



## PATIENT

Squeakers Dueck

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

14 y

## WEIGHT

5 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Goeres

## HOSPITAL NAME

Kelowna VH

## REFERRING VET

Dr. Nicklassen

## INVOICE

12940

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: chronic pancreatitis managed for 1 year with buprenorphine, maropitant, HA hydrolyzed diet, now vomiting and pancreatic values severely elevated

Abnormal PE/Chem/CBC/UA Results: CBC WNL SDMA 15 Amylase 1049 (N) Lipase 5632 (H) FPL >50 (0-4.4)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal renal size with asymmetrical margination was present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present in the left kidney. Mild left retroperitoneal hyperechogenicity and no evidence of retroperitoneal effusion. The left kidney measured 3.8 cm in length. The right kidney exhibited subnormal size with capsule asymmetry. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate to significant indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Cortical infarcts were present in the right kidney. The right kidney measured 2.4 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm. The right adrenal gland was not definitively visualized.

### Spleen

The spleen was mildly enlarged in size with symmetrical contour and maintained homogeneous parenchyma measuring 1.1 cm width level of the mid spleen.

### Liver

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 mild retained anechoic fluid without obstruction to pyloric outflow.



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The small intestine presented intact generalized mild thickened wall with overall maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the colon. Small intestine wall measured 0.29 – 0.30 cm

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

### *Pancreas*

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The pancreas was variably enlarged in size with asymmetrical contour with heterogeneous to mixed echogenic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly sized, irregular to mildly complex fluid filled pancreatic lesion was present caudal to the stomach in the area of pancreas base measuring ~3.0 cm in diameter.

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### *Free Abdomen*

Intermittent, generally mild pancreatic and duodenojejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No overt significant peritoneal effusion present.

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## ULTRASONOGRAPHIC FINDINGS

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- Irregular enlarged pancreas with fluid filled to mildly complex pancreatic lesion, surrounding peripancreatic hyperechoic omentum
- Intact mildly thickened small intestine
- Mild splenomegaly
- Intermittent, generally mild mesenteric lymphadenopathy
- Chronic renal changes exhibiting mild left kidney pyelectasia, subnormal right kidney size with right kidney cortical infarcts

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic active pancreatitis with parenchymal remodeling, indistinct to variable pancreatic cysts, pancreatic abscess or pancreatic neoplasia, all potentials. Concurrent chronic to mild IBD intestinal pattern or triaditis possible with emerging to occult intestinal round cell neoplasia such as lymphoma thought less likely. Correlation with pending pancreatic sampling and consideration for a GI panel to include PLI/TLI/Cobalamin/Folate is recommended, Supportive care for pancreatitis and potential IBD warranted pending additional diagnostics. Biopsies may be required for definitive diagnosis. Urinary workup recommended if not recently done.

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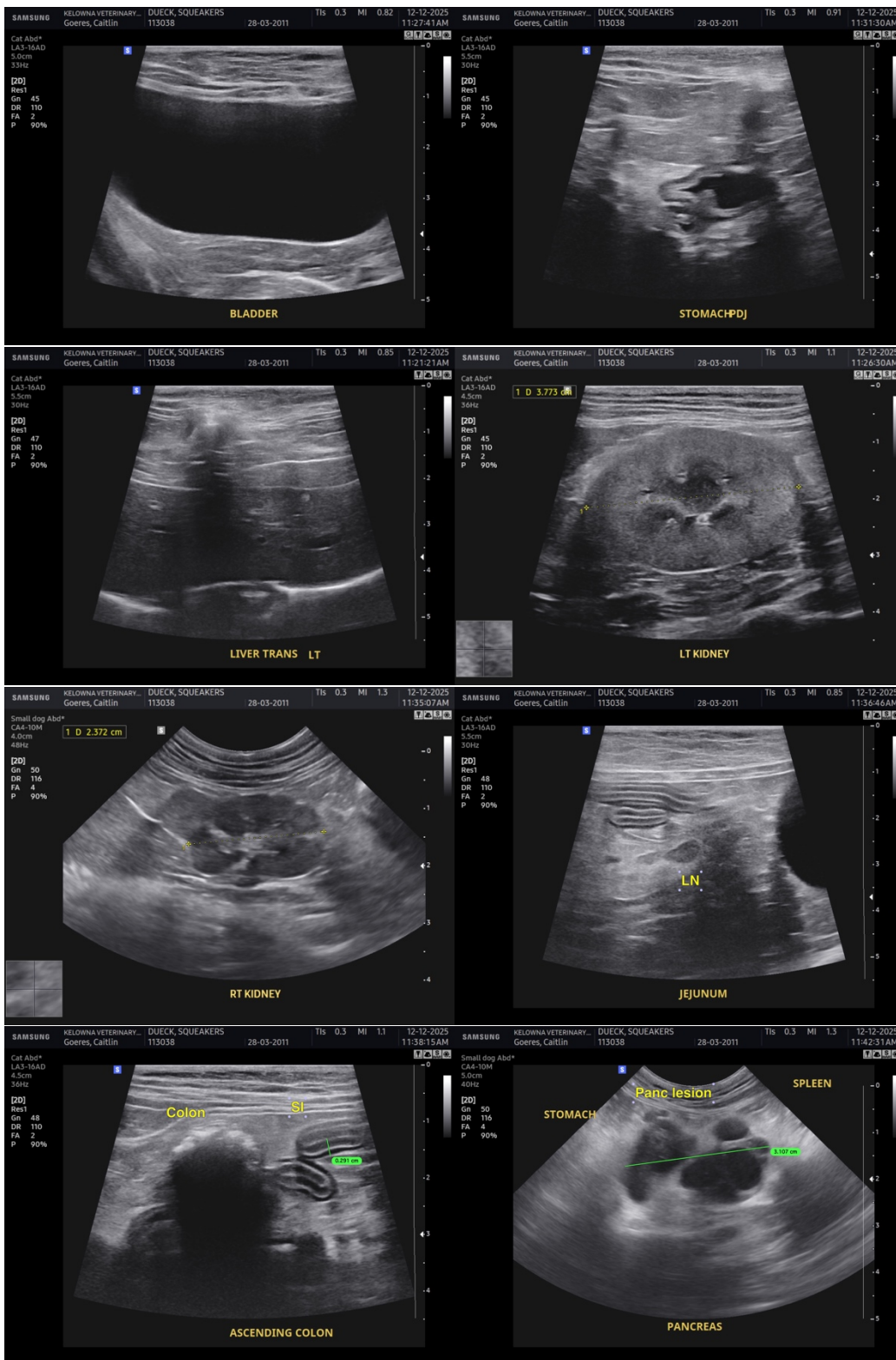
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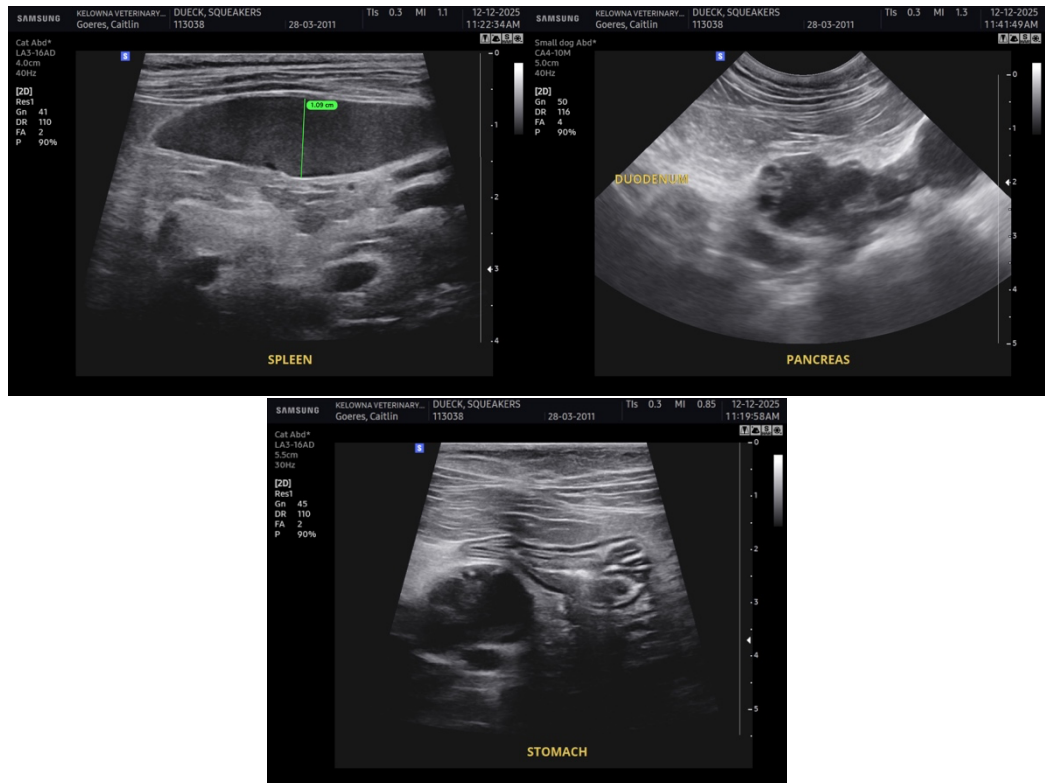
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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