



PATIENT

Skittles Fischer

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

14.5 years

WEIGHT

7.08 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Renee Ziegler-Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Dr. Renee Ziegler-Post

INVOICE

11972

DATE

5/19/2026

PRESENTING CLINICAL SIGNS

Current rx - Mirataz prn sid, gave last two days. maropitant prn, has not had recently. Chlorambucil twice weekly, had last dose last night. Pred 5mg SID. Compare to AUS from 2/26 Invoice #71159.

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.

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.

The left kidney measured 3.4 cm in length, and the right kidney measured 3.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal measures 3.9 mm in width.

The right adrenal gland is not distinctly visualized.

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 and intestines have normal wall layering and thickness.

Visible ileum is thickened with complete loss of layering. The previously seen ileocolic junction mass remains present and measures 1.4 cm x 0.8 cm in size and is hypoechoic. The measurement of the mass at this time do appear slightly smaller than what was seen in February of 2026. However, it does appear there may be changes to the colonic wall which was not previously seen.

Colon wall is hypoechoic and thickened measuring 3.6 mm in width, containing echogenic fluid.

Pancreas



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The visible pancreas is mildly hypoechoic. Most likely reactive pancreatic inflammation due to the underlying GI disease.

Free Abdomen

There are numerous enlarged, hypoechoic, rounded lymph nodes surrounding the mass at the ileocolic junction. Two nodes measure 4.0 mm in width, and 2.2 mm in width. Given the appearance, are most likely enlarged due to a neoplastic cause such as infiltrative neoplasia, lymphoma, mast cell disease, histiocytic sarcoma, versus metastatic neoplasia, adenocarcinoma, leiomyosarcoma.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

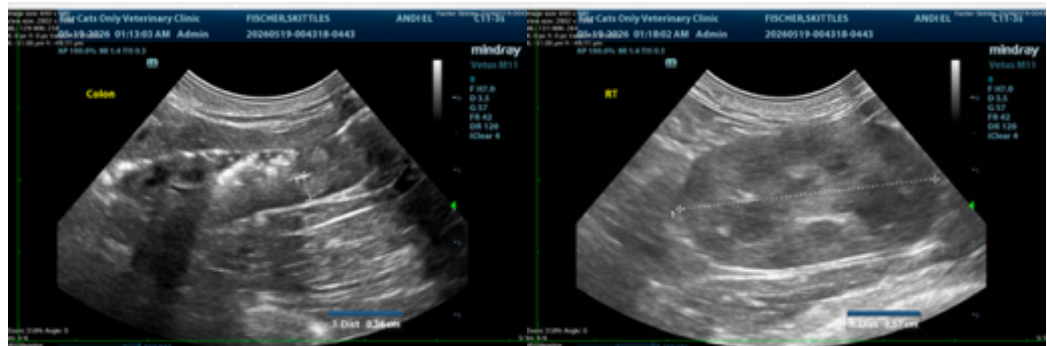
- Hypoechoic thickened colon wall. Patient appears to have diffuse colitis, possibly due to an inflammatory disease such as parasitism or possibly neoplastic cause such as lymphoma or mast cell disease.
- Age related kidney changes.
- Enlarged, hypoechoic, rounded lymph nodes surrounding the mass at the ileocolic junction.
- Mildly hypoechoic pancreas. Most likely reactive due to the underlying GI disease, as primary pancreatitis is not suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The size of the ileocolic junction mass appears slightly smaller in size from February 2026, however, there appear to be changes to the colonic wall which was not previously seen. Patient's disease does not appear to be in complete remission at this time but may be slightly improved. Differentials for this mass lesion are concerning for possible lymphoblastic lymphoma or mast cell disease, possibly histiocytic sarcoma, adenocarcinoma, or leiomyosarcoma.

A benign etiology is not suspected. If any of the aforementioned disease processes are present, it is unlikely that a chemotherapeutic agent such as Chlorambucil would effectively treat this disease.

Fine needle aspirates are recommended if not already performed, and possible surgical resection of this mass.





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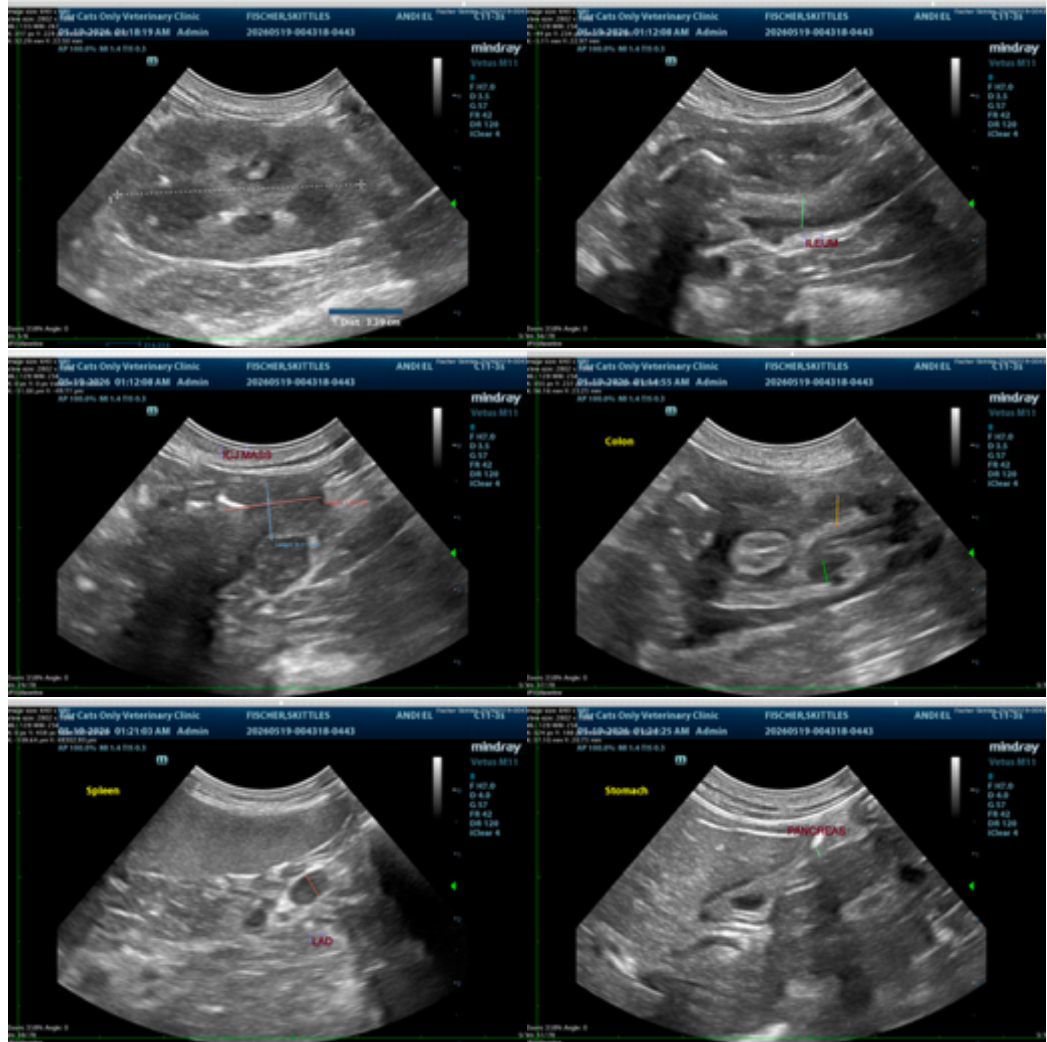
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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