



PATIENT

Pippa Taranski

SPECIES

Canine

BREED

French Bulldog Mix

SEX

FS

AGE

8yr

WEIGHT

7.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Deland

REFERRING VET

Dr. Kuzimski

INVOICE

22890

DATE

00/08/2025

PRESENTING CLINICAL SIGNS

Patient has a historical brain tumor (meningioma on optic nerve). she had radiation three years ago and has not had a seizure since. she had a seizure this morning. owner gave rectal diazepam. she is on methylprednisolone (owners have been decreasing recently at dermatologist and neurology recommendation). also on omeprazole, keppra 100mg/ml TID, phenobarbital BID

Abnormal PE/Chem/CBC/UA Results: CBC. thrombocytosis and leukopenia Chemistry. total protein 5.4, creatinine 0.3, glucose 137, ALT 264, ALP 394, GGT 30 EPOC. sodium 133, chloride 101, lactate 3.44, creatinine 0.34, glucose 136 Radiographs Attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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 4.3 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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/Gallbladder

The liver was subjectively mild subnormal in size. 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 non-dependent, non-organized, non-mineralized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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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 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.

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 was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy, subjective normal to mild subnormal liver size
- Nonorganized gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria with considerations including non-obstructive cholestasis, vacuolar changes, inflammation, secondary hepatopathy owing to steroid or phenobarbital therapy or other. Further assessment may include liver FNA cytology, primarily to assess for inflammation, and bile acid profile. Hepatic support +/- hepatic encephalopathy if evidence of hepatic dysfunction and monitoring of albumin, glucose, BUN, and cholesterol levels is recommended.



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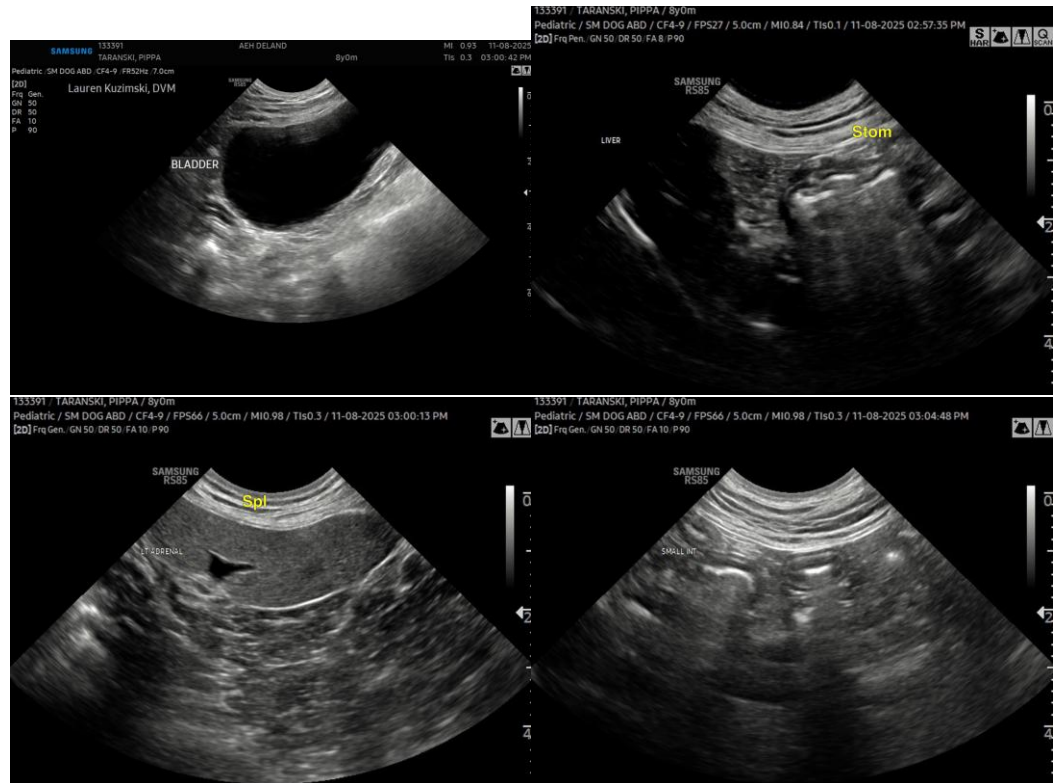
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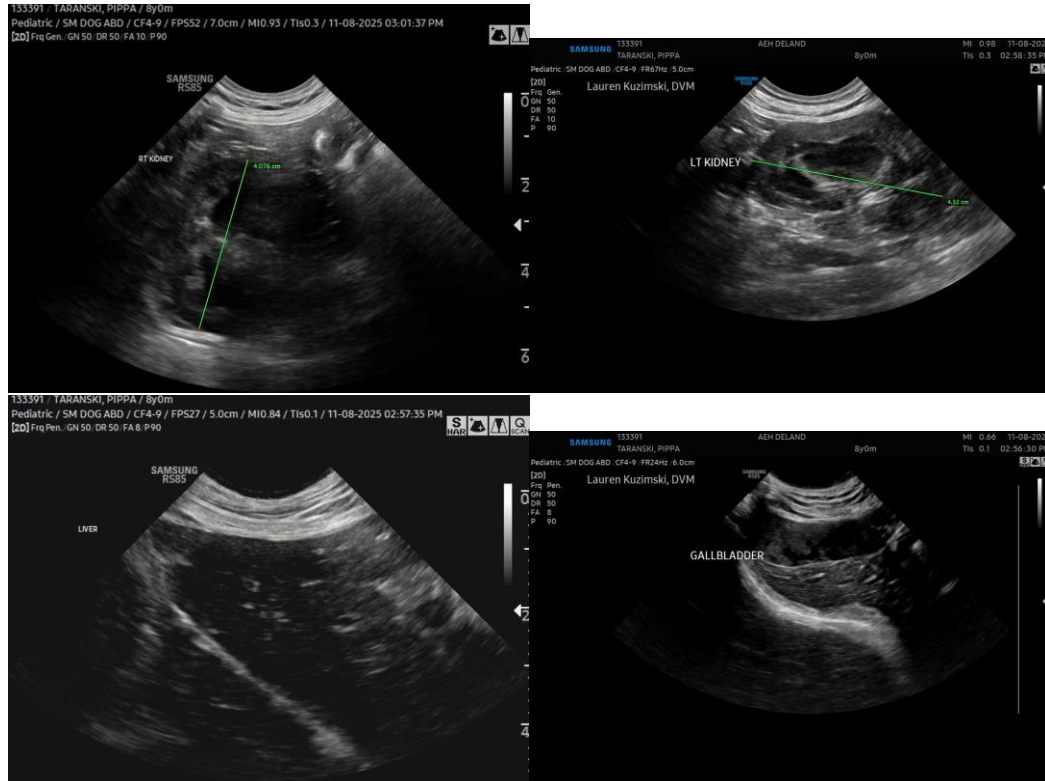
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com