



PATIENT

Taz Dawidowicz

SPECIES

Canine

BREED

Coton de Tulear

SEX

MN

AGE

11yr

WEIGHT

12.22

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE

24881

DATE

05/19/2026

PRESENTING CLINICAL SIGNS

History: Taz presented on an emergency basis for an acute onset of vomiting and bloody stool that began around 11:00 AM today. The owner reports Taz vomited a foamy, red, bloody substance approximately 10-15 minutes after receiving his 11:00 AM dose of liquid Keppra. The owner also observed a normal, solid stool that was accompanied by a pool of red blood. Upon arriving home today, the owner noted that Taz was having trouble with his hind limbs, describing it as stumbling and his legs giving out, but he did not lose consciousness. Taz has a history of two grand mal seizures approximately two to three weeks ago, after which he was started on Keppra by an emergency veterinarian. The owner is unsure if there have been any seizures since starting the medication. This is the first known episode of vomiting or bloody stool since starting the medication. The owner denies any known dietary indiscretion or toxin exposure. Urination is reported to be normal. Eating and drinking habits for this morning are unknown.

Current Medications/ supplements: Keppra, started approximately 2-3 weeks ago for seizure activity. Abnormal PE/Chem/CBC/UA Results: BW from 4/27/26 was normal 5/19/26: Total solids 7 PCV: 62%

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 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 3.6 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 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 0.33 cm width at 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.

Liver/Gallbladder

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. Adequate to normal vascular volume.



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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 non-organized debris. 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 mild lumen gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild gas pattern and no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.29 cm width.

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The colon walls presented intact yet mild thickened wall layering. Primarily empty non-distended colon with mild lumen gas. The descending colon wall measured 0.23 cm in width.

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal gas
- Mild colitis pattern
- Non-organized gallbladder debris (non-mucocele)
- Normal bilateral adrenal glands
- Normal volume liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral, specifically gastroenterocolic pathology with sonographic evidence of mild, descending to distal colon inflammation.

A screening cortisol level and clotting status to assess for occult contributing factors to the clinical signs may be considered. Gastrointestinal support, including broad-spectrum gastroprotectants is recommended. Sonographic reassessment suggested if recurrent or non-responsive gastrointestinal signs or progressive seizure activity.

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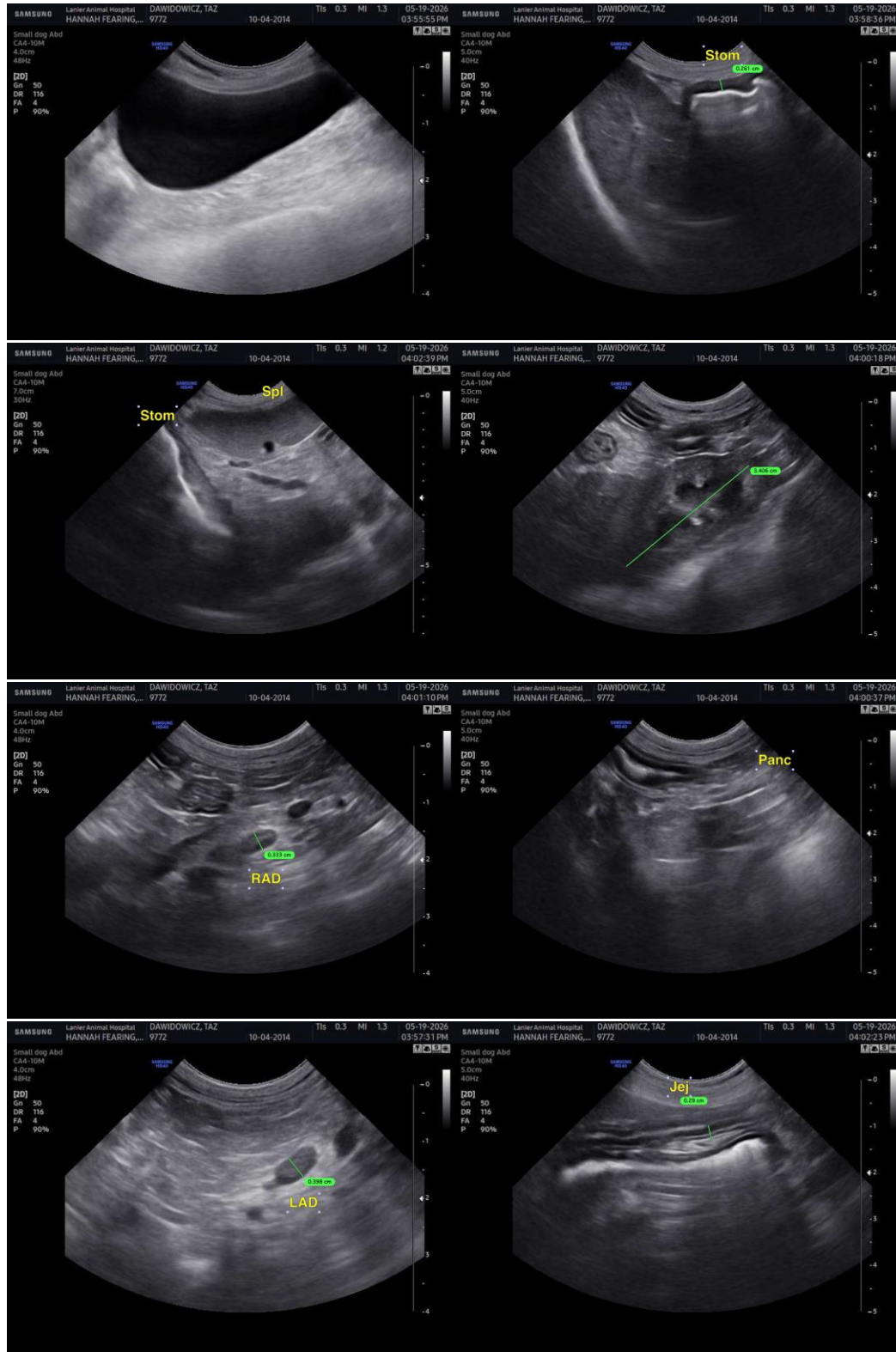
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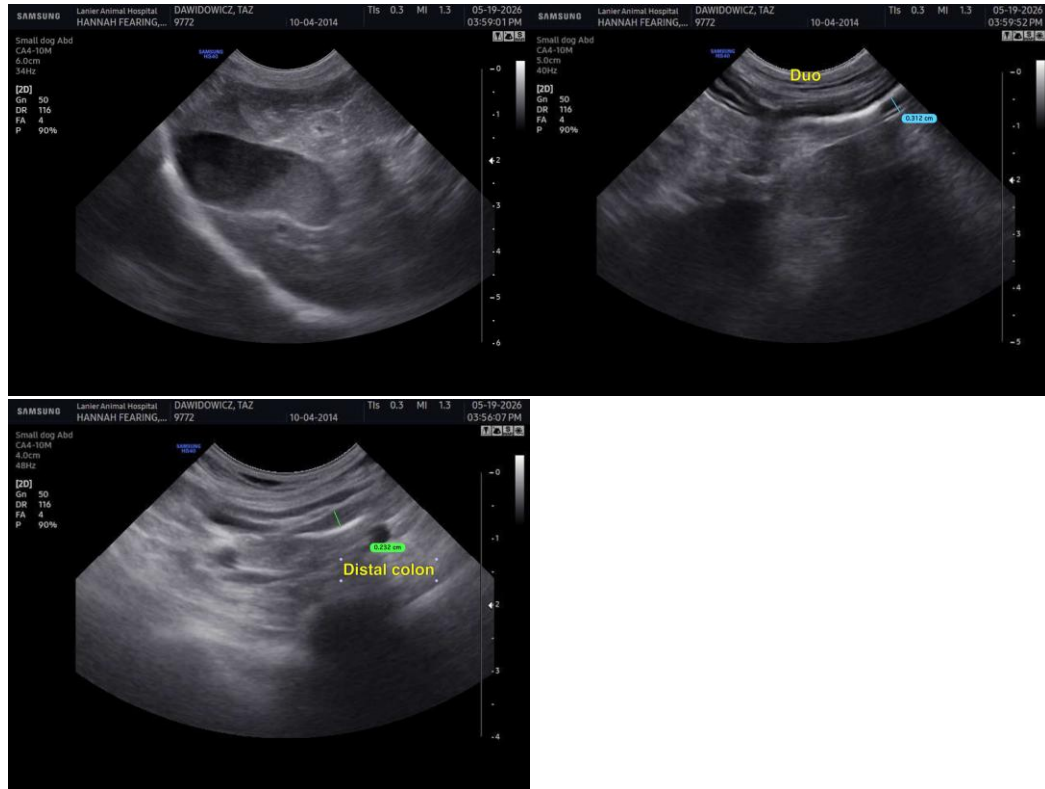
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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