



PATIENT PRESENTING CLINICAL SIGNS

Huron Forster Heat cycle was about 6 months ago, on exam today has mild mucoid vaginal discharge. Grade 3/6 Systolic Heart Murmur
Abnormal PE/Chem/CBC/UA Results: CBC and chem-unremarkable HR 96, RR 32

SPECIES

Canine

BREED

Burnese Mtn Dog

SEX

Intact Female

AGE

1 Year

WEIGHT

33.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH East Hamilton

REFERRING VET

Dr. Wittenrich

INVOICE

26103

DATE

10/6/21

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.

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 right kidney measured 6.7 cm. The left kidney measured 6.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.69 cm at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.65 cm 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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 contained moderate echogenic ingesta with progressive distal acoustic shadowing, most consistent with post prandial presentation without 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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas



PATIENT

Huron Forster

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.

SPECIES

Canine

Other

The uterus was sonographically unremarkable without evidence of luminal fluid accumulation or uterine fluid dilation. No overt pathology in the area of the left or right ovaries, although not definitively visualized. The uterus measured 0.75 cm in width.

BREED

Burnese Mtn Dog

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Intact Female

- Sonographically unremarkable abdomen
- Gastric ingesta – likely post-prandial presentation

AGE

1 Year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, including no evidence of ovario-uterine pathology or evidence of pyometra or similar. Vaginal vault cytology may be considered for further assessment.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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