



**PATIENT**

Hank Lachaine

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

5.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Goeres

**HOSPITAL NAME**

Kelowna Vet Hospital

**REFERRING VET**

Dr. Chahal

**INVOICE**

47011

**DATE**

4/27/23

**PRESENTING CLINICAL SIGNS**

Hx Chronic pancreatitis. Now not eating or drinking much. sneezing. lethargic. Mass inside the abdomen ? Current tx: Buprenorphine 0.8 mg/ml 0.13 ml BID SUBLINGUAL and Cerenia inj. 10 mg/ml 0.55 ml.

Abnormal PE/Chem/CBC/UA Results: Painful on cranial abdominal palpation Spec fPL 6.8

**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. Mild to moderate non-dependent particulate 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.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. A cranial cortical cyst was noted in the left kidney with caudal cortical infarct. Ill-defined cystic appearing to focally mineralized non-disruptive nodule noted in the mid to lateral left kidney measuring approximately 1.5 cm. The left kidney measured 4.2 cm. The right kidney measured 4.0 cm. No evidence of left or right retroperitoneal inflammation or free fluid.

**Adrenal Glands**

No overt pathology in the area of the left and right adrenal glands.

**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 subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 yet mildly prominent wall layering owing to mildly prominent hyperechoic gastric submucosa. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.27 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.27 cm. Ileocolic wall measured 0.29 cm.

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



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**Pancreas**

Hank Lachaine

The pancreas was normal in size with minor capsule asymmetry and heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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**Free Abdomen**

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No omental masses, lymphadenopathy, or peritoneal effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder sediment
- Bilateral chronic interstitial nephrosis renal pattern, left kidney cranial cortical cyst, caudal cortical infarct, and ill-defined non-homogeneous to mineralized non-specific nodular lesion.
- Pancreatic remodeling
- Mildly prominent yet intact gastric wall with hyperechoic gastric submucosa – consistent with likely mural fat deposition.
- Structurally unremarkable gastrointestinal tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Sonographically, the pancreas was not consistent with significant or active pancreatitis or pancreatic neoplastic criteria, although mild to chronic pancreatitis could be present and essentially sonographically normal. GI panel to include PLI, TLI, cobalamin and folate could be considered for further assessment as well as assessment for evidence of occult intestinal disease as a contributing factor. Some degree of mild chronic gastritis possible.

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The bilateral renal changes are not overtly consistent with neoplastic criteria, yet sonographic monitoring specifically of the left kidney ill-defined cystic to mineralized nodular for evidence of progression would be ideally. Empirically, therapy for chronic pancreatitis/gastritis would be reasonable. No evidence of intraabdominal masses.

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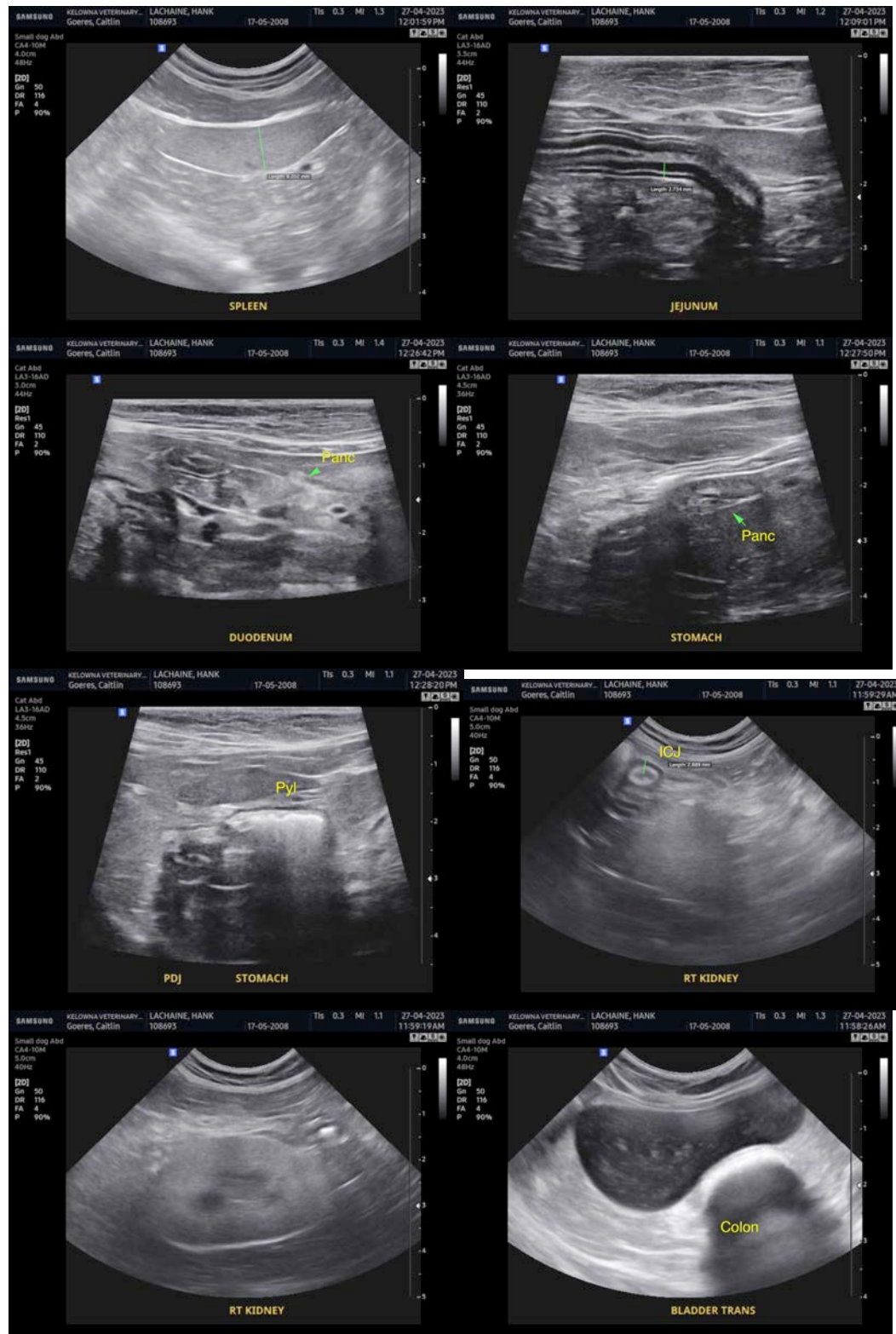
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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