



## PATIENT

Gypsy Hay-Chapman

## SPECIES

Canine

## BREED

Italian Greyhound  
Mix

## SEX

FS

## AGE

15Y

## WEIGHT

5.3kg

## 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

75149

## DATE

5-26-26

## PRESENTING CLINICAL SIGNS

— Gypsy presented for a 1–2 week history of progressive inappetence and increasing food selectivity. Historically she readily accepted new foods, but recently loses interest after 1–2 days. She is typically eating dinner but often refusing breakfast and snacks. Owners also noted intermittent trembling/shakiness yesterday and increased gas. Historical weight in prior records was reportedly closer to 14 lb; current weight is 11.8 lb.

### Relevant History:

- Chronic intermittent mucoid stools for years, often associated with stress
- Episode of hemorrhagic diarrhea affecting all household dogs last summer; Gypsy recovered quickly
- Prior dental extractions with reported abnormal underlying bone changes
- Anxious/neurotic temperament; easily stressed by noises/environmental changes
- Suspected hearing decline
- Vaccines reportedly last administered in 2022
- No recent travel history

### Diet History:

Long-term diet has been Just Food for Dogs (white fish/sweet potato). Multiple alternative diets recently trialed with only transient interest.

Abnormal PE/Chem/CBC/UA Results: PE: — Mild weight loss/body condition decline — Initial in-clinic temp 103.5°F, though home temperatures later normal — Mild caudal abdominal discomfort/gassiness on palpation — Significant periodontal disease with calculus, gingival enlargement, and suspected tooth resorption — Multiple small SQ/dermal masses consistent with likely lipomas — New soft SQ mass on left abdominal wall Labwork: — CBC: Essentially unremarkable aside from mild monocytosis. Chemistry: — Mild hypoalbuminemia (2.6) — Mild hyperglobulinemia (3.7) — Low A/G ratio (0.7) — Mild BUN elevation with normal creatinine/SDMA — Precision PSL low-normal Urinalysis: — USG 1.052 — 3+ proteinuria on inactive sediment — UPC ratio: 1.2 (H)

## 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.0 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 0.36 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 0.40 cm width at the caudal pole.



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### *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. Normal hepatic vascular volume was present. 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 thin walls and mild hyperechoic congealed caudal lumen gallbladder debris. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 ileus, obstruction, or foreign material. The duodenum exhibited mild hyperechoic duodenal mucosal speckling. The duodenum wall measured 0.42 cm. The jejunum wall measured 0.35 cm.

Normal visible colon wall layers were present with formed 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 overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with mild nonspecific duodenal mucosa speckling.
- Normal colon with current formed fecal matter.
- Normal area of the pancreas.
- Mild nonorganized gallbladder debris (nonmucocele).
- Age related renal changes.
- Normal adrenal glands.



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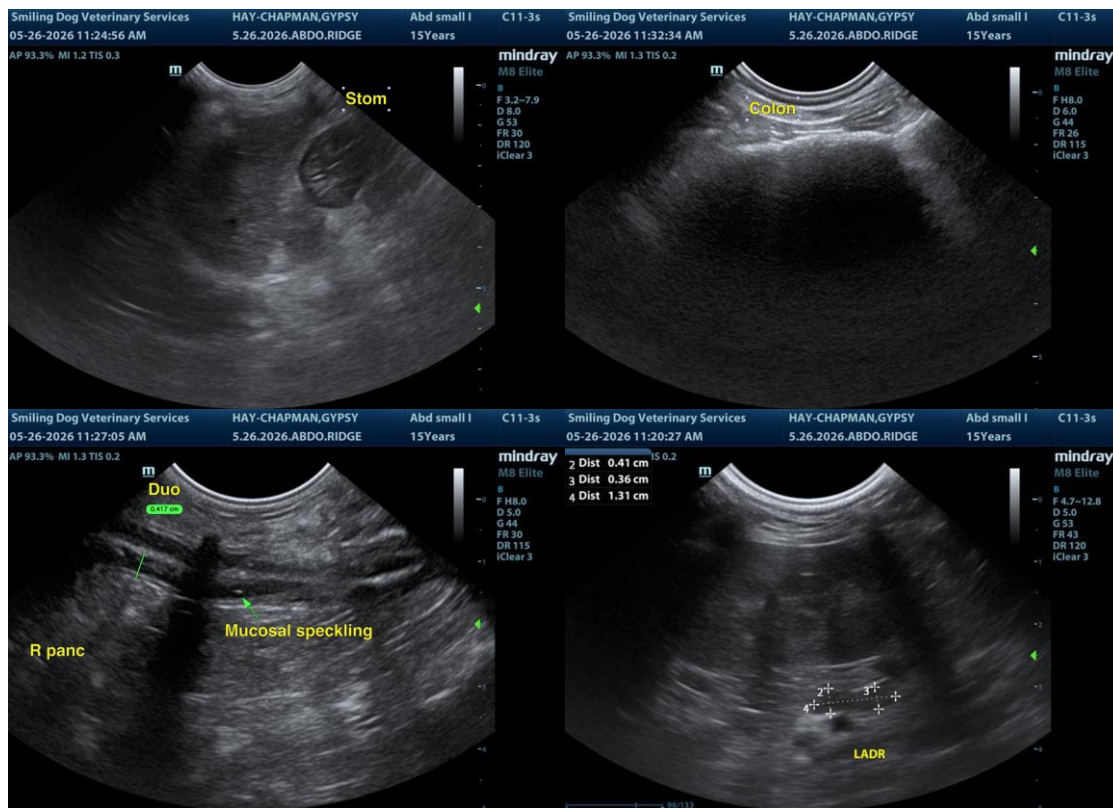
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

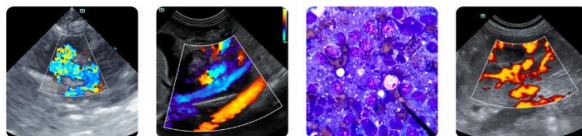
The duodenal mucosa speckling is nonspecific and potential age related duodenal changes yet at times may be associated with nonspecific enteritis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Correlation with three-view chest radiographs and neurological/musculoskeletal exam is recommended.

Assessment of caloric plane or for competing feeding environment, if clinically indicated, may be considered. Gastrointestinal support with clinical monitoring and sonographic reassessment if persistent progressive gastrointestinal signs or weight loss indicated at this stage. Concurrent monitoring of proteinuria/UPC recommended.





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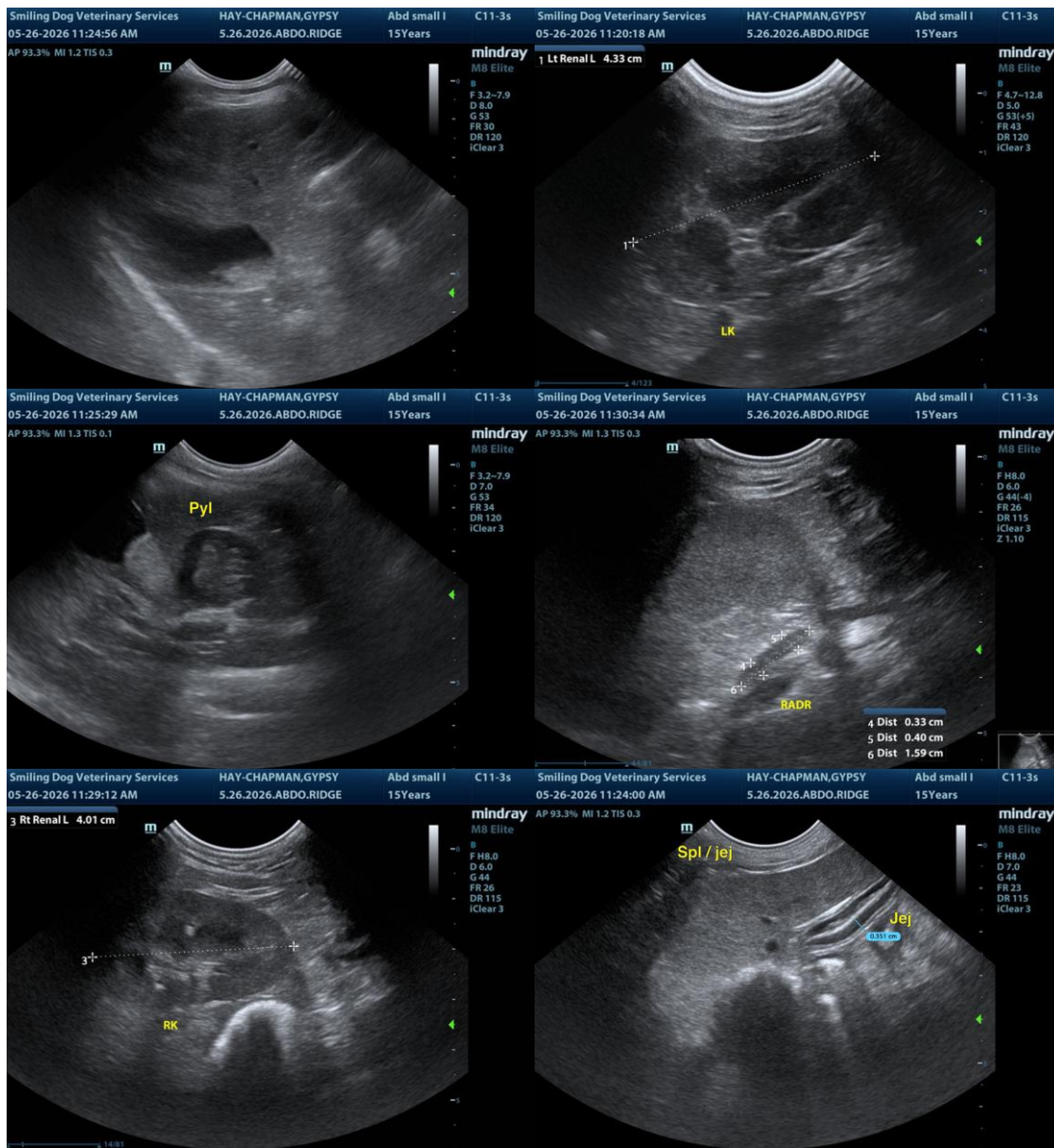
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)