



PATIENT

Stevie Rumsley

SPECIES

Canine

BREED

Hound

SEX

Neutered Male

AGE

2 Years 3 Months

WEIGHT

40 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Hamburg Veterinary
 Clinic

REFERRING VET

Dr. DenHeyer

INVOICE

14130

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Chronic, sporadic Vomiting

Abnormal PE/Chem/CBC/UA Results: WNL

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.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.5 mm and the caudal pole measures 5.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 10.0 mm and the caudal pole measures 6.2 mm. There were two hyperechoic nodules in the cranial pole measuring 3.4 mm and 2.7 mm in diameter. The nodules are most likely incidental findings.

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

Stomach contains a mild amount of retained fluid and diffusely the gastric wall has lost its normal layering appearance. It is mildly hypoechoic diffusely. The gastric wall is diffusely thickened at 9.3 mm in width. No pyloric outflow tract obstruction is seen. No evidence of foreign material seen within lumen of stomach. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



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Pancreas

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

Free Abdomen

There is an enlarged hypoechoic mesenteric lymph node present, and it measures 1.9 cm by 0.8 cm in size and appears reactive, less likely enlarged to the neoplasia.

ULTRASONOGRAPHIC FINDINGS

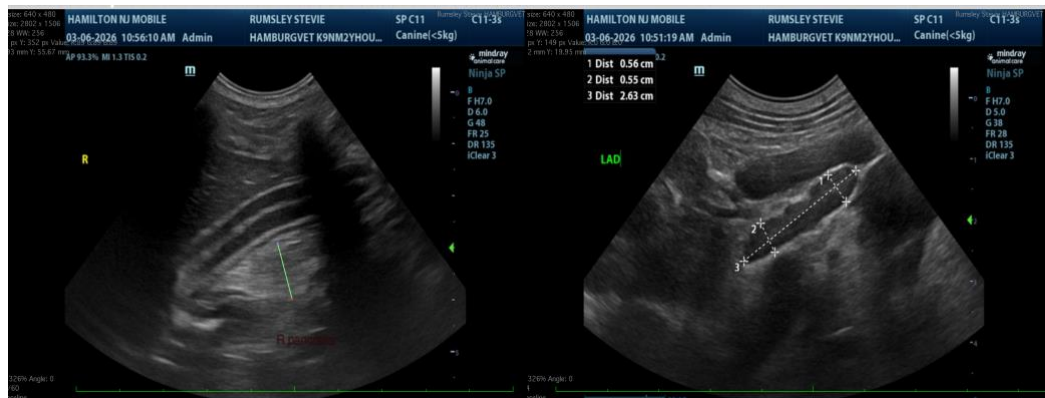
- Diffusely thickened stomach wall with loss of layering. Findings are consistent with diffuse gastritis.
- Enlarged mesenteric lymph node- most likely reactive.
- Enlarged cranial pole of the right adrenal gland.

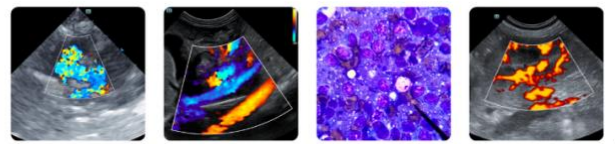
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No metabolic cause was reported on patient's lab work. Consider parasitic cause. If organisms such as Physaloptera are endemic to the patient's geographic region. Consider deworming patient with either Ivermectin or Pyrantel Pamoate. Ivermectin is dosed at 0.1 mg/kg orally, given by mouth one time. Pyrantel Pamoate at 5 mg/kg given orally once and repeated in two weeks.

If patient's vomiting continues, then consider further screening for parasitism via a fecal pathogen PCR test. If parasitism is ruled out, then at that time consider a diet trial with a hydrolyzed diet. If to rule out a food hypersensitivity, also submit a baseline cortisol to rule out Addison's disease.

If Addison's ruled out and patient fails diet trial, then at that time gastric biopsies, either surgically or endoscopically, should be pursued. Prefer endoscopic biopsies as they are more minimally invasive.





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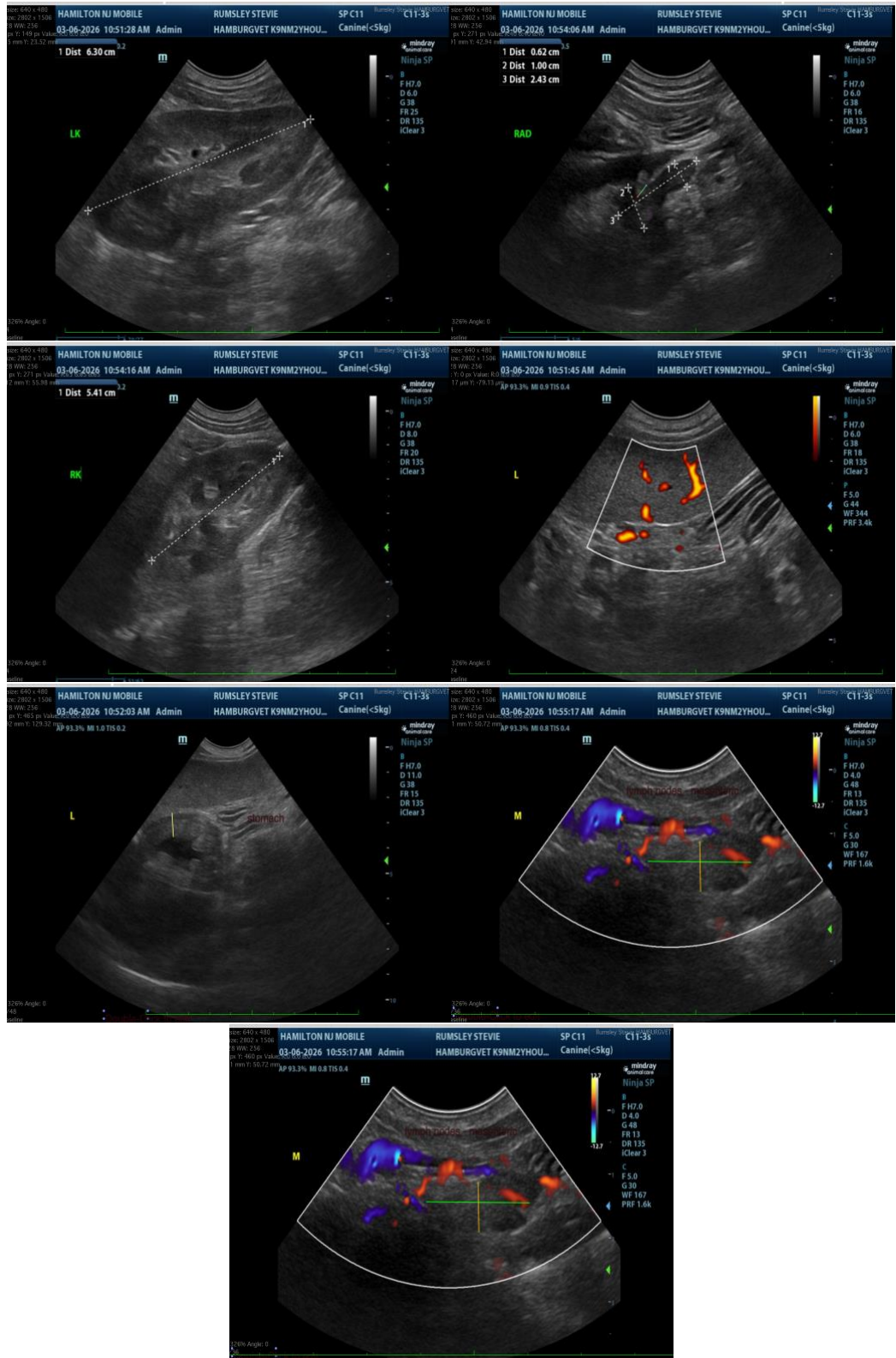
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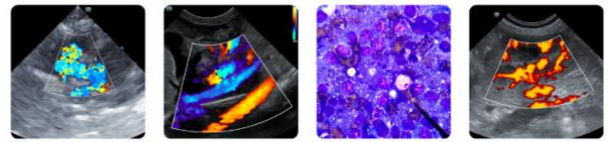
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Veterinary Internal Medicine Specialist
info@SonoPath.com

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