



PATIENT

Olive Morse

SPECIES

Canine

BREED

Boxer Mix

SEX

FS

AGE

6yr

WEIGHT

23.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Ridgeview Veterinary
Clinic

REFERRING VET

Caelli Edmonds, DVM

INVOICE

23640

DATE

01/20/2026

PRESENTING CLINICAL SIGNS

- Patient previously presented to Redmond Vet Clinic for weight loss and paw lesions; bloodwork was ran which Redmond Vet reported as normal however protein was elevated.
- When Olive initially presented to Ridgeview, her weight had maintained after owner had started adding rice to her food. However, she still had lesions and inflammation present on her paws.
- Testing was done to investigate the elevation in protein - results attached.
- Olive was prescribed a 7 day course of Prednisone and Cefpodoximide which improved the paw inflammation by 80%, however in the 8 days between when she was prescribed the medication and her recheck appointment she lost 4lbs.
- reports no vomiting/diarrhea/inappetence. Patient also has a history of allergies successfully managed by diet.
- Patient was not fasted for the AUS

Abnormal PE/Chem/CBC/UA Results: PE: - Unremarkable today Blood work (12/27/25) CBC: - WNL CHEM: - GLOB: 5.1 (H) - TP: 8.0 (H) UA: USG: 1.037, 1+ proteinuria, inactive sediment UPC ratio: 0.1 1/8/26 Protein electrophoresis - TP: 7.8 (H) - Glob: 4.7 (H) - Beta 1: 2.0 (H) - Gamma 1: 1.8 (H) *Interpretation: Polyclonal gammopathy in Beta and Gamma region occur most commonly in an active immune response to antigenic stimulus. Some common causes include chronic inflammation, infectious disease, immune-mediated disease, occult heartworm diseases, FIP (in cats) and ehrlichiosis. An increase in the Beta and Gamma globulins may also be seen with active hepatic/disease, neoplasia (such as lymphoma), suppurative dermatopathies, and occasionally nephrotic syndrome (associated with an increase in transferrin).

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 6.2 cm in length. The right kidney measured 6.3 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 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 0.56 cm width at the caudal pole.



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Spleen

Olive Morse

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.

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Liver/Gallbladder

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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. Normal vascular volume. 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.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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Primary

- Sonographically unremarkable abdomen.
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta- consistent with food echogenicity.

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, i.e. inflammatory or neoplastic criteria as an obvious contributing factor to the hyperproteinemia or weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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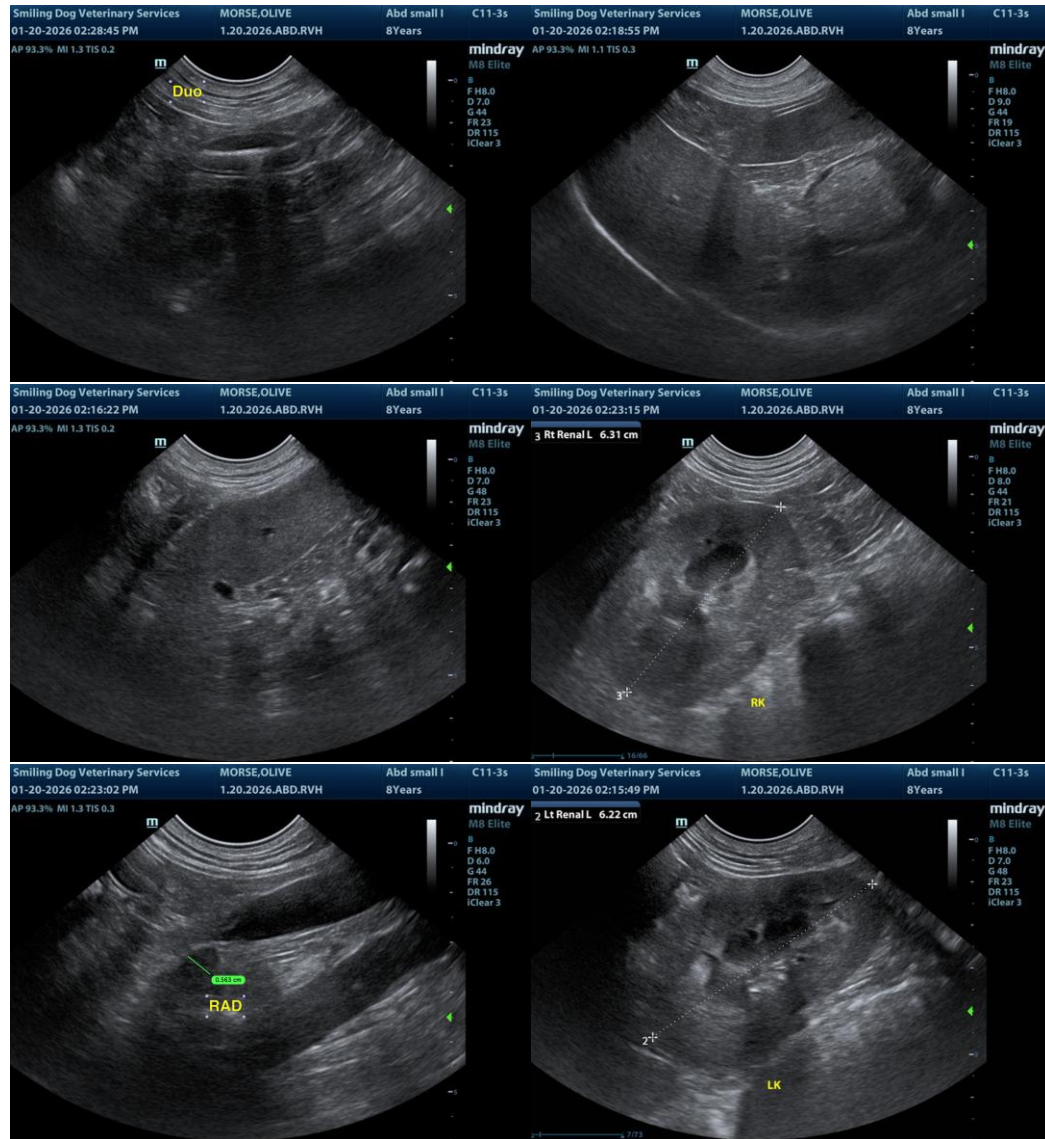
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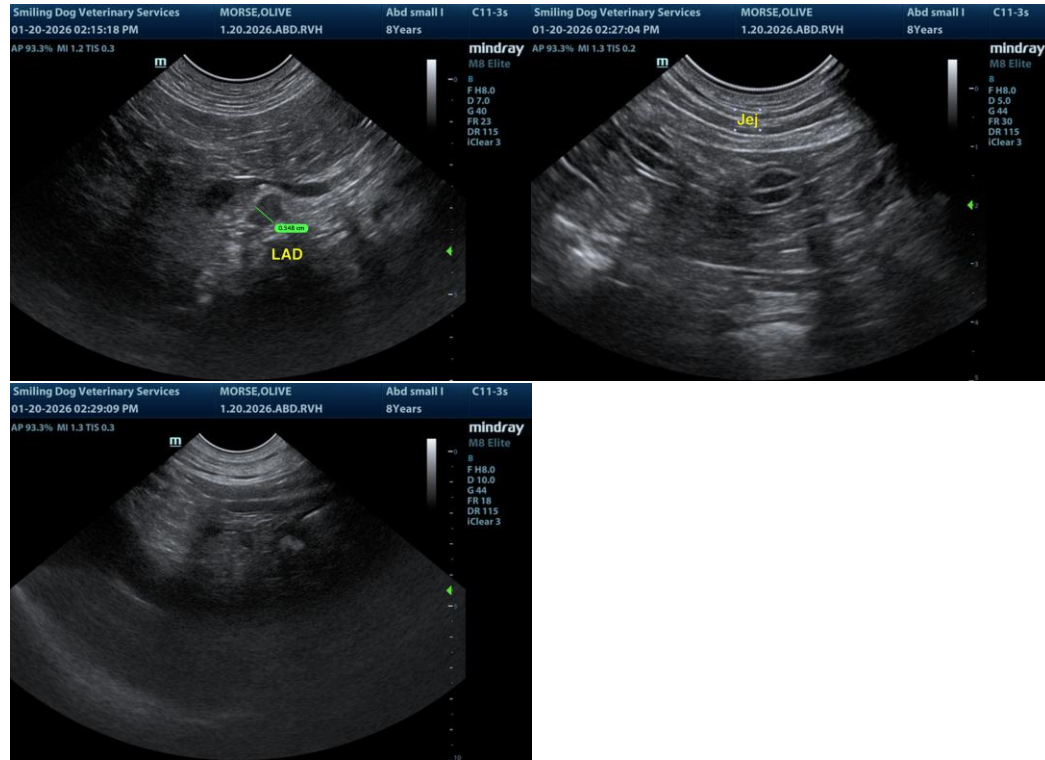
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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