



## PATIENT

Odin Bisconti

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

11 yrs 9 months

## WEIGHT

15.22

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Clinic of  
Flanders

## REFERRING VET

Dr. Hargadon

## INVOICE

12854

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: has cancer and hx of hairballs, eating less over the last few days. r/o hairball, gastritis, pancreatitis, fb vs neoplasia paladia, prednisolone

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized likely secondary to steroid therapy.

### Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

### Liver

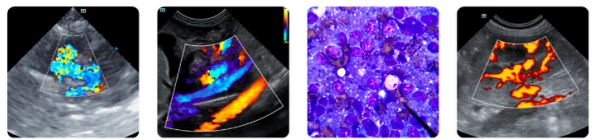
The liver was normal in size, structure, and contour with normal vascular volume. Two visualized non-disruptive intraparenchymal cysts were present with an example of larger cysts measuring 2.1 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The fundus and gastric body were empty with mild, non-shadowing pyloric ingesta. No evidence of obstruction to pyloric outflow.

The small intestine presented segmental borderline to mild thickened wall with maintained mild segmental altered wall layer ratio owing to segmental mildly prominent muscularis layer. Small intestine wall measured 0.28-0.29 cm. Empty intestinal lumen to the level of the colon. No obstructive pattern or hairball present.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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**Pancreas**

The area of the pancreas was sonographically normal.

**Free Abdomen**

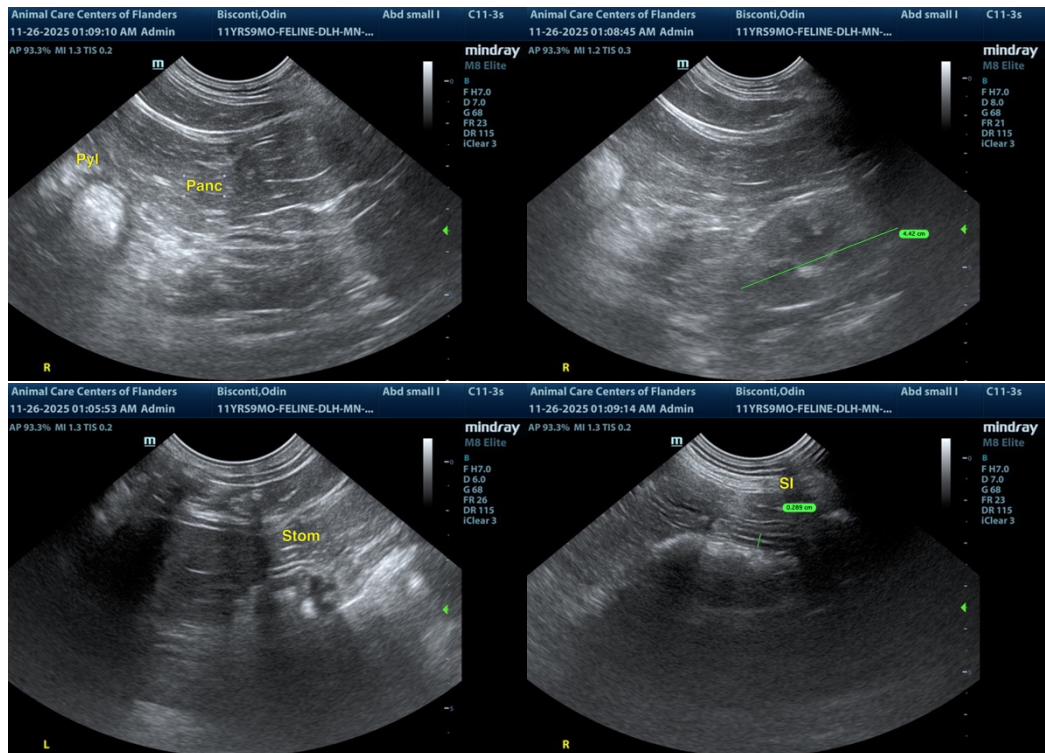
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Stomach with mild, non-shadowing pyloric ingesta
- Segmental mild thickened intestinal wall
- Hepatic cysts or cystic nodules – benign, possible biliary cystadenomas
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine likely correlates with patient history and mild suppressed intestinal changes secondary to current medical therapy. No evidence of gastrointestinal obstructive pattern, current hairball or abdominal masses. A spec fPL could be considered to assess for mild pancreatitis which may present sonographically normal. Gastrointestinal support, as needed hairball therapy with clinical monitoring and sonographic reassessment if progressive inappetence is recommended.





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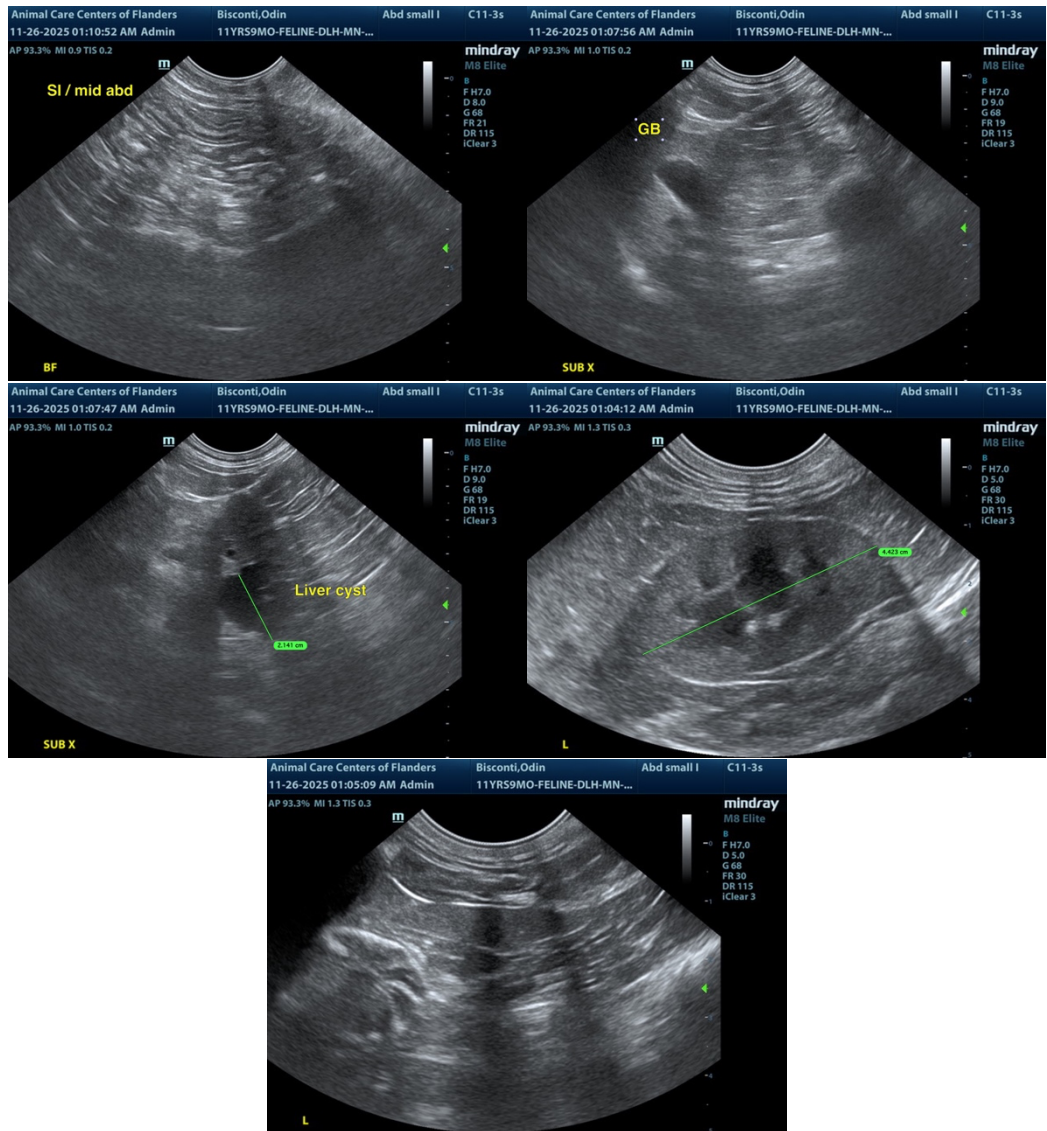
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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