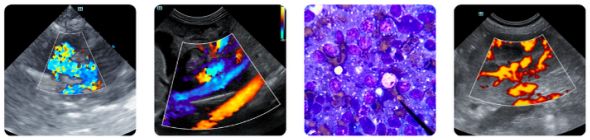


PATIENT

Ziggy Voytek

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

16 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

11581

DATE

3/30/2026

PRESENTING CLINICAL SIGNS

- Presented 3/24/26 for consultation for AUS following liver enzyme elevation noted on 3/21/26 elsewhere. Presented at that time for inappetance and lethargy. Weight loss noted and mild jaundice. Was treated with cerenia injection. Given denamarin, clavamox and elura. By 3/24, appetite was significantly improved. Was not giving medications. Advised to start clavamox, has been giving BID 6 days. Energy level improved but still not normal. Appetite good on A/D diet without elura. Vomiting 2-3 times weekly.
- July 2024 splenic mass noted, splenectomy performed, histo showed Spleen: Nodular lymphoid hyperplasia.
- Liver: Moderate lymphocytic and mild neutrophilic portal/periportal hepatitis and cholangitis with biliary hyperplasia and peribiliary fibrosis.
- Liver: Mild multifocal hepatic lipidosis.
- PCR for antigen receptor rearrangements (PARR)
- Immunoglobulin gene: POLYCLONAL.
- T cell receptor gene: CLONAL INTERPRETATION.
- The PARR assay revealed a clonally rearranged T cell receptor gene. This finding is supportive of T cell neoplasia.
- Diagnosed with small cell lymphoma T cell. Oncologist recommended chlorambucil. No treatment performed as P was doing well.
- Fractious for diagnostics. Dexdomitor/ketamine/butorphanol administered for AUS.

Abnormal PE/Chem/CBC/UA Results: 3/30/26 PCV: 28% TP: 8.2 NSAID: ALT 361, AST 127, ALP 189, Creat 1.3 3/21/26 CBC: hct 30%, neutrophilia 13880 Chem: ALT 296, ALP 336, Creat 1.6, GGT 16, Tbili 5.7, Chol 301 UA: 1.040, clear sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

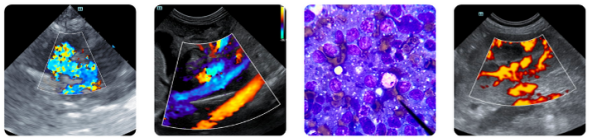
Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.7 cm in length. The right kidney measures 4.9 cm in length.

Adrenal Glands

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

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal measures 3.0 mm in width.



PATIENT

Ziggy Voytek

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

16 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

11581

DATE

3/30/2026

Spleen

The spleen is not visualized on this exam (Splenectomy 07/2024.)

Liver

The liver presents diffusely enlarged in size with rounded 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. The gallbladder wall is subjectively mildly thickened and hyperechoic, and measures 2.0 mm in width. There is a mild to moderate amount of bile adhered to the inner lumen of the gallbladder wall. No evidence of bile duct distention or obstruction. There is mild hyperechoic fat surrounding the gallbladder. No free fluid noted.

Gastrointestinal

The stomach has normal wall layering and thickness. The duodenum is normal in thickness and layering and measures 2.8 mm. The jejunum has a mild decrease in layering with mildly thickened sections measuring up to 2.9 mm in width. 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 is a mild mesenteric lymphadenopathy noted. A representative node measures 3.2 mm in width. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Bilateral decreased corticomedullary distinction – early chronic kidney disease.
- Enlarged liver.
- Decreased layering and segmental thickening in the small intestine – Possibly consistent with small cell lymphoma.
- Urinary bladder debris.
- Mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, and managing the patient's chronic kidney disease per the international interest society guidelines (IRIS).

Differentials for the appearance of the liver could include possible infiltrative disease such as lymphoma (the patient has a previous diagnosis of small cell lymphoma.) Recommend fine needle aspirate of the liver to confirm. If small cell lymphoma is confirmed as the cause of the patient's current hepatic abnormalities, then starting treatment for small cell lymphoma may be indicated. Recommend a consultation with a Veterinary Oncologist regarding this decision. At this time, if hepatic lipidosis is suspected based on liver aspirate, then placement of an esophageal feeding tube to provide nutrition may be warranted as well.

PATIENT

Ziggy Voytek

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

16 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

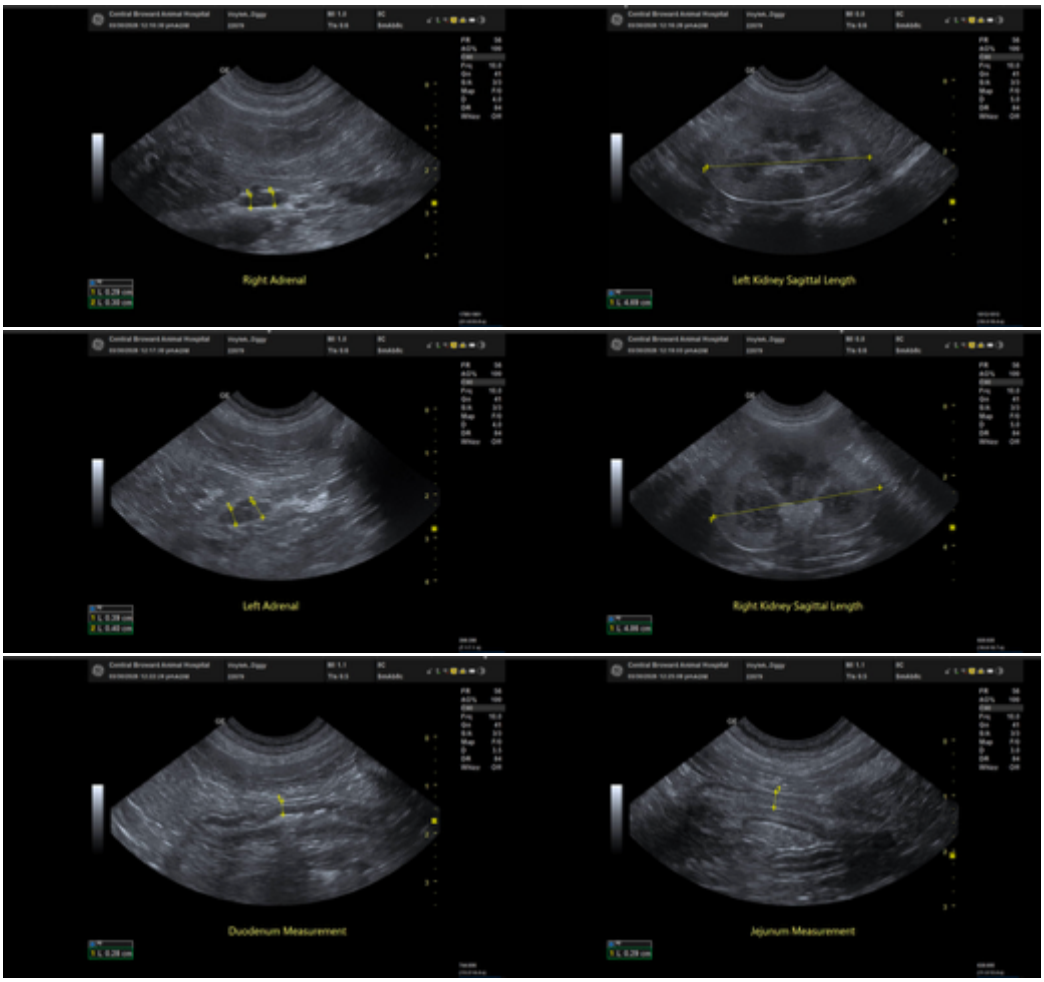
11581

DATE

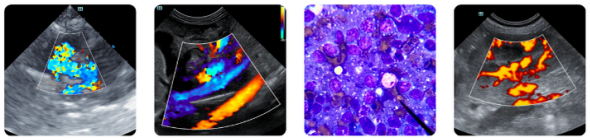
3/30/2026

The segments of decreased layering and thickening are possibly consistent with small lymphoma, less likely but possibly inflammatory bowel disease or an infectious etiology such as histoplasmosis (if geographically relevant for the patient.)

Consider starting treatment for small cell lymphoma if confirmed as the cause of hepatic abnormalities. Recommend continued monitoring of the GI tract for improvement with treatment for small cell lymphoma.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ziggy Voytek

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

16 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

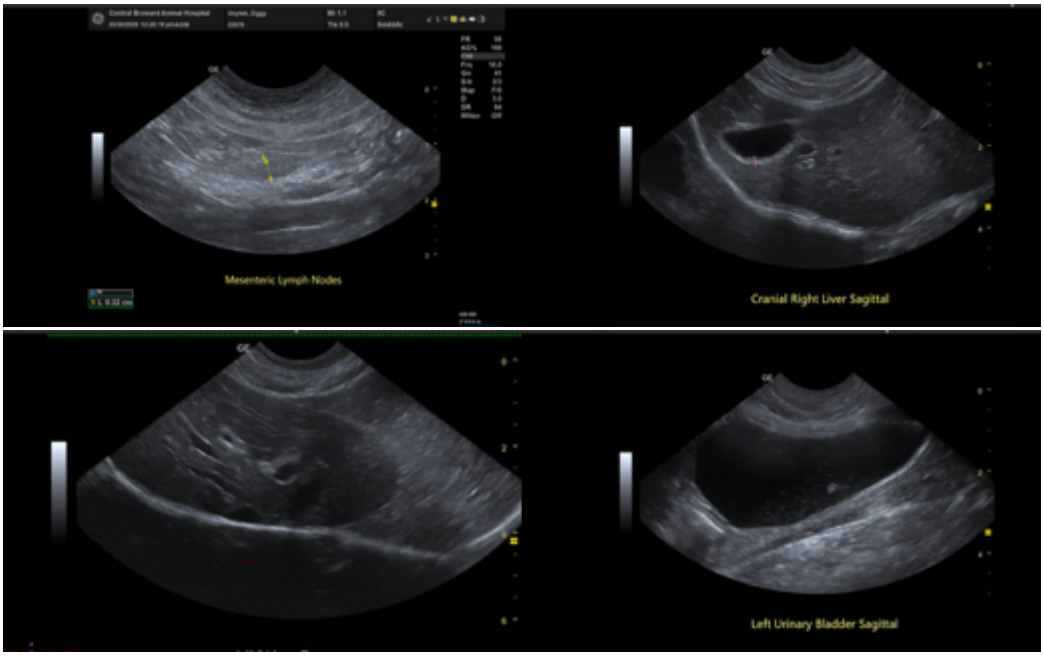
Dr. Megan Cassels-Conway

INVOICE

11581

DATE

3/30/2026



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