



PATIENT

Monti Santino

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

14.36

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Clinic of
Flanders

REFERRING VET

Dr. Hargadon

INVOICE

13854

DATE

02/17/26

PRESENTING CLINICAL SIGNS

- recurrent vomiting episode, lethargic, decreased appetite

Abnormal PE/Chem/CBC/UA Results: pending bw and urinalysis abd rads on 2/7 normal

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent minor hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

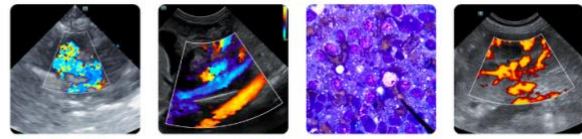
Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. 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 lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.30 cm wall width. The jejunum wall measured 0.25 cm wall width. Segmental primarily mild nonshadowing intestinal ingesta without obstructive pattern to the level of the colon.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- structurally normal gastrointestinal tract with gastrointestinal ingesta- ingesta consistent with food echogenicity.
- Normal area of the pancreas.

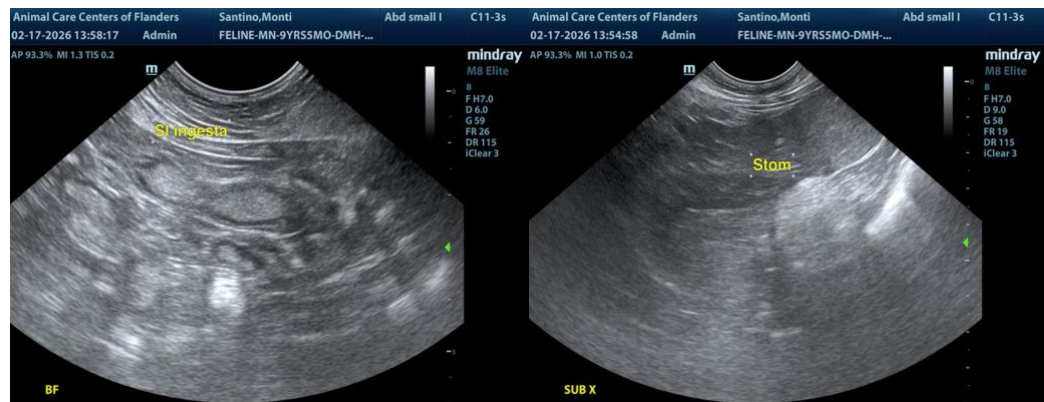
Secondary Findings

- Minor urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology, obstructive pattern, foreign material or evidence of active pancreatitis. Non-structural gastrointestinal disease, mild pancreatitis which may present sonographically normal, dietary intolerance, metabolic disease, occult parasitism are all potentials.

Gastrointestinal support which may include novel protein or hydrolyzed diet trial, as needed gastroprotectants and clinical monitoring is recommended. Sonographic reassessment is indicated if continued progressive gastrointestinal signs or evidence of weight loss.





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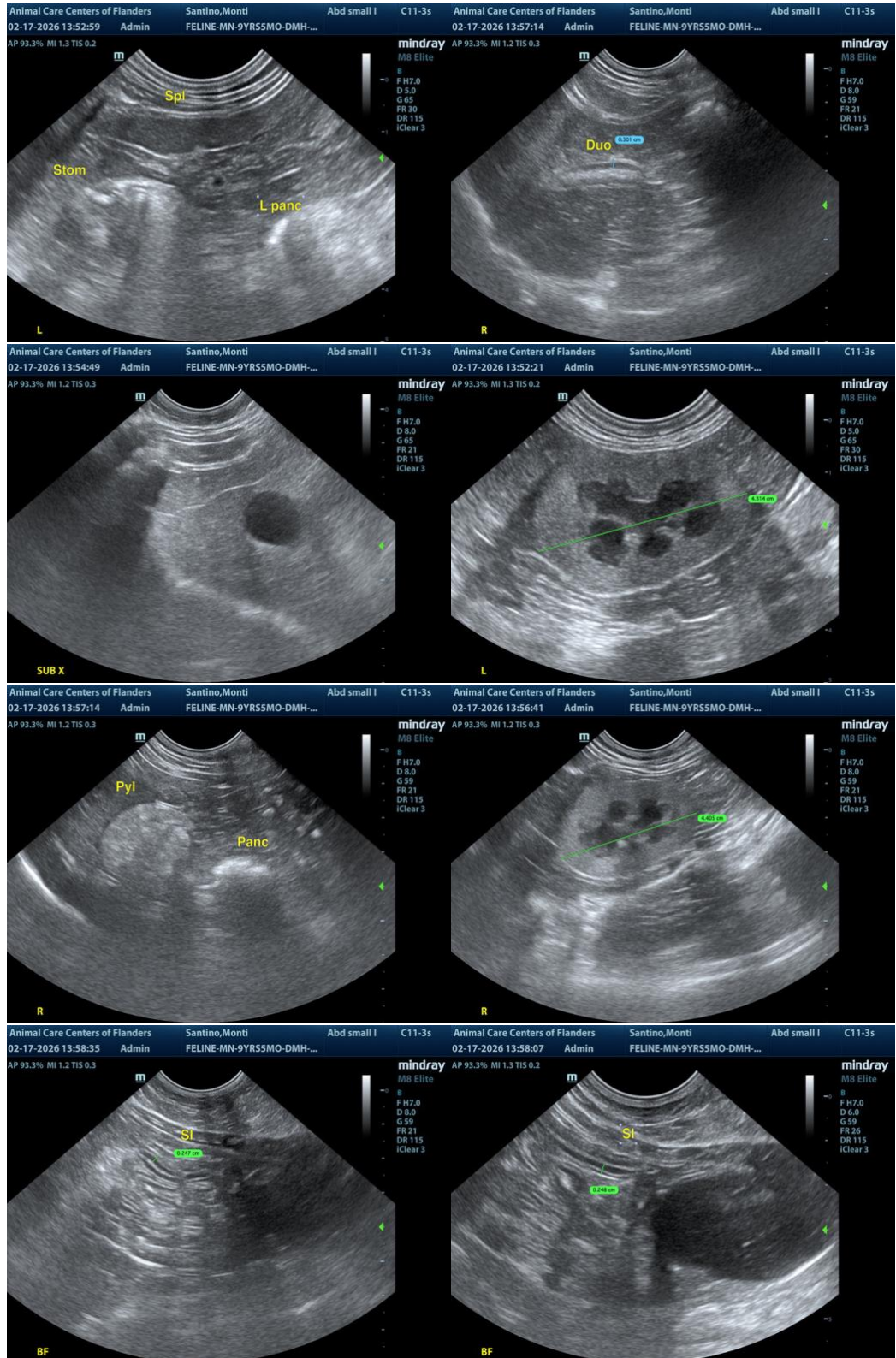
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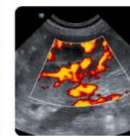
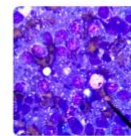
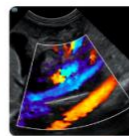
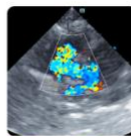
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com