



**PATIENT**

Onyxx Scherer

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Male

**AGE**

6 years

**WEIGHT**

4.03 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Cordon

**INVOICE**

42071

**DATE**

10/24/22

**PRESENTING CLINICAL SIGNS**

History: Presented on 10/23 because he had been vomiting and not eating the past 5 days. Diagnosed with pancreatitis on 10/21. Mild elevation of ALT, vomiting despite cerenia and ondansetron. Mildly uncomfortable on abdominal palpitation and dehydrated

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 3.37 cm. The right kidney measured 4.09 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 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.



**PATIENT**

**Gastrointestinal**

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The pylorus was mildly thickened with echogenic submucosal wall and excessive thickening. There was no complete loss of mural detail noted. The small intestine and colon were unremarkable. However, the cecum as fluid filled.

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**Pancreas**

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The **pancreas** was unremarkable and uniform. Low-grade inflammation cannot be completely ruled out. However, no large changes appeared to be present.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

Chronic gastritis pattern, fluid filled cecum.

**AGE**

6 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

4.03 lbs

Treatment for gastritis/gastroenteritis should prove effective. This is likely reactive hepatopathy or non-structural inflammatory hepatopathy. The discomfort upon abdominal palpation is likely dilated cecum. Underlying Typhlitis is suspected. Fecal test, IV fluid support and treatment for enterotoxins and parasites are all indicated. There was no evidence of foreign bodies. If clinical signs persist then endoscopy or full thickness gastrointestinal biopsies would be necessary of the small intestine. The colon appears structurally unremarkable.

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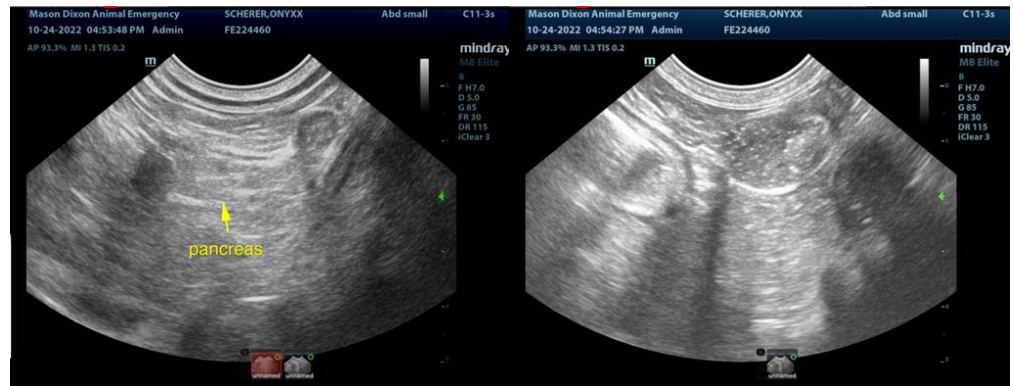
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com