



## PATIENT

Cami Ball

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Spayed female

## AGE

12 years

## WEIGHT

4.86 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Roseberg

## HOSPITAL NAME

London Cat Clinic

## REFERRING VET

Dr. Rosenberg

## INVOICE

74285

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- Cami is a 12-year-old spayed female DSH presenting with progressive weight loss, intermittent decreased appetite, and declining serum proteins with albumin being low now at 21 g/l and globulins being low N. A palpable mid-abdominal structure was first noted Feb 5, 2026.
- Repeat bloodwork Mar 20, 2026 confirmed worsening hypoalbuminemia and decreasing Hct.
- Currently moderately well controlled hyperthyroidism (compliance is issue) dx in Aug/25.
- Weight loss - is tiny cat - mcs is 3 to 3.5/5. Currently weighs 4.86 lbs
- - **\*\*Palpable mid-abdominal structure\*\*** (Feb 5, 2026), has increased in size since then.
- - **\*\*Hypokalaemia\*\*** (Aug 2025): resolved with K-gluconate supplementation, **\*\*PLI\*\*** (Feb 5, 2026): 10.3 µg/L (ref 0-3.5) – mildly elevated; significance unclear in context, **\*\*Ca** is also low at 1.9 mmol/L, UPC and Cystatin B are both N, so no PLN. usg is 1.043 and she has a quiet sediment.
- On felimazole, K gluconate and Mirt TD prn.
- **\*\*DIFFERENTIALS UNDER INVESTIGATION\*\***
- Ileal mass found on US today - r/o MCS, LSO, Feline Gastrointestinal Eos Sclerosing Fibroplasia.
- Cyto attempted but not able to get good window today. May try again when can sedate fully. Is there a suggested window or could I mobilize and turn mass when sedate? Any suggestions appreciated.
- **\*\*Note:\*\*** Medicating this cat is extremely challenging; treatment options will be significantly influenced by findings.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 3.2 cm. The right kidney measured 2.8 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen



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or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

## Liver

The **liver** revealed minor uniform enlargement and excessive hypoechoogenicity. The gallbladder and common bile duct were unremarkable.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The midabdomen revealed a distal small intestinal mass that measured 2.6 x 2.27 cm. The mesenteric lymph nodes were enlarged and measured up to 1.0 x 0.5 cm. The colic lymph nodes were enlarged and measured up to 0.56 cm.

## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The right base of the pancreas measured 0.76 cm.

## ULTRASONOGRAPHIC FINDINGS

Intestinal mass with regional lymphadenopathy.

Hepatic enlargement.

Geriatric abdominal changes otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the intestinal mass is recommended. Screening FNA of the liver could be considered for further definition given the mild enlargement. The liver is likely benign; however, given the intestinal presentation micrometastasis is a potential. Round cell neoplasia is likely. Surgical resection of the intestinal mass could be considered; however, given the regional lymphadenopathy the approach is debatable. FNA and chemotherapeutic intervention is likely in this patient's best interest depending on the cytology results.



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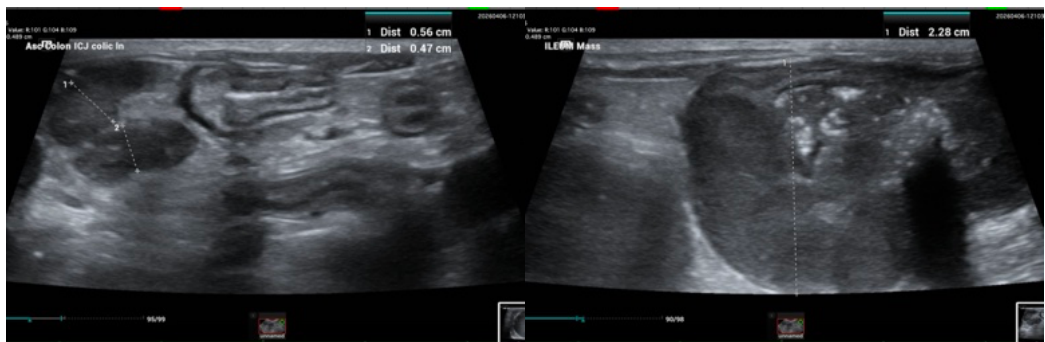
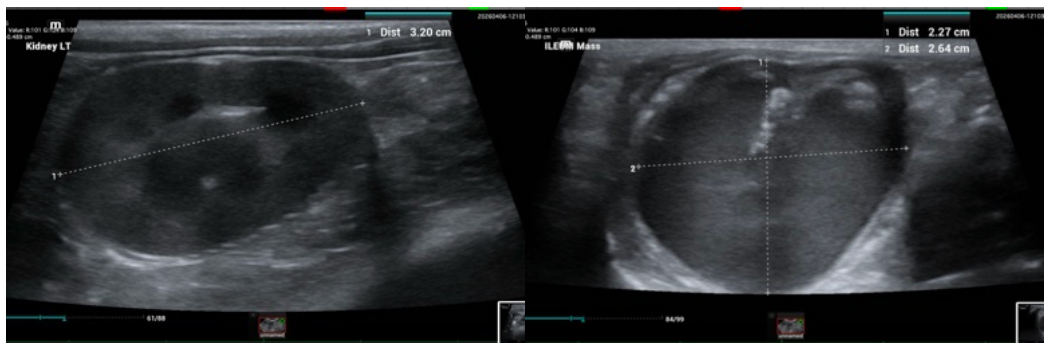
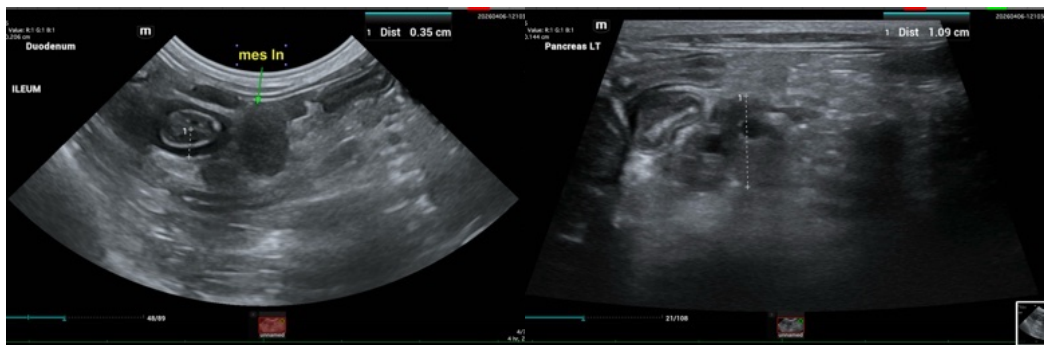
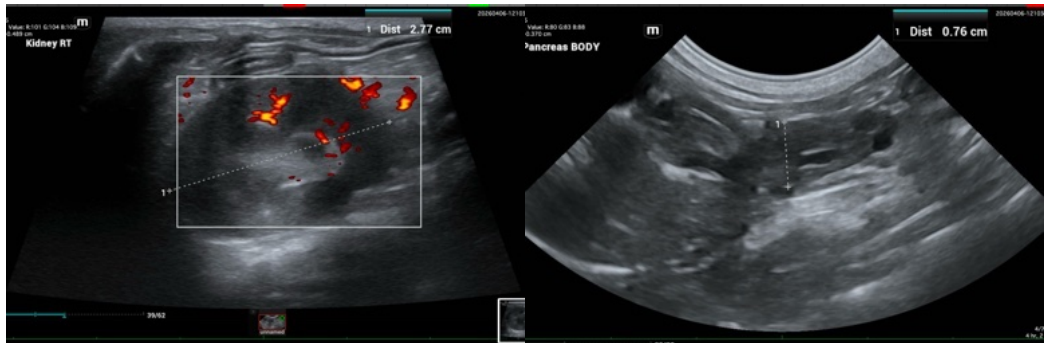
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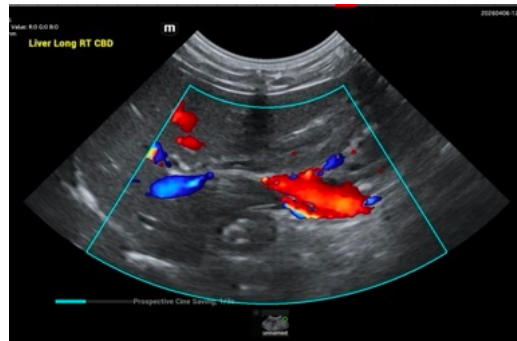
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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