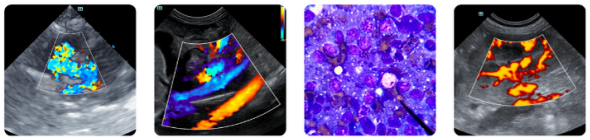


PATIENT

Kiara Raish

SPECIES

Canine

BREED

Boxer Mix

SEX

Intact Female

AGE

2 years

WEIGHT

57 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Brenda Lefler

INVOICE

11817

DATE

4/28/2026

PRESENTING CLINICAL SIGNS

Mass in abdomen. P was seen for 1st exam at Animal Hospital of Rochester on 4/27/2026. Owner adopted from the shelter 2 years ago. Patient had a litter of puppies prior to adoption. The shelter reports the patient was set for a spay 6 days ago, but an abdominal mass was found pre-surgery on x-ray. The owner has had this pet for 2 years and the pet has not been to a veterinarian in that time. Owner notes the pet has been in heat for 2 weeks. No concerns, eating/drinking normally, activity normal, just a very distended abdomen. No clinical signs related to the fluid filled abdominal structure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (8.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is unable to be visualized in these images.

Adrenal Glands

The right adrenal gland is normal in size (0.72 cm at caudal pole, and the cranial pole is unable to be well visualized), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The are of the left adrenal gland is examined without evident adrenal gland pathology, but the gland is difficult to fully visualize/isolate for measurement in these images.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

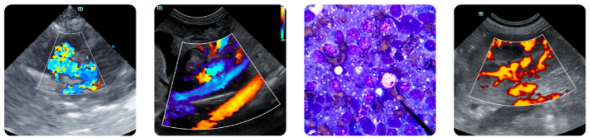
Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of



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obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a large, too large to measure in one plane, echogenic fluid filled structure taking up a large portion of the abdomen, that appears in some views to connect to other smaller fluid filled tubular structures clear into the caudal abdomen.

There is a trace amount of anechoic free fluid.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The fluid filled structure is most consistent with/concerning for a markedly fluid dilated uterus, as is seen with hydro or mucometra, or even pyometra, etc. Having said that, the left kidney is unable to be viaualized in these images and a severely hydronephrosed left kidney attaching to a dilated left ureter extending into the caudal abdomen, while thought less likely can't be definitively ruled out. Similarly, a large cyst associated with an ovary versus other anatomical structure, again, while thought less likely is also possible.

- Trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's history, this finding as described above is consistent with a markedly fluid distended uterus, and an exploratory laparotomy for planned ovariohysterectomy could be considered. Having said that, other differentials can't be ruled out. Therefore, further pre-op evaluation including advanced imaging such as an abdominal contrast CT Scan, may be helpful.

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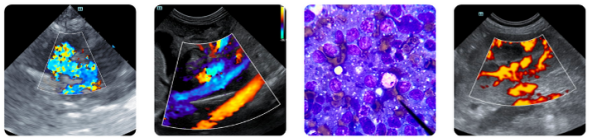

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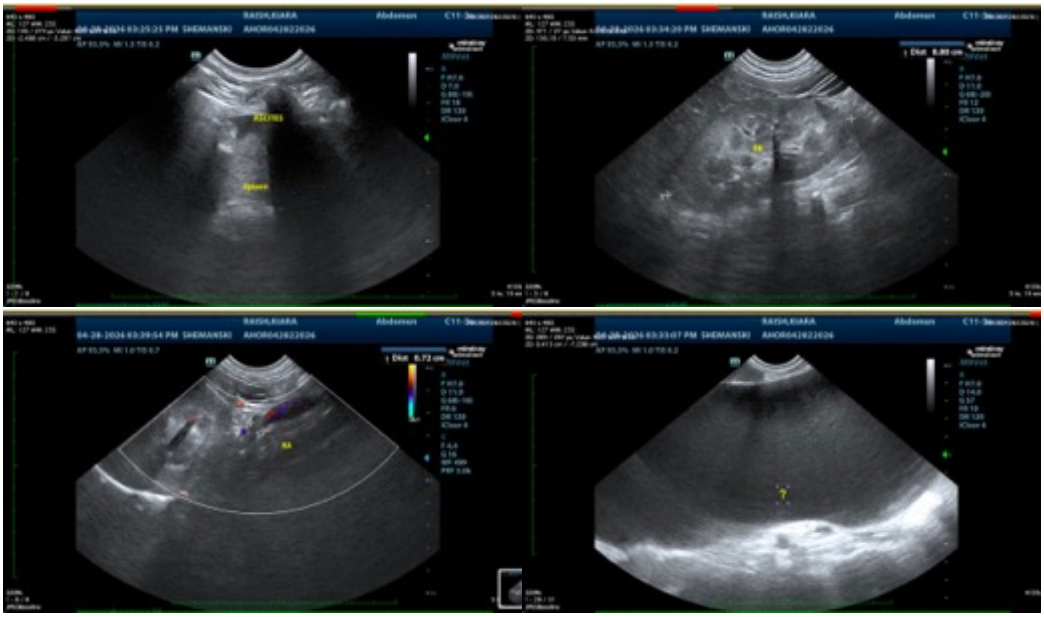

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com