



## PATIENT

Greycie VandeBerg

## SPECIES

Canine

## BREED

Greyhound

## SEX

Femle Spayed

## AGE

7y

## WEIGHT

62.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A Murphy, CVT

## HOSPITAL NAME

Wauwatosia VC

## REFERRING VET

Dr. Ericka Haynes

## INVOICE

13121

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

### History:

- Owner reports Greycie having chronic history of intermittent appetite loss. Stool is variable, sometimes very thin, sometimes softer, never really normal. CBC, Chem panel results- no significant abnormalities. GI panel (TLI, Cobalamin, folate) results pending. Screening for GI tract pathology
- Meds: Patient is on Tylosin once daily for suspected inflammatory bowel disease.

## 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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 6.9 cm in length. The right kidney measured 6.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.61 cm width at the caudal pole. The right adrenal gland measured 0.54 cm width 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. Mild splenic folding which is likely incidental or patient variant.

### Liver

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly congested most notable at the level of the hepatic vein/caudal vena cava. 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine exhibited intact wall with segmental to generalized primarily jejunal mucosa hyperechogenicity/fogging. Generalized increased intestinal mucosa echogenicity with diffuse mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. There was no evidence of an obstructive pattern or foreign material. The appearance of the small intestine is most consistent with protein losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies.

Normal visible colon wall layers were present with apparent semi-formed to soft feces in lumen.

## Pancreas

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 visualized significant omental lymphadenopathy or mild volume anechoic peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting segmental jejunal mucosa hyperechogenicity/fogging
- Semi-formed to soft fecal matter in colon
- Congested liver
- Mild volume peritoneal effusion

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is non-sedated, the congested liver may suggest cardiac or thoracic pathology. Correlation with 3-view chest radiographs is recommended. The intestinal mucosa hyperechogenicity/fogging may be associated with protein losing enteropathy, IBD, lymphangiectasia or less likely neoplasia. Correlation with fluid analysis pending a GI panel and serum albumin level is recommended. Occult Addison's disease thought less likely given overtly normal presentation. Concurrent screening cortisol level may be considered if evidence of cardiac/thoracic pathology and subnormal albumin level pending GI panel, empirical therapy for protein losing enteropathy would be indicated.



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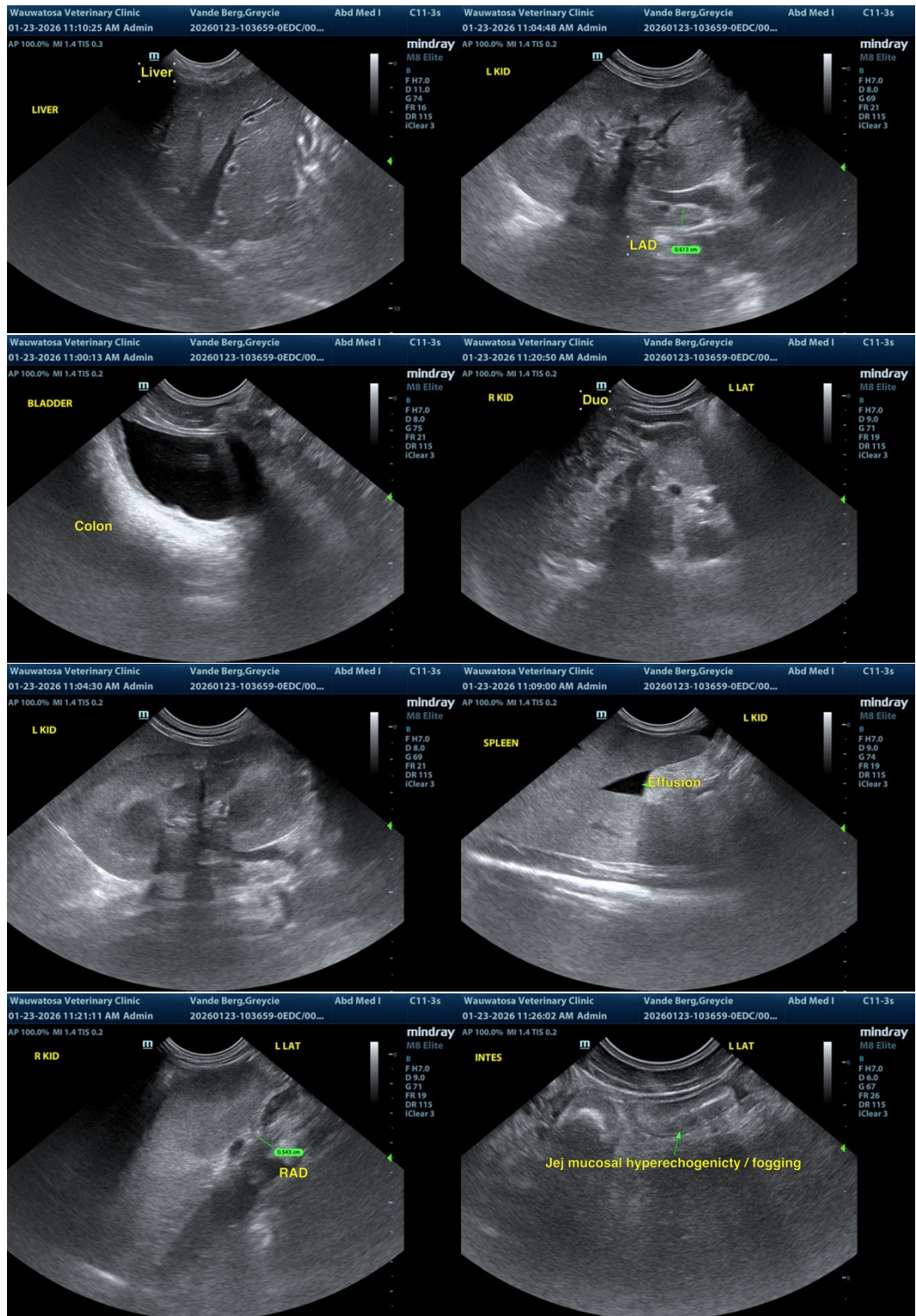
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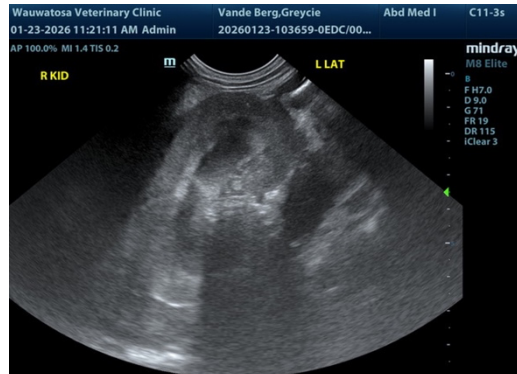
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)