



## PATIENT

Finn Quimby

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Neutered Male

## AGE

12

## WEIGHT

20 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

John Ammeraal DVM

## HOSPITAL NAME

Sova Animal Hospital

## REFERRING VET

Dr. Robert Sova DVM

## INVOICE

12985

## DATE

01/06/2026

## PRESENTING CLINICAL SIGNS

Presenting for vomiting and diarrhea. Lethargy. ~24 hours. Prior pancreatitis bout about 1-2 years. No changed in diet that know of They do home cooked Chicken, rice, sweet potatoes, Multi vitamin

Abnormal PE/Chem/CBC/UA Results: Grade 3/6 murmur, sensitive abdominal palpation Temp 103.4 K+ 3.3 mmol/L Chloride 103 mmol/L Rest chem/CBC 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. 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 change 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 4.2 cm in length. The right kidney measured 4.7 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 0.57 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 cm width at the caudal pole.

### 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal



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The stomach presented intact wall layering. The stomach was nondistended containing a mild amount of retained fluid. Within the fluid, nonshadowing to minor shadowing hyperechoic ingesta to possible echoes were present. No overt obstruction to pyloric outflow.

**SPECIES**

Canine

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.

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Terrier Mix

Normal visible colon wall layers were present with soft fecal matter in lumen.

**SEX**

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**Pancreas**

The area of the left pancreas was sonographically normal. The right pancreas presented normal in size and contour with mild heterogeneous remodeled parenchyma compared to adjacent nonreactive or inflamed omentum.

**AGE**

12

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

20 pounds

**ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile stomach with retained fluid and nonspecific hyperechoic ingesta/echoes.
- Normal empty small intestine.
- Soft fecal matter in colon.
- Mildly heterogeneous remodeled right pancreas.
- Nonorganized gallbladder debris (non-mucocele).

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mechanical gastrointestinal obstructive pattern. Metabolic gastric stasis with retained ingesta and fluid potentially owing to inflammatory bowel episode or chronic pancreatitis given the patient's history is possible. Potential for a small amount of gastric foreign material i.e. grass or similar cannot be excluded. Correlation with a spec cPL is recommended. Initial gastrointestinal support with clinical monitoring, confirmed 12-hour fast and sonographic reassessment of the stomach and generalized gastrointestinal tract is recommended.

**IMAGING PERFORMED BY**

John Ammeraal DVM

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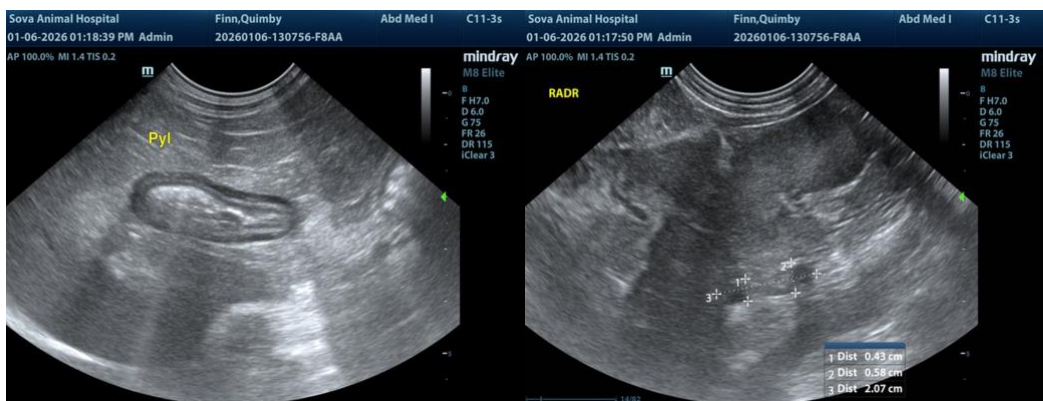
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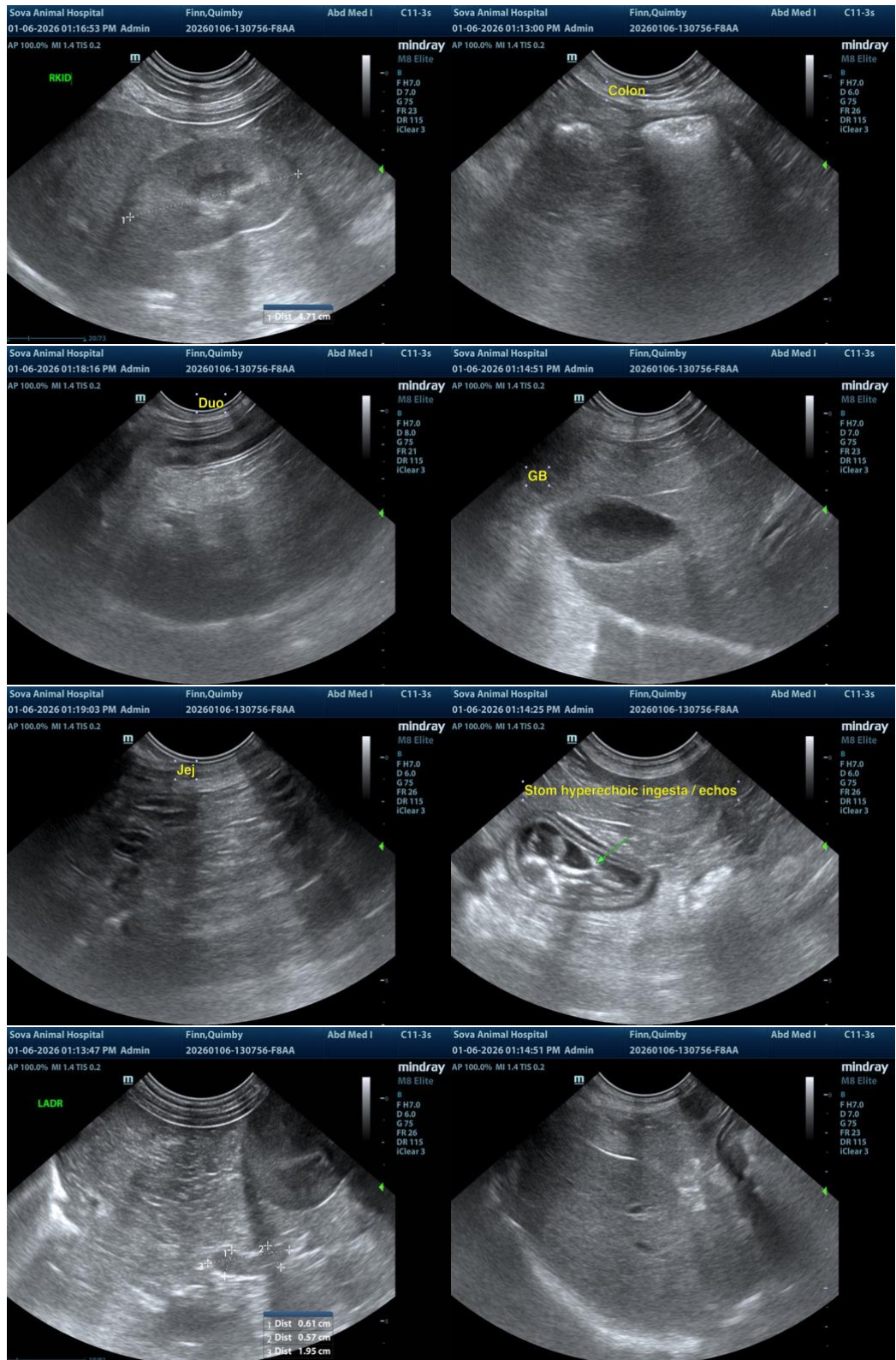
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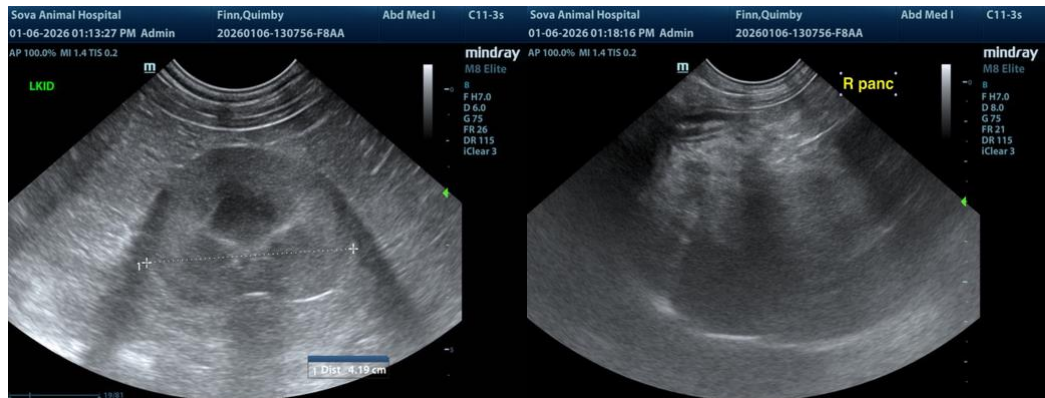
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)