



## PATIENT

Georgia Beatty

## SPECIES

Canine

## BREED

French Bulldog

## SEX

FS

## AGE

10y

## WEIGHT

27.8 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Nicole Kelver

## INVOICE

10323

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

P had an emergency splenectomy on 7/24/25, found to have a bleeding mass ~2" diameter with large clot attached at the head of the spleen. Histopath was consistent with complex nodular lymphoid hyperplasia, with multifocal marginal zone expansion. P recovered well. U/S to evaluate elevated liver enzymes and search for any abdominal lymphadenopathy.

Abnormal PE/Chem/CBC/UA Results: 10/30/25 CBC- Hgb 14.5, MCH 21.3, Mono 0.861, Eos 0.087, PLT 641 k/uL Chem- Crea 0.4 mg/dL, Phos 6.6 mg/dL, Cl 105mg/dL, ALT 168 U/L, ALP 1378 U/L, GGT 15 U/L UA (free catch)- 50 ery/uL (5/hpf) 11/11/25 LDDST- pending. Baseline cortisol 2.88 ug/dL

## 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 evidence of urine or 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.

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

Normal size and margination were 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 4.8 cm in length. The right kidney measured 4.9 cm in length.

### Adrenal Glands

No visible or overt pathology was noted in the area of the left or right adrenal glands.

### Spleen

The spleen was not visualized owing to previous splenectomy. There is no evidence of pathology in the area of the previous spleen.

### Liver/ Gallbladder

The liver was mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 contained mild, variably echogenic, nonshadowing ingesta without 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 ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent 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 were evident.

## ***Free Abdomen***

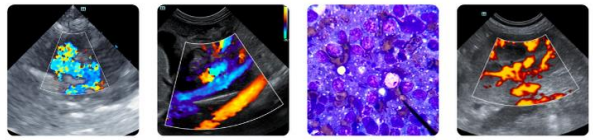
No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Nonspecific yet subjective benign hepatopathy - vacuolar hepatopathy, inflammation, nonobstructive cholestasis, hyperplasia, or other with no evidence of hepatic neoplastic criteria which is thought unlikely
- Sonographically normal gallbladder
- Non-visualized spleen - previous splenectomy
- Age-related renal changes
- Gastric ingesta - consistent with food echogenicity

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of significant visceral pathology such as neoplasia. If normal clotting status, hepatic FNA cytology could be considered for further clarification. Correlation with pending adrenal workup is recommended, although there is no obvious visualized evidence of adrenal pathology.



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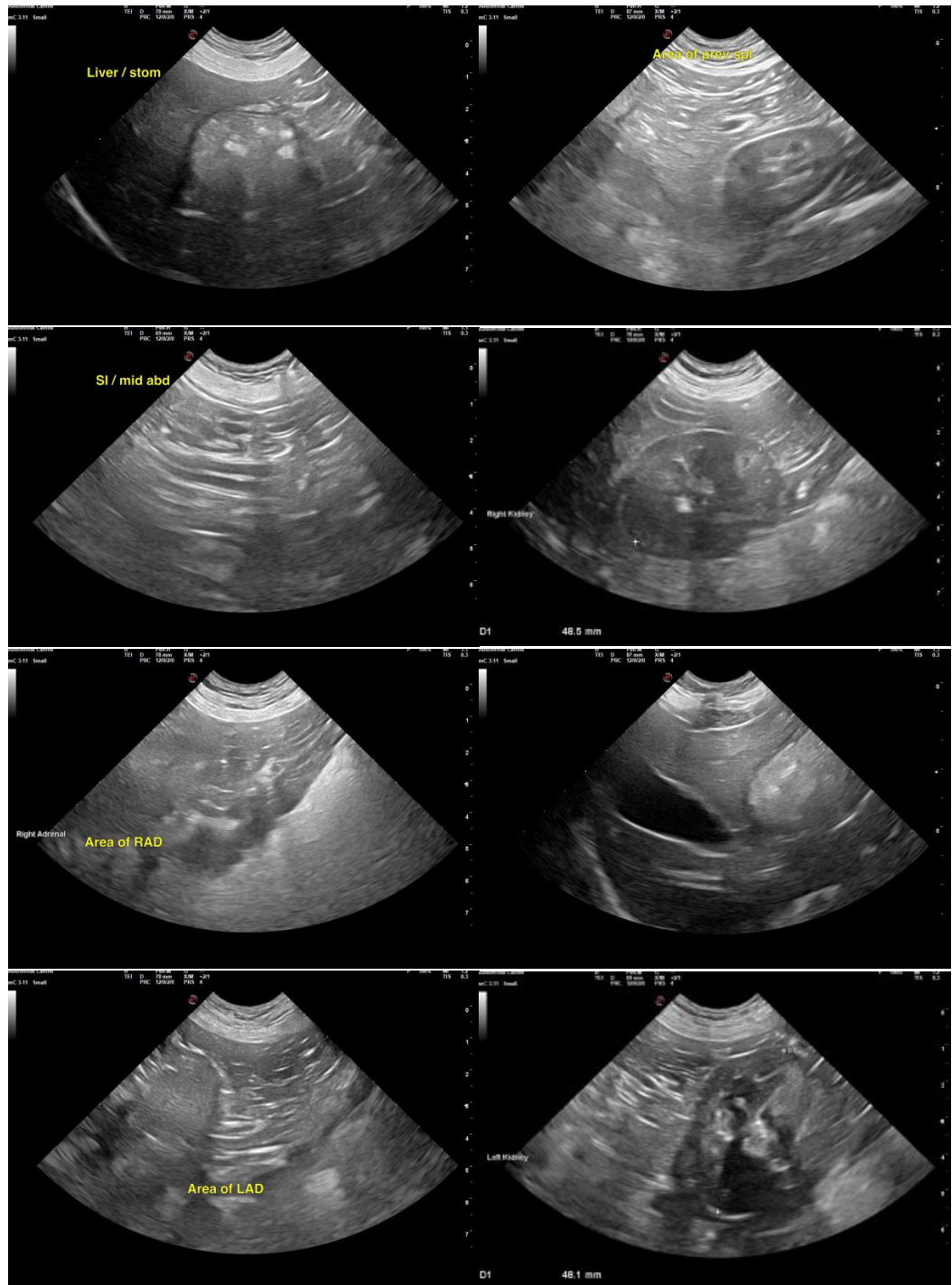
Dr. Nicole Kelver

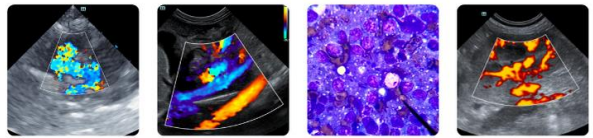
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)