



## PATIENT

Tater Tot Andrews

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Spayed female

## AGE

6 years

## WEIGHT

9.83 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Kristen Velasco

## HOSPITAL NAME

Bethany Family Pet  
Clinic

## REFERRING VET

Dr. Velasco

## INVOICE

77869

## DATE

5/21/26

## PRESENTING CLINICAL SIGNS

P is experiencing weight loss and acute vomiting. This morning before she threw up she made a sound that indicated she was in pain. O is unsure about P's stool since she has multiple cats in household. There is no blood in vomit and seems to have normal energy level.

## 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.3 cm. The right kidney measured 3.5 cm.

### Adrenal Glands

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### 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 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestine in this patient revealed a concentric cystic mass with regional lymph node enlargement. The mass appears to be jejunal. Variable small intestinal thickening was noted elsewhere. The lymph node was rounded, hypoechoic and measured 0.75 cm. This is strongly suggestive for metastatic disease. Reactive mesentery was noted throughout the region.

## Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

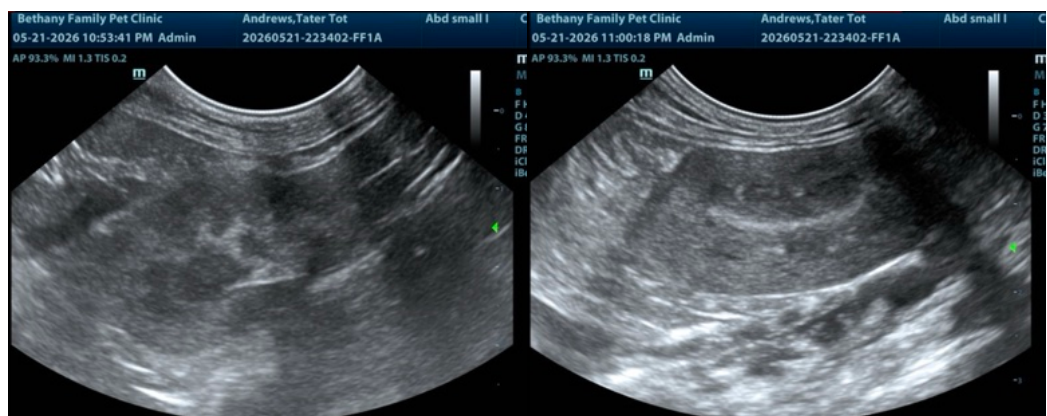
## ULTRASONOGRAPHIC FINDINGS

Small intestinal mass, likely jejunal with regional lymph node enlargement.

Variable small intestinal thickening noted elsewhere.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical exploratory with resection and anastomosis and lymph node removal. Carcinoma versus round cell neoplasia, granulomatous disease/FIP is possible, yet less likely. Chest radiographs are warranted prior to surgery.





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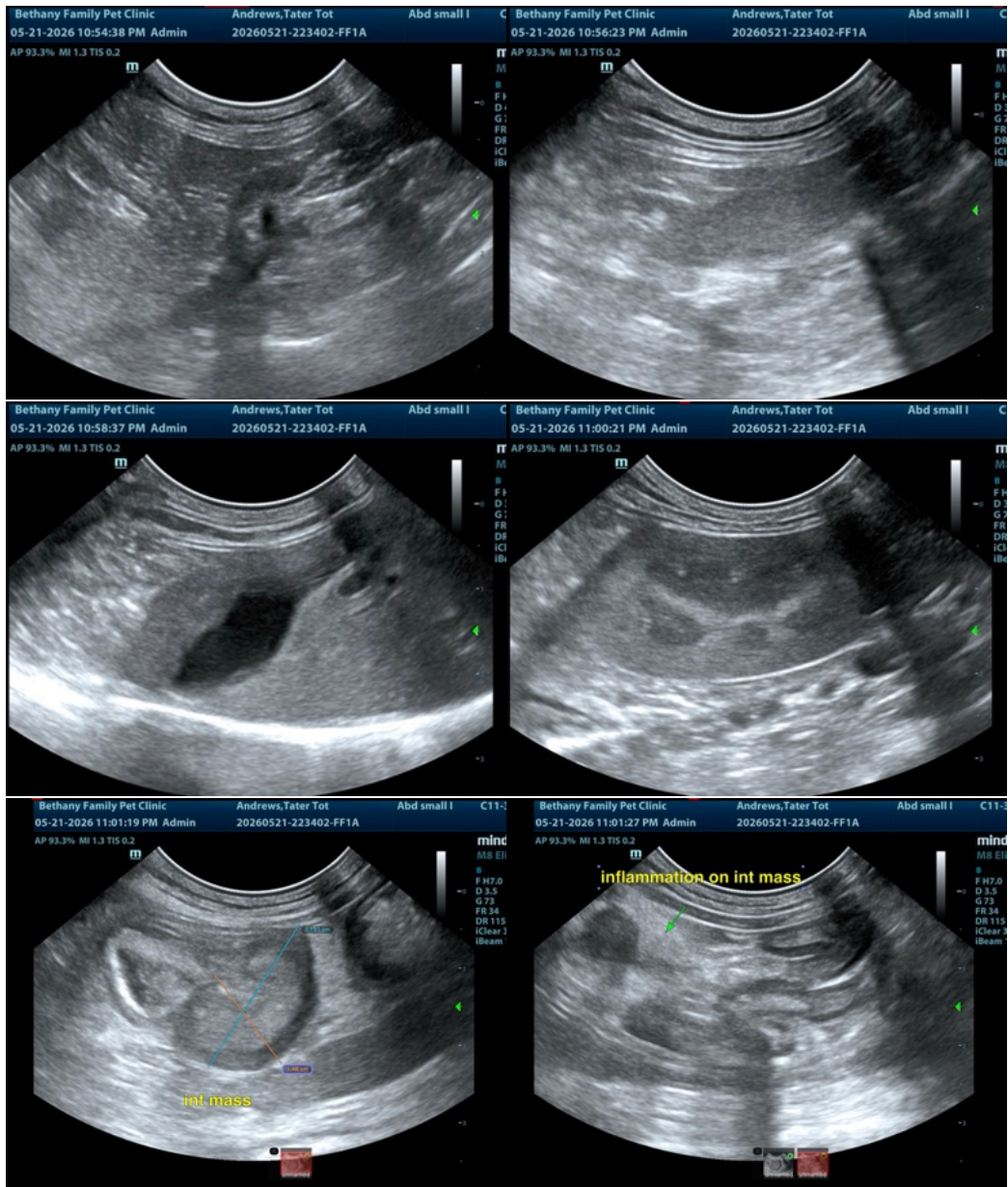
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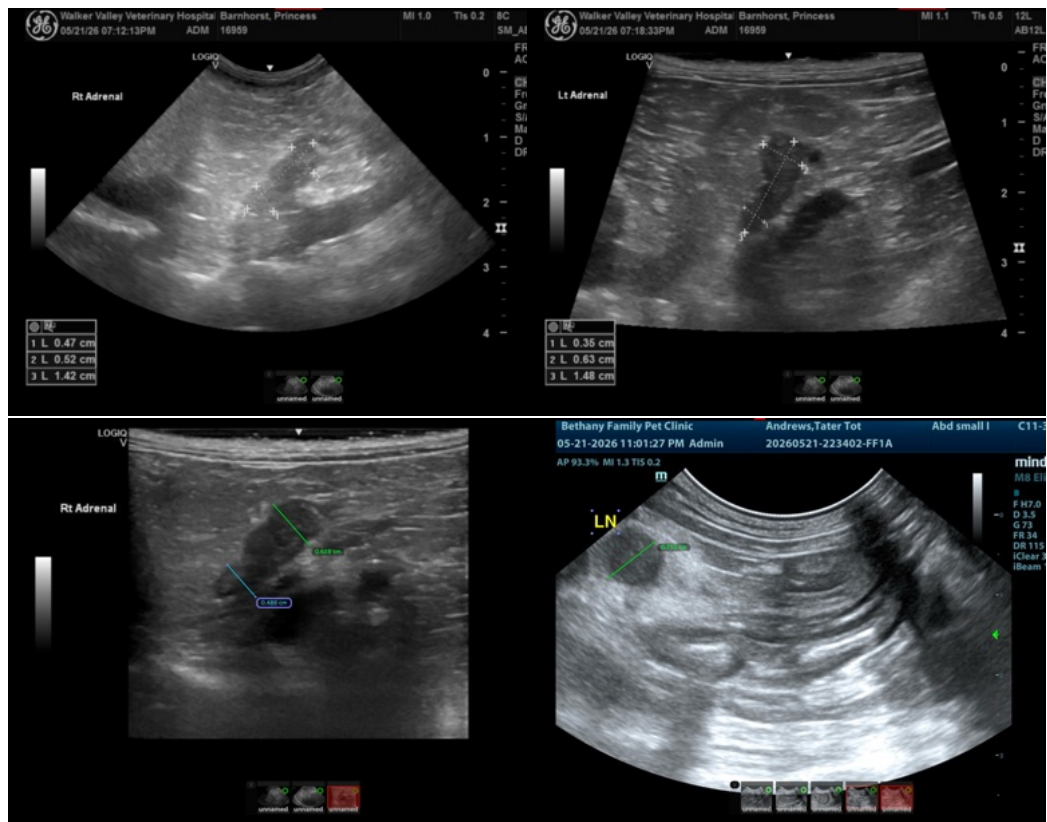
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)