



| <b>PATIENT</b>                    | <b>PRESENTING CLINICAL SIGNS</b>   |
|-----------------------------------|--|
| Malibu Brakas                     | Exam 7/22/21: Two day history inappetance, lethargy, mild PU/PD, finished heat 2-3 weeks prior; eats Purina kibble; QAR, vitals WNL; aFAST no abdominal free fluid, no uroliths noted, no uterine abnormalities noted; mild elevation CREA; resting cortisol WNL; urinalysis showed mild hematuria, proteinuria, pyuria, USH 1.040; further diagnostics decl at that point; tx amoxi/clav, cerenia - Recheck 8/5/21: clinical signs had resolved, recheck biochemistry showed mild but worsening CREA elevation; owner elected to monitor - Repeat bloodwork 11/11/21, 2/10/22, slightly improved but still elevated CREA, no clinical signs noted, no PU/PD noted - Owner agrees to further work-up prior to spay - will plan to also recheck urine |
|                                   |  |
| <b>SPECIES</b>                    |  |
| Canine                            |  |
|                                   |  |
| <b>BREED</b>                      |  |
| Burmese Mtn Dog                   |  |
|                                   |  |
| <b>SEX</b>                        | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| FI                                | <b>Urinary System</b>  |
|                                   | 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 was noted.   |
| <b>AGE</b>                        |  |
| 2 years                           |  |
|                                   |  |
| <b>WEIGHT</b>                     |  |
| 42 kg                             |  |
|                                   |  |
| <b>INTERPRETED BY</b>             |  |
| R. McKenzie Daniel,<br>DVM, DABVP |  |
|                                   |  |
| <b>IMAGING PERFORMED BY</b>       |  |
| Kelly Reschny                     |  |
|                                   |  |
| <b>HOSPITAL NAME</b>              |  |
| Graham AH                         |  |
|                                   |  |
| <b>REFERRING VET</b>              |  |
| Dr. Lukacs                        |  |
|                                   |  |
| <b>INVOICE</b>                    | <b>Adrenal Glands</b>  |
| 13416                             | The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.2 cm length x 0.58 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 3.4 cm length x 0.69 cm width at the caudal pole.  |
|                                   |  |
| <b>DATE</b>                       | <b>Spleen</b>  |
| 2/24/22                           | 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.  |


**PATIENT**
***Liver/ Gallbladder***

Malibu Brakas

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 mild gallbladder debris. This is considered incidental potentially owing to fasting or minor non-clinical cholestasis. The cystic and common bile ducts were normal.

**SPECIES**

Canine

**BREED**

Burnese Mtn Dog

***Gastrointestinal***

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.

**SEX**

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.

FI

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

**AGE**
***Pancreas***

2 years

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.

**WEIGHT**

42 kg

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable bilateral kidneys
- Mild to moderate variable left and right uterine horn dilation containing cellular fluid - concern for mild to moderate, potentially emerging pyometra, mucometra, or similar
- Normal bilateral ovaries

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Graham AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence was noted of structural renal pathology such as dysplasia, pyelonephritis, subnormal renal size, loss of corticomedullary architecture, etc. Some degree of minor structurally insignificant renal insufficiency, given the persistent to mild elevated creatinine levels, cannot be definitively excluded. Correlation with pending urinalysis is recommended with potential for further renal workup including urine culture and sensitivity if not recently done, and baseline UPC on a sterile urine sample.

**REFERRING VET**

Dr. Lukacs

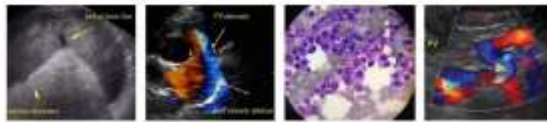
**INVOICE**

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Given the presentation of the uterus, ovariohysterectomy is recommended as soon as possible. Perioperative IV fluids and maintenance of hydration, given the mild persistent creatinine elevations, are recommended. Conservative monitoring of creatinine levels and periodic urinalysis would be appropriate at this time, with potential for recheck sonogram if increasing creatinine levels are noted.

**DATE**

2/24/22



**PATIENT**

Malibu Brakas

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**SEX**

FI

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**IMAGING PERFORMED BY**

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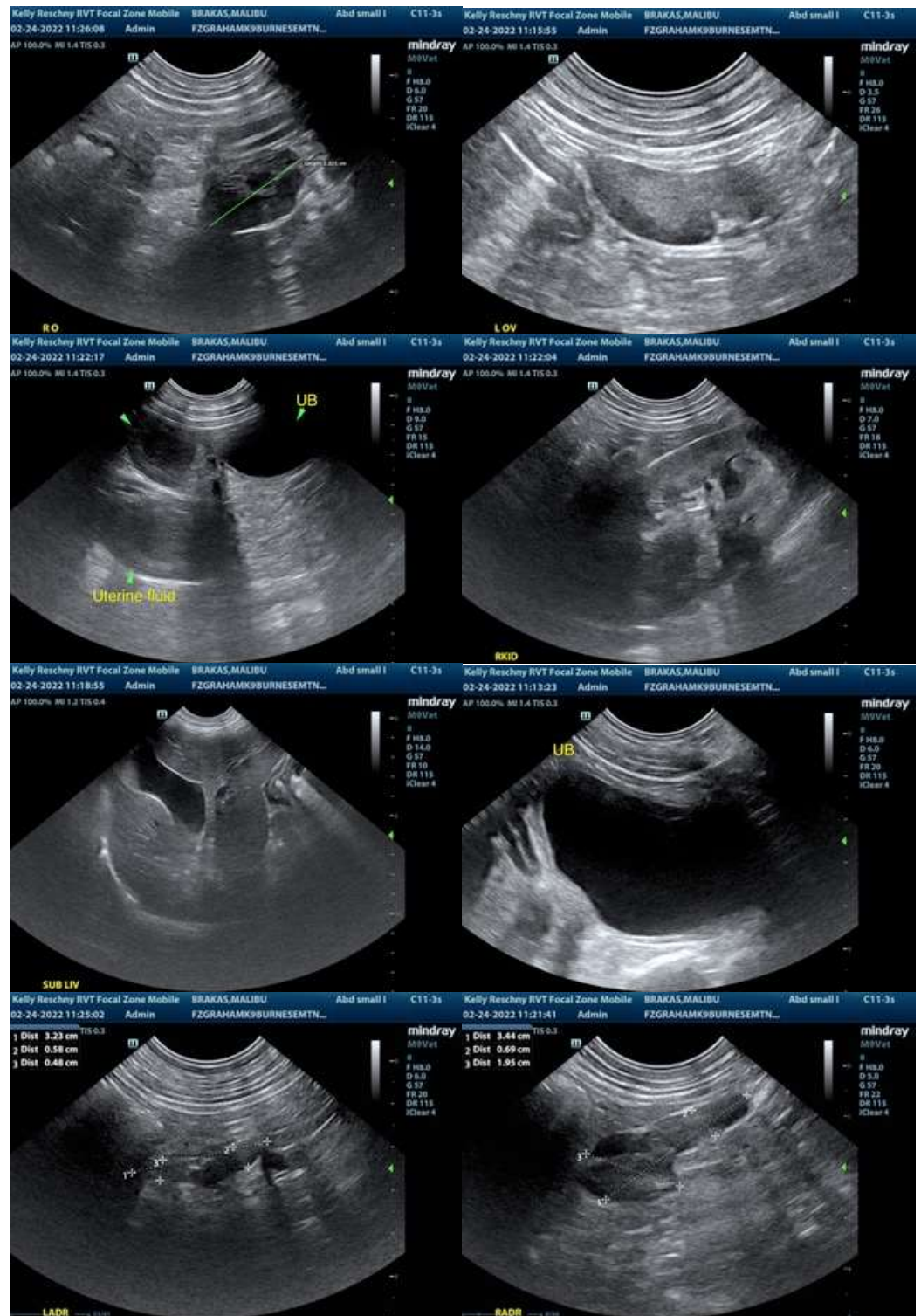
Dr. Lukacs

**INVOICE**

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**DATE**

2/24/22





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**DATE**

2/24/22



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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