



## PATIENT

Shadow Marsalek

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3 Years 9 Months

## WEIGHT

10.86 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Brittney Beigel, DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Katie Buchanan, VMD

## INVOICE

16341

## DATE

05/18/26

## PRESENTING CLINICAL SIGNS

Intermittent episodes of hematochezia q4-6m. On Purina cat chow, fasted for US scan, no sedation needed. R/o IBD, pancreatitis, other

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 were 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 4.2 cm in length. The right kidney measured 4.24 cm in length.

### Adrenal Glands

The **left adrenal gland** was 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. The left adrenal gland measured 0.33 cm width.

The **right adrenal gland** was not visualized.

### 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 were 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.

### Gastrointestinal

The **stomach** in this patient revealed normal layering with a minor amount of anechoic fluid and slight enhanced surrounding mesentery suggestive of gastritis/gastric insult. No evidence of foreign bodies. Slight intestinal muscularis thickening was noted without loss of mural detail.

### Pancreas



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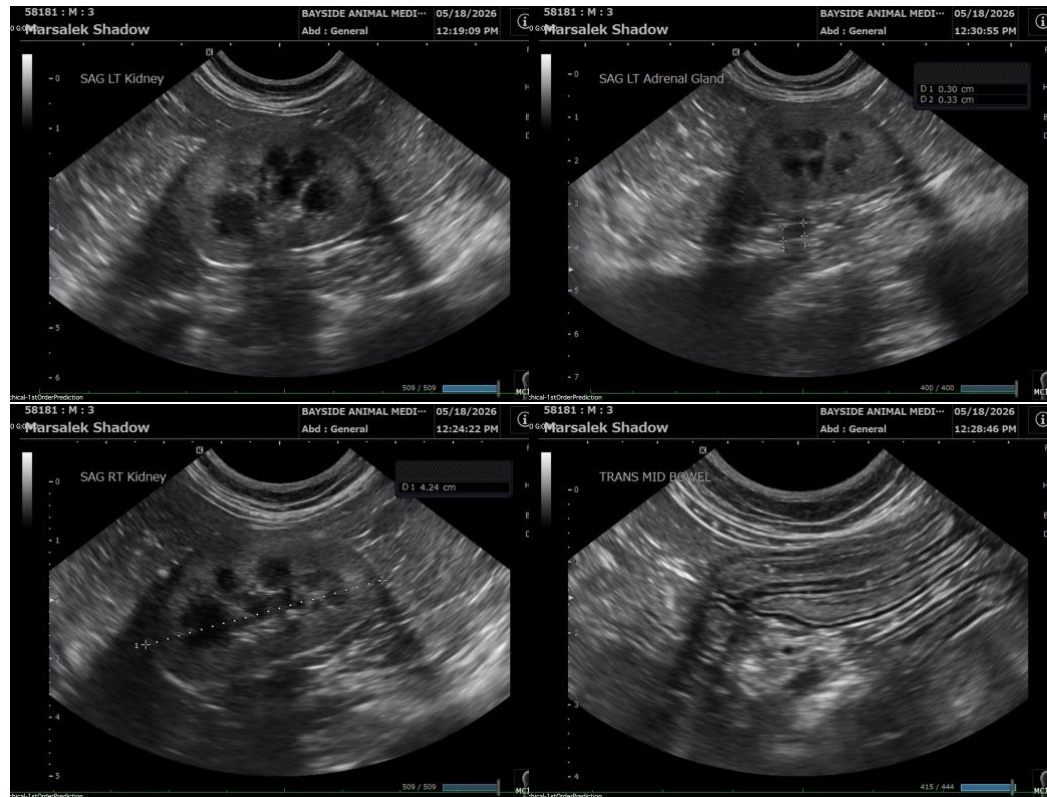
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern.
- Minor inflammatory bowel presentation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hydrolyzed diet, parasite management, low-dose prednisolone trial may all be necessary, unless endoscopy or full thickness GI biopsies are able to be obtained.





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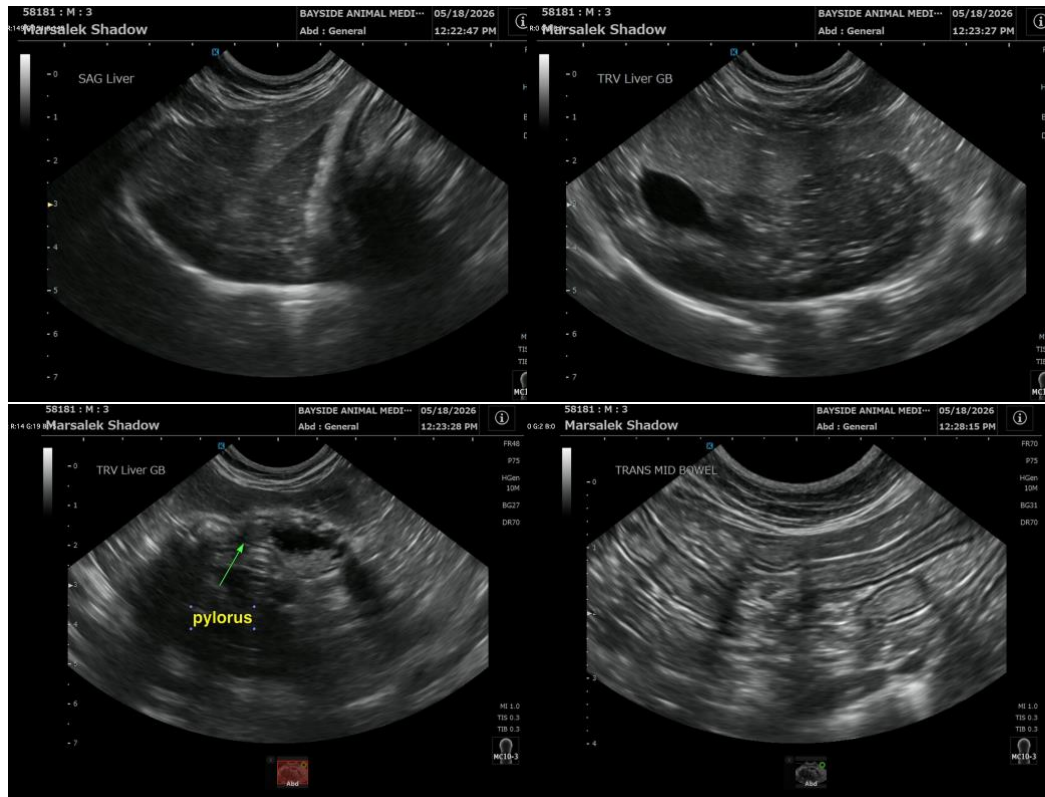
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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