



PATIENT

Qimugta Bricker

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered Male

AGE

14 Years

WEIGHT

25.6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

INVOICE

44523

DATE

7/31/23

PRESENTING CLINICAL SIGNS

Regular Veterinarian: History: On Sat when O took him home around 4ish peed/drank a little bit. PT now not drinking water, or eating. PT has only had a few nibbles of watermelon in between Sat & today with a small bite of kibble. Pt is trying to urinate but is only dribbling, when PT strains to urinate he does have diarrhea. Symptoms: diarrhea, decreased water intake, not eating Duration: Sunday E/D/U/D: Eating little to nothing, Drinking minimal amounts. Urinating/dribbling. Diarrhea V/D/C/S: no vomit. Diarrhea + when he strains to urinate. C-/S- Indoor/Outdoor/both: indoor mainly Previous Medical Conditions: Current Medications: Tramadol 10 mg tab, O gave him 5 mg tramadol last night to help PT relax. Pt was antsy.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Abnormal: caudal abdomen palpates full. mid and rostral abdominal palpation normal Urogenital: Abnormal: urinary bladder palpates enlarged. palpation causes Qimugta to urinate SWO again after second review of the radiographs. There is a caudal pelvic abdominal mass effect that is very concerning as possible neoplasia and likely related to the current difficulty urinating. Recommend abd US. Recommend FNA of the mass. Owner would like to move stepwise, ultrasound prior to any biopsy. Ultrasound Procedure: butorphanol 0.3mg/kg IM - good level of sedation, but abdomen very tense. Through the latter part of the abd US it was challenging to get a view of the R kidney so a 8fr U cath was passed and the urinary bladder emptied, then the exam proceeded with the R kidney and the ending broad survey afterward. The urinary catheter was not left indwelling. EPOC pending. Collection: Cystocentesis Color: Straw Clarity: Clear Specific Gravity: 1.012 pH: 7.0 Blood / Hemoglobin: 250 Ery/ μ L White Blood Cells: 3 /HPF Red Blood Cells: >50 /HPF Bacteria, Cocci: Suspect presence Bacteria, Rods: Present Non-Squamous Epithelial Cells: <1 /HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended with anechoic urine. The bladder wall was mildly thickened. The cystourethral junction was unremarkable. However, an undifferentiated pelvic mass was noted in this patient, likely of lymph node origin. The mass appeared to be bilobed and measured up to 8.0 cm. Regional inflammation noted throughout the pelvis. Bladder calculus also noted measuring 5.0 mm, not the immediate clinical issue. After overdistention was relieved, the bladder calculus and wall structure could be further visualized.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia noted in the right kidney, likely owing to bladder overdistention and increased ureteral pressure. The right kidney measured 7.6 cm. The left kidney measured 7.6 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver

The **liver** presented mild heterogeneous parenchymal changes with trace amounts of free fluid between the liver lobes.

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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The colon appeared to be enveloped or involved in the pelvic neoplastic process.

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Undifferentiated, significantly disorganized pelvic mass of at least lymph node origin. However, colonic origin is also possible.
- Minor heterogeneous hepatic changes
- Mildly thickened bladder wall and bladder calculus
- Age related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DABVP, Cert. IVUSS

FNA of the various hypoechoic portions of the pelvis mass and lymph nodes indicated as well as liver. This is not a surgical presentation. The mass is highly undifferentiated. Chest radiographs warranted to assess for metastatic disease.

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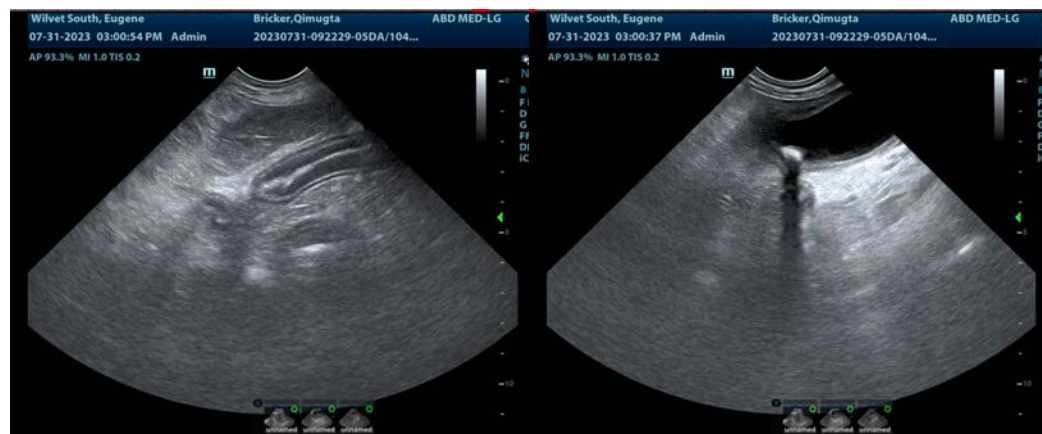
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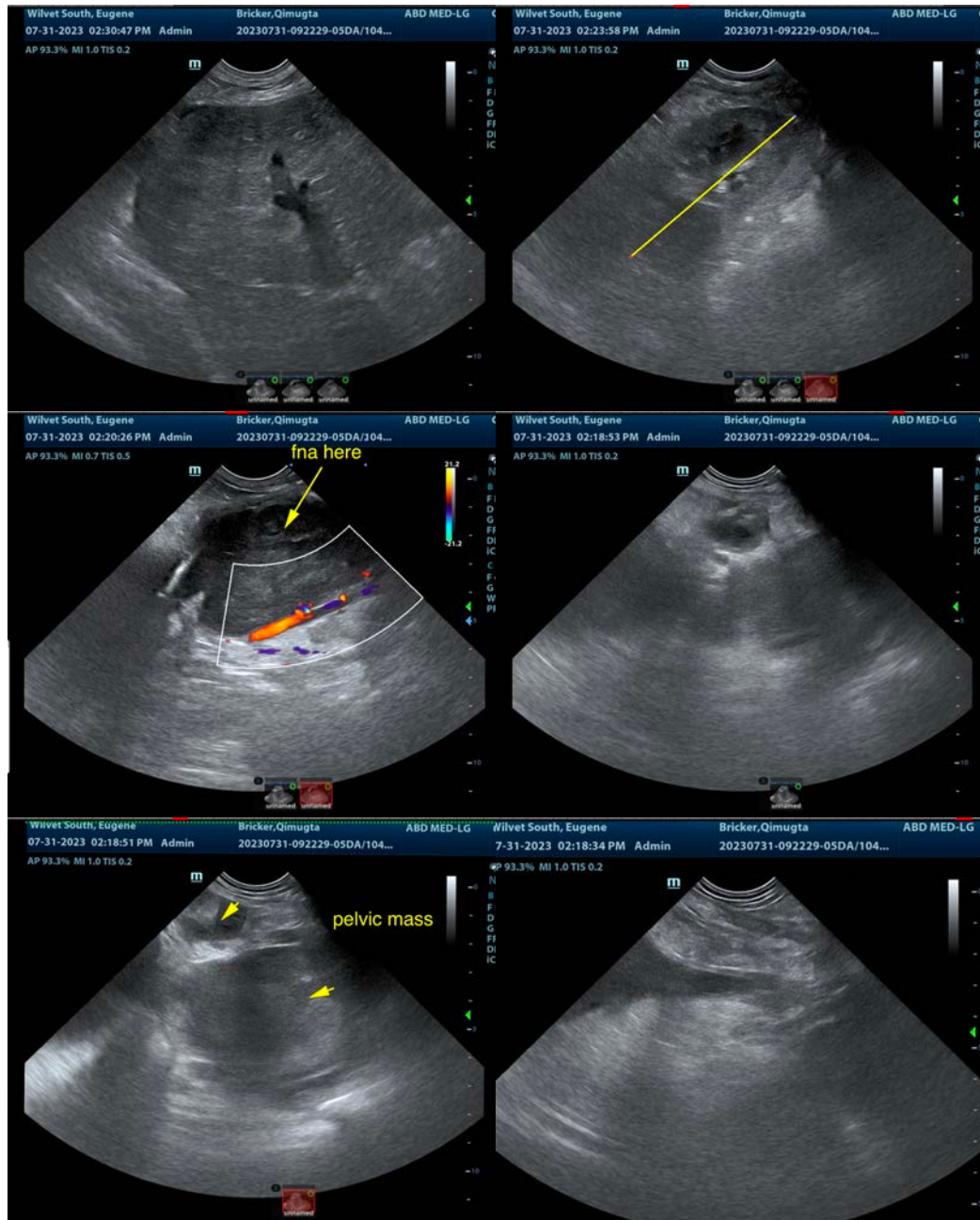
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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