



**PATIENT**

Trixie Brown

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Female

**AGE**

13 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ray Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Ray Caughman

**INVOICE**

94524

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: Patient presented for 2nd opinion on mass extending from left side vulva up to anus and back to inguinal area. Mass measured 56x 89 mm grossly. Also present is a mammary mass on the left rear mammary gland.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Minor microcystic changes were noted in the kidneys. The right kidney measured 4.3 cm. The left kidney measured 4.07 cm.

**Adrenal Glands**

The right **adrenal gland** was visualized and slightly irregular at the caudal pole. The right adrenal measured 1.63 x 0.75 cm at the maximum width. The left adrenal gland was slightly irregular with a swollen caudal pole measuring 1.87 x 0.83 cm at the caudal pole and 0.38 cm at the cranial pole. Capsular expansion was noted without capsular escape.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** was uniformly swollen with minor. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Occasional, hyperechoic lipogranulomatous type nodule was noted and not clinically significant. There was no overt suspicion of neoplasia. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**BREED**

Yorkshire Terrier

**Free Abdomen**

**SEX**

Female

A 6.16 x 6.4 cm inguinal mass was noted. The mass appeared to derive from the uterine stump. The inguinal lymph nodes were unremarkable with no evidence of metastatic disease.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Slightly irregular adrenal glands.

**WEIGHT**

10 lbs

Inguinal/vulva related mass. The mass deviated the colorectal area.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mass appears to derive from the cervix or deep vaginal vault or uterine stump. This does not appear resectable. Ultrasound-guided FNA or core biopsy is recommended with oncological evaluation. There was no evidence of metastatic disease. Leiomyosarcoma is primary possibility. There was no evidence of metastatic disease. If adrenal disease is suspected potential PDH may be an issue. Blood pressure measurements are recommended. CT evaluation would be ideal to completely image this type of pathology given its occupation of the pelvic inlet; however, subjective evaluation of size and potential chemoreduction can be performed by ultrasound by evaluating the cranial aspect of the mass in the position 3 SDEP as well as the inguinal approach.

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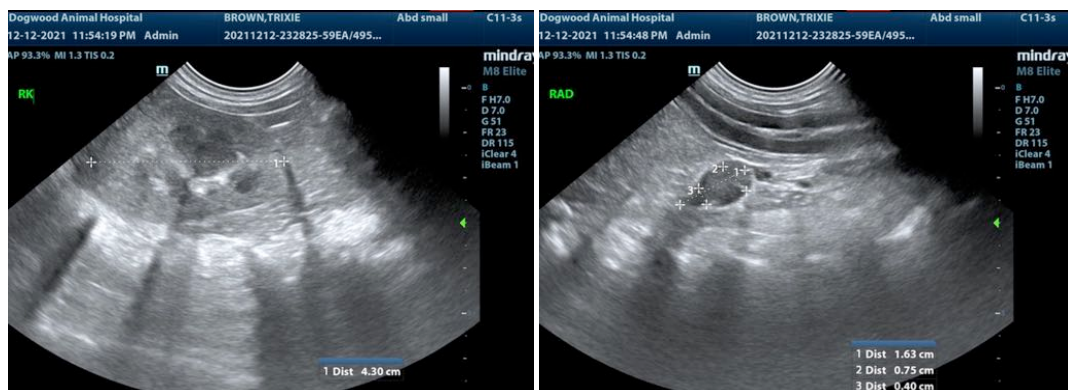
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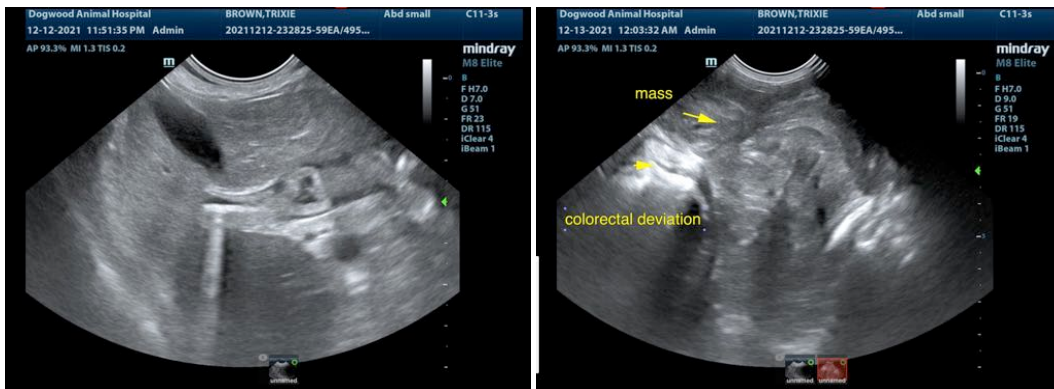
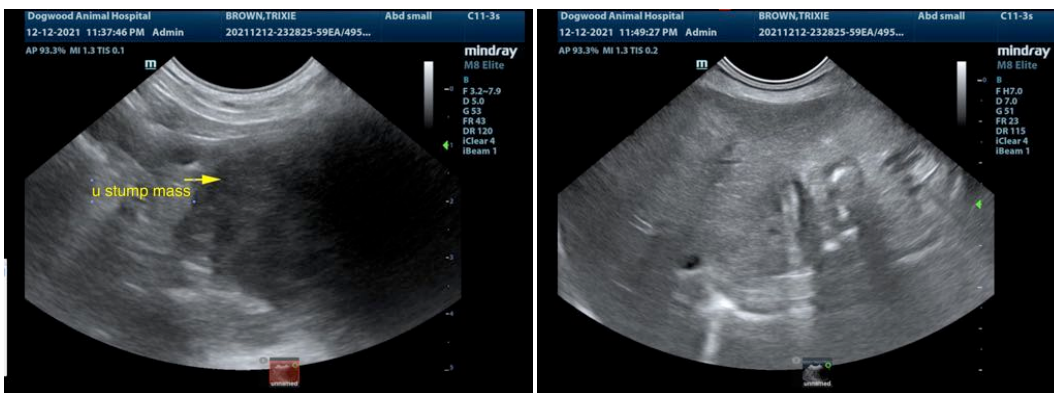
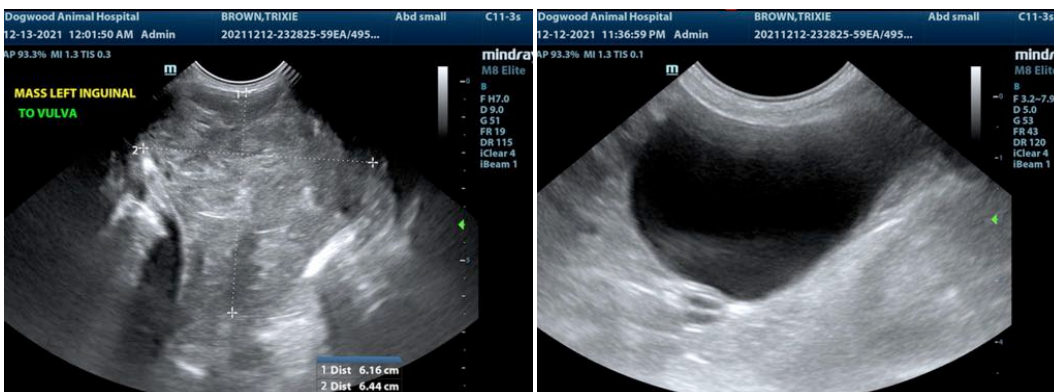
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com