



**PATIENT**

Maisy Kate Brown

**SPECIES**

Canine

**BREED**

Boykin

**SEX**

Female Intact

**AGE**

04/03/2018

**WEIGHT**

46.7

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Saddleback Mobile Vet

**REFERRING VET**

Dr Russell Bauman

**INVOICE**

22641

**DATE**

3-2-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Licking nonstop. Bleeding bump on vulva. Squatting/ straining to urinate. Suspected mass in the cervical region.

Current Medications: Enrofloxacin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The left kidney is normal in size (5.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.54 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.43 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.44 cm at cranial pole) (0.54cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.97 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is normal to prominent-in-size, with an irregular caudal margin. A 7.2 x 3.5 cm isoechoic- to slightly hypoechoic swelling/mass is observed at the caudal aspect left- to mid-liver. In addition, a 1.8 x 1.2 cm hypoechoic, expansile nodule is seen on the left side. The remaining parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Splenic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no obvious



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evidence of an obstructive pattern.

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**Pancreas**

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Lymph Nodes**

A prominent medial iliac lymph node is visualized (measuring 1.82 x 0.60 cm).

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**Free Abdomen**

There is no obvious evidence of free fluid.

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**Other**

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The left ovary is subjectively normal-in-size (1.30 x 0.78 cm). One cystic area is observed within the parenchyma. The parenchyma is otherwise unremarkable.

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The right ovary is subjectively normal-in-size (2.33 x 1.54 cm) and slightly heterogenous in appearance. One-to-two cystic areas are observed within the parenchyma. The parenchyma is otherwise unremarkable.

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The left uterine horn is severely dilated (up to 2.1 cm). The wall is normal in thickness. Echogenic fluid is observed within the lumen. The right uterine horn is mildly-fluid distended (up to 1.31 cm in width). The wall is mildly thickened (up to 0.26 cm).

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The left uterine horn changes are concerning for pyometra. Other considerations include mucometra or hydrometra.
- The hepatic lesions could be consistent with neoplasia (i.e., adenoma, adenocarcinoma, other) or a benign process (i.e., regenerative nodules, inflammatory foci, other).

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**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes
- The prominent medial iliac lymph node is likely reactive. However, early infiltrative neoplasia cannot be excluded.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the possible cervical mass, vaginoscopy with biopsies of the lesion should be considered.
- Ovariohysterectomy is also recommended due to concern for pyometra.
- Regarding the hepatic lesions, histopathology would be necessary for a definitive diagnosis. An abdominal CT scan may be useful in presurgical planning.

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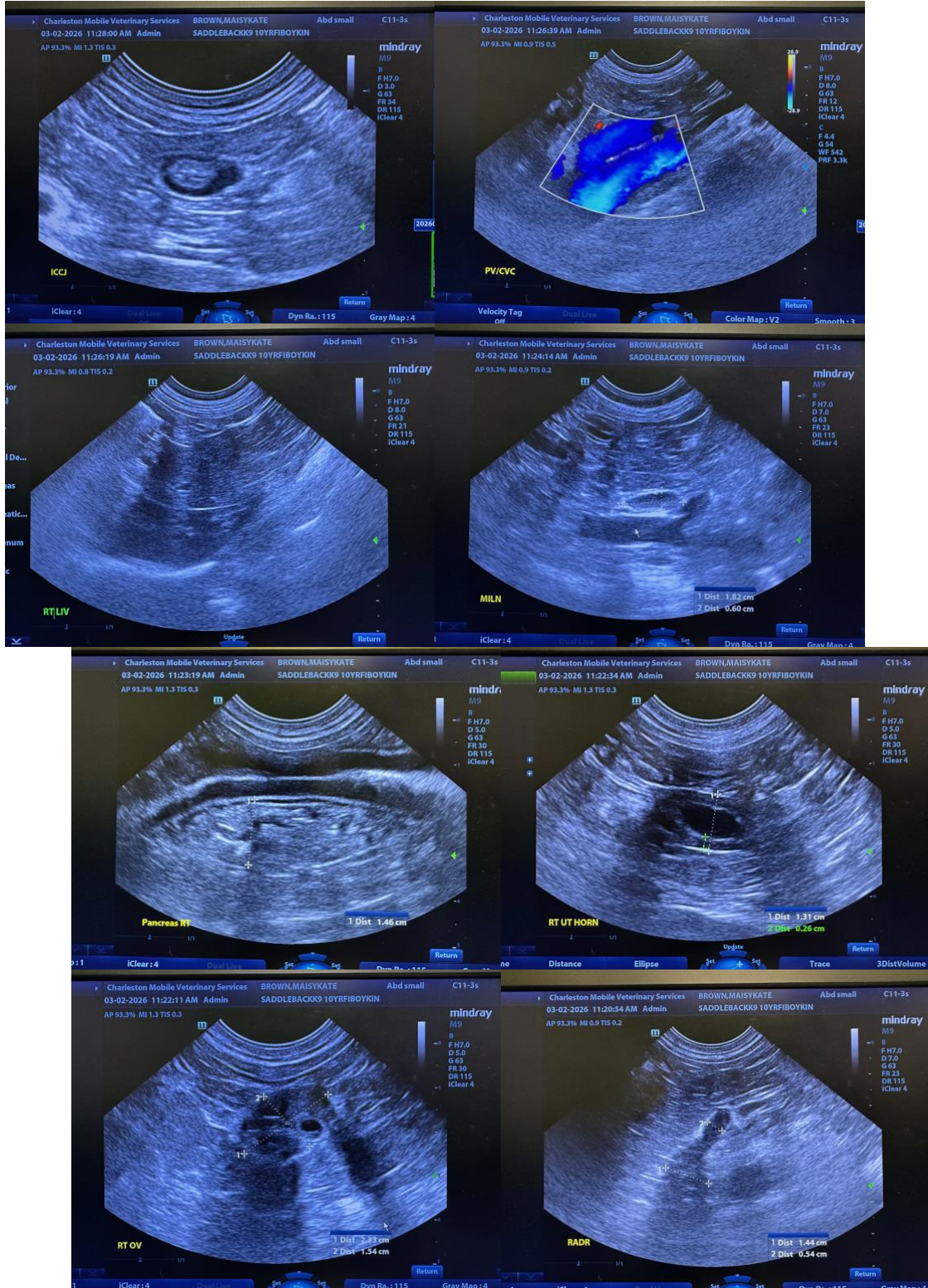
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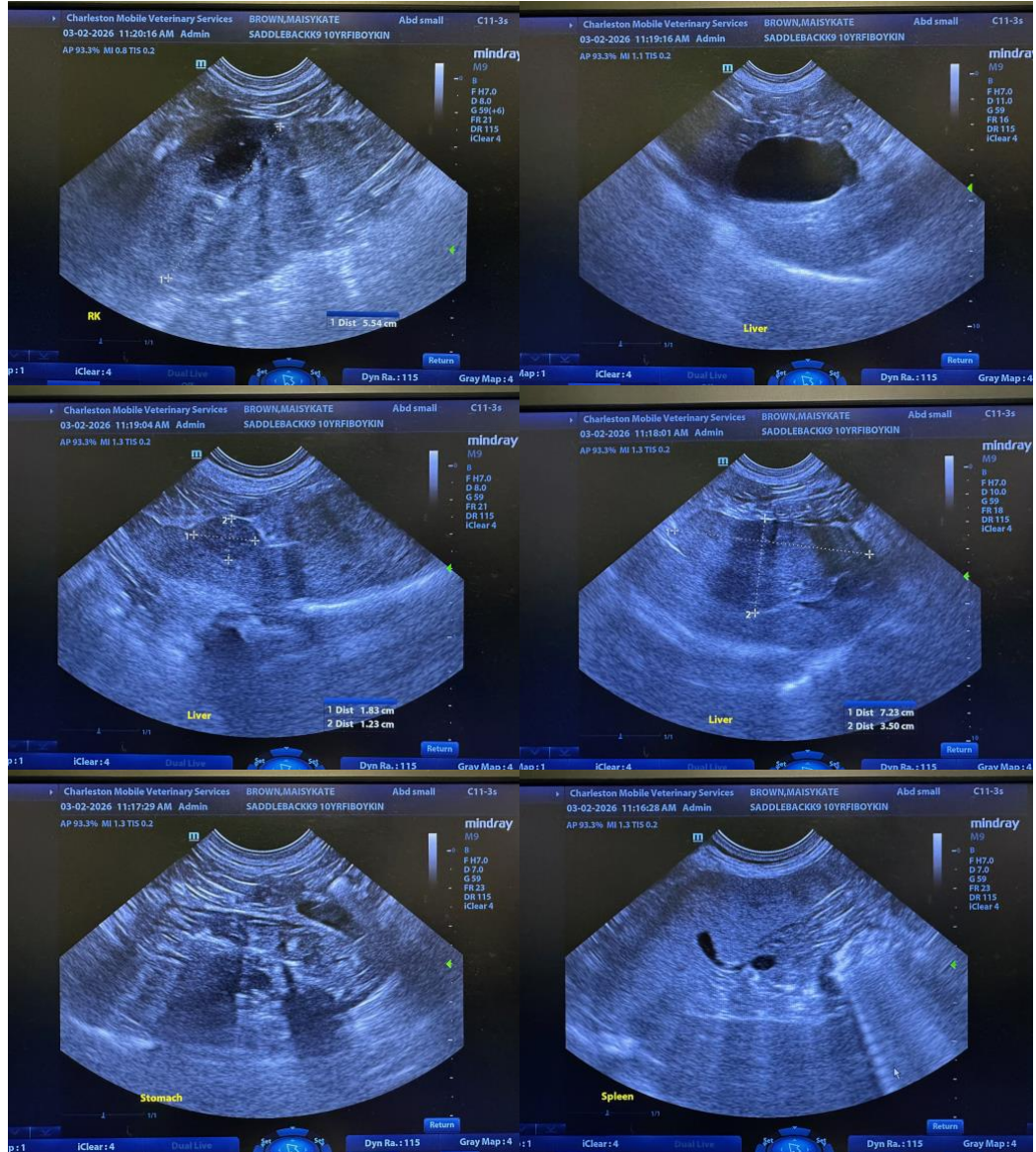
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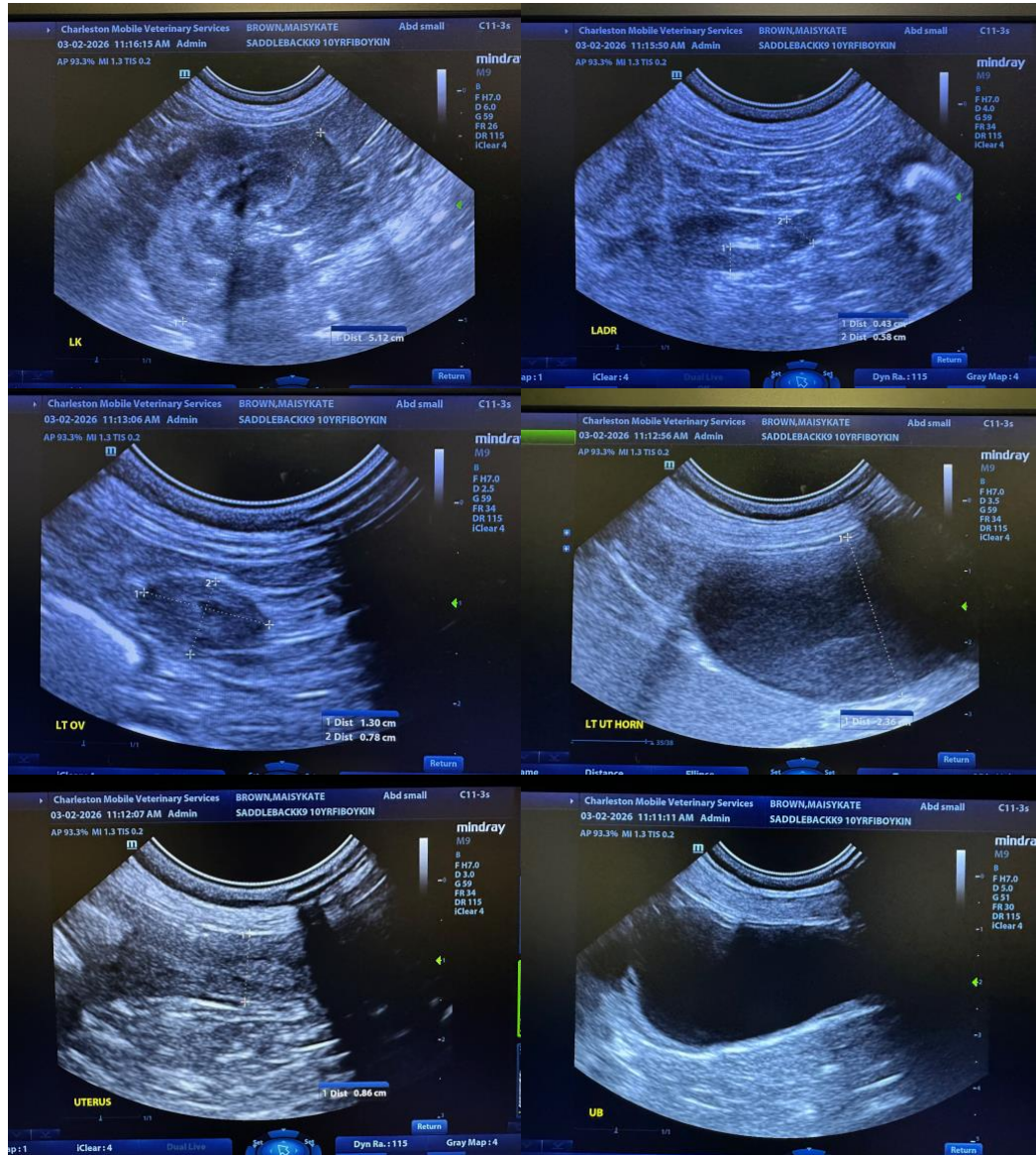
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)