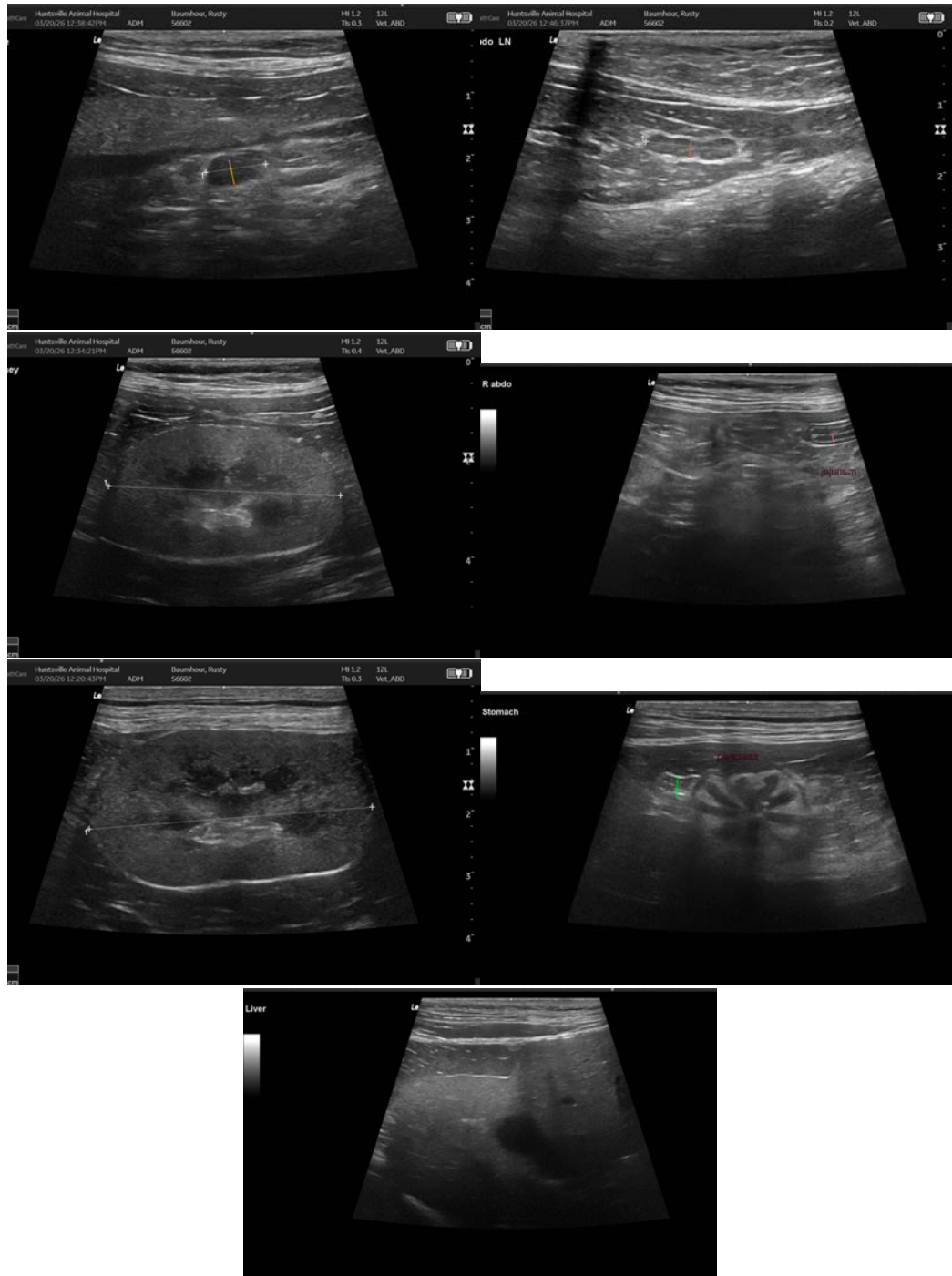
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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