**PATIENT**

Finley Ferrick

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

12.7

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP**IMAGING
PERFORMED BY**

Marco Litchfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Ammeraal

INVOICE

12267

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Referred for U/S by eclipse

Abnormal PE/Chem/CBC/UA Results: Blood WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, mineral, calculi 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 residual prostate was free of pathology.

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 adequate corticomedullary border demarcation 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. A thinly walled left kidney cyst was visualized containing anechoic fluid measuring 1.4 cm in diameter. A thinly walled right kidney cyst was also visualized containing anechoic fluid measuring 1.6 cm in diameter. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

No obvious pathology in the areas 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 presented with subjective borderline subnormal size, symmetrical contour and homogenous parenchyma. Subjective adequate intrahepatic vascular volume. Possible mild tortuous to anomalous vessel was noted in the right cranial abdomen area of the portal vein dorsal to the duodenum potentially measuring 0.70 cm in diameter.

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. The stomach contained a mild amount of anechoic fluid and lumen gas.



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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.

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

Pancreas

The right pancreatic limb presented with normal size exhibiting mild nonhomogenous hyperechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal cysts.
- Subjective borderline subnormal liver size.
- Possible anomalous vessel in the area of the portal vein.
- Mild retained gastric fluid.
- Mild hyperechoic right pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported normal lab work, the subjective borderline subnormal liver size and possible anomalous vessel in the area of the portal vein are nonspecific and of unclear clinical significance. Bile acid profile is clinically indicated is recommended. Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation and a spec cPL if gastrointestinal signs or clinical concern for chronic pancreatitis is recommended. Correlation with non-provided clinical history is recommended.



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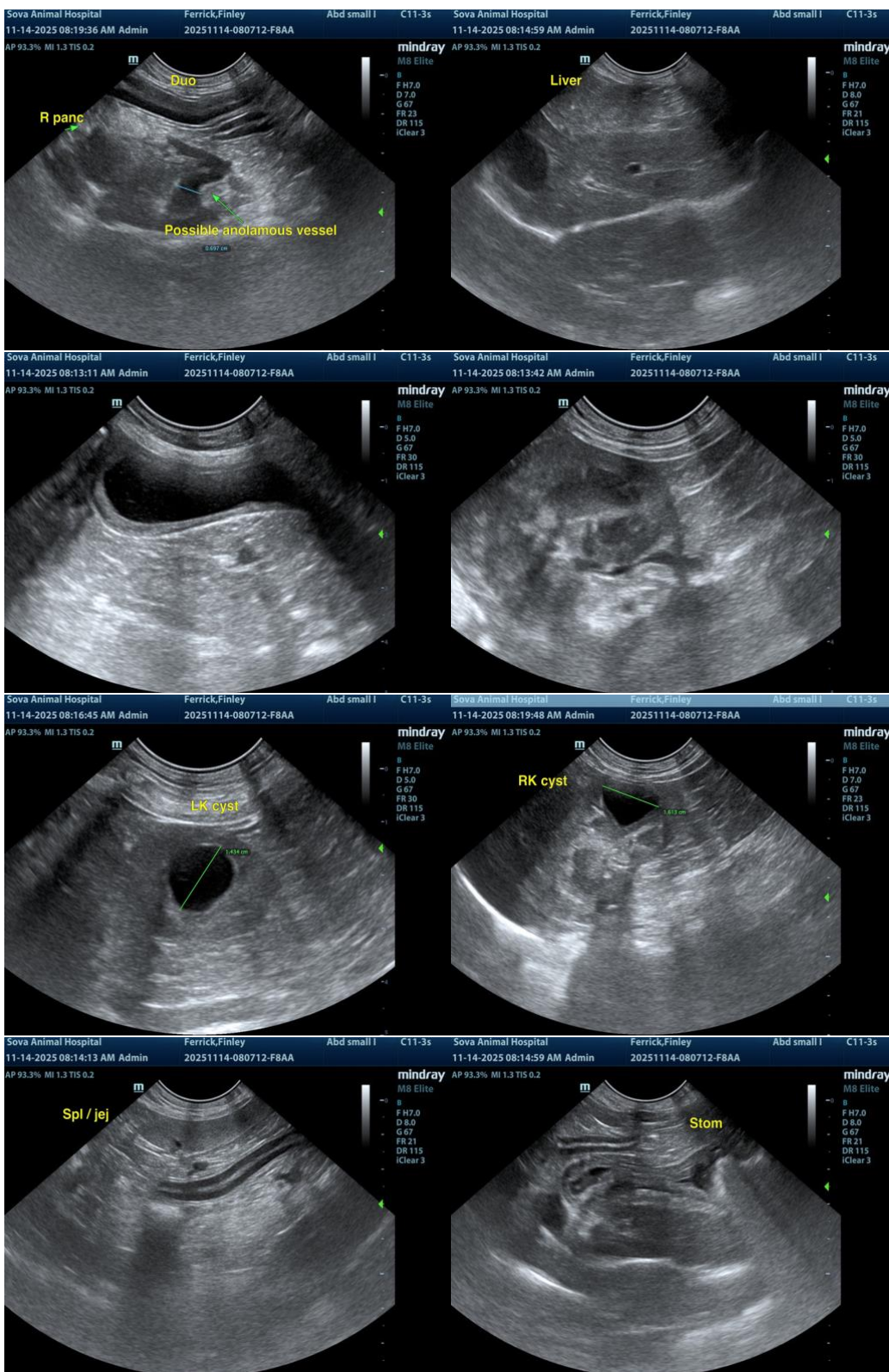
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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