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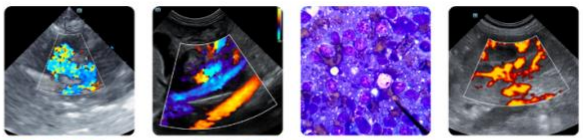

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Hoosier Hays

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

Sep 23, 2016

WEIGHT

63.4 lbs

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 VC

REFERRING VET

Dr Kelli Klein

INVOICE

22217

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Elevated Ionized Calcium levels after elevated CA levels on yearly labs (total calcium is 13. Ionized calcium was 1.3).

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. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.76 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.67 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 (5.97 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 (0.62 cm at cranial pole) (0.64 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 (0.91cm at cranial pole) (0.66 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.

Spleen

The spleen is normal in size (2.33 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 subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 1.9 x 1.5 cm hypoechoic nodule is observed on the left side. The remaining parenchyma is homogenous. Hepatic 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 is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid-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

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small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Cervical Area
The left thyroid lobe is subjectively normal-in-size (2.51 x 0.44 cm) with smooth peripheral contours and a homogenous parenchyma. A 0.28 x 0.12 cm parathyroid gland is observed at the cranial medial aspect. In addition, a 0.51 x 0.19 cm parathyroid gland is observed mid-body at the lateral aspect. The right thyroid lobe is subjectively normal-in-size (2.28 x 0.61 cm) with slightly swollen peripheral contours. A 0.44 x 0.23 cm parathyroid gland is observed approximately mid-body. In addition, a 0.63 x 0.45 cm parathyroid gland is observed at the caudal aspect.

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

ULTRASONOGRAPHIC FINDINGS

Cervical

- An enlarged parathyroid gland is observed at the caudal aspect of the right thyroid lobe. A prominent to enlarged parathyroid gland is also observed mid-body in the left thyroid lobe. It is unclear whether one or both of these are functional.

Abdomen

- Gastric foreign material. It appears nonobstructive at the time of this study.
- Minor bilateral age-related renal changes
- Urinary bladder debris
- The left hepatic nodule could be consistent with a regenerative nodule, inflammatory focus, or an emerging tumor (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider rechecking the ionized calcium in 4-6 weeks. If this value continues to increase, consider a parathyroidectomy (consider removing both enlarged parathyroid glands).
- Three-view thoracic radiographs are also recommended to assess for occult pathology in the chest.

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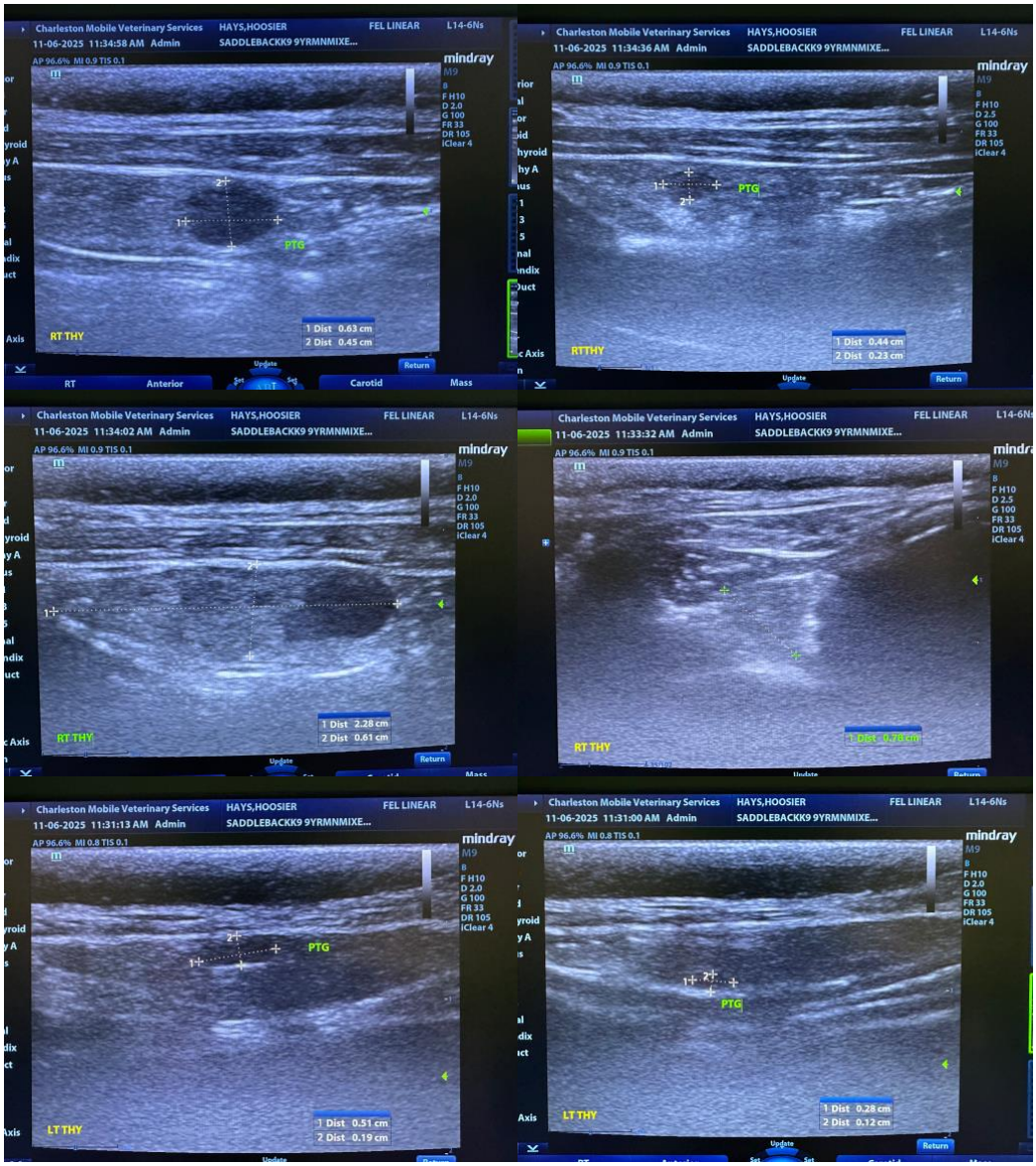
- Regarding the gastric foreign material, this may require removal if the patient develops clinical signs (i.e., vomiting).
- Regarding the hepatic nodule, consider a recheck ultrasound in 2-3 months to assess for growth. Depending on the results, fine-needle aspiration or excisional biopsy may be warranted.



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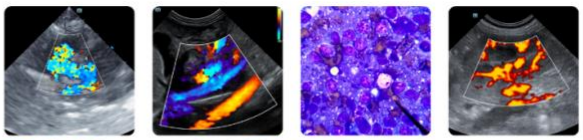

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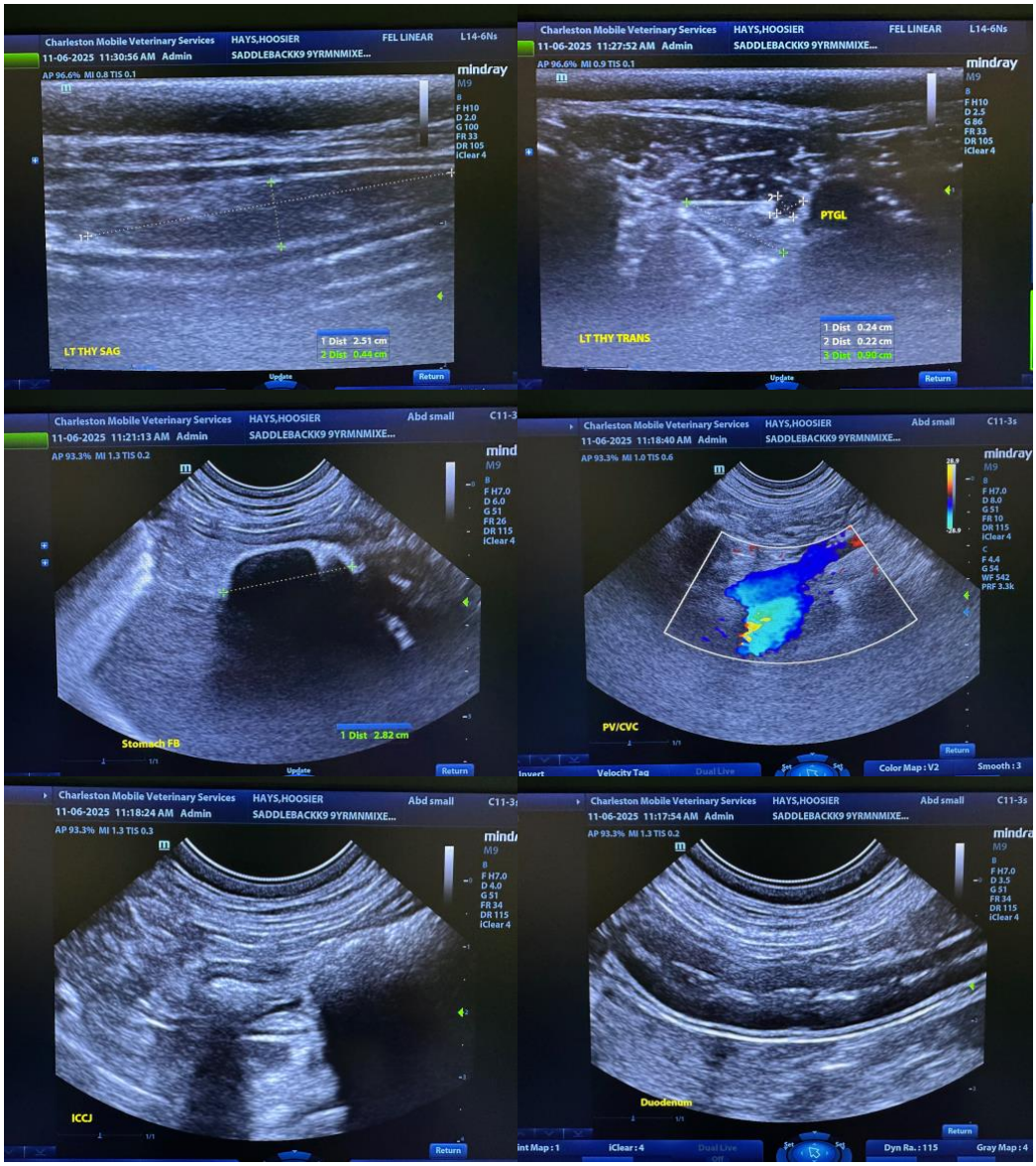

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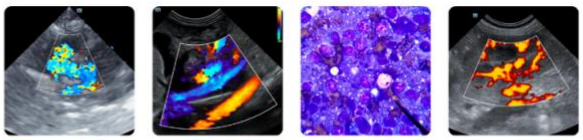

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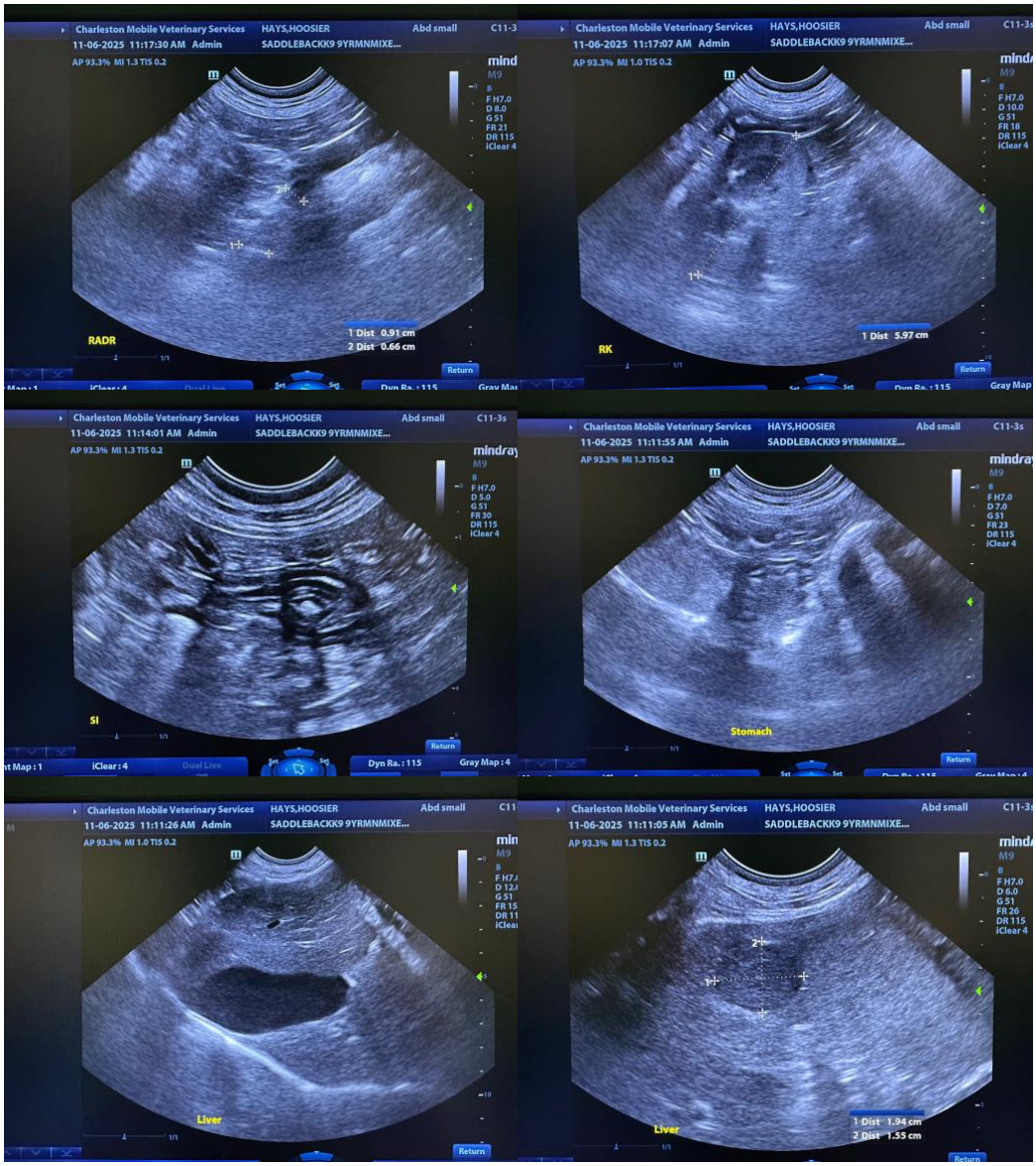

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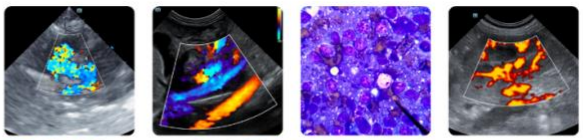

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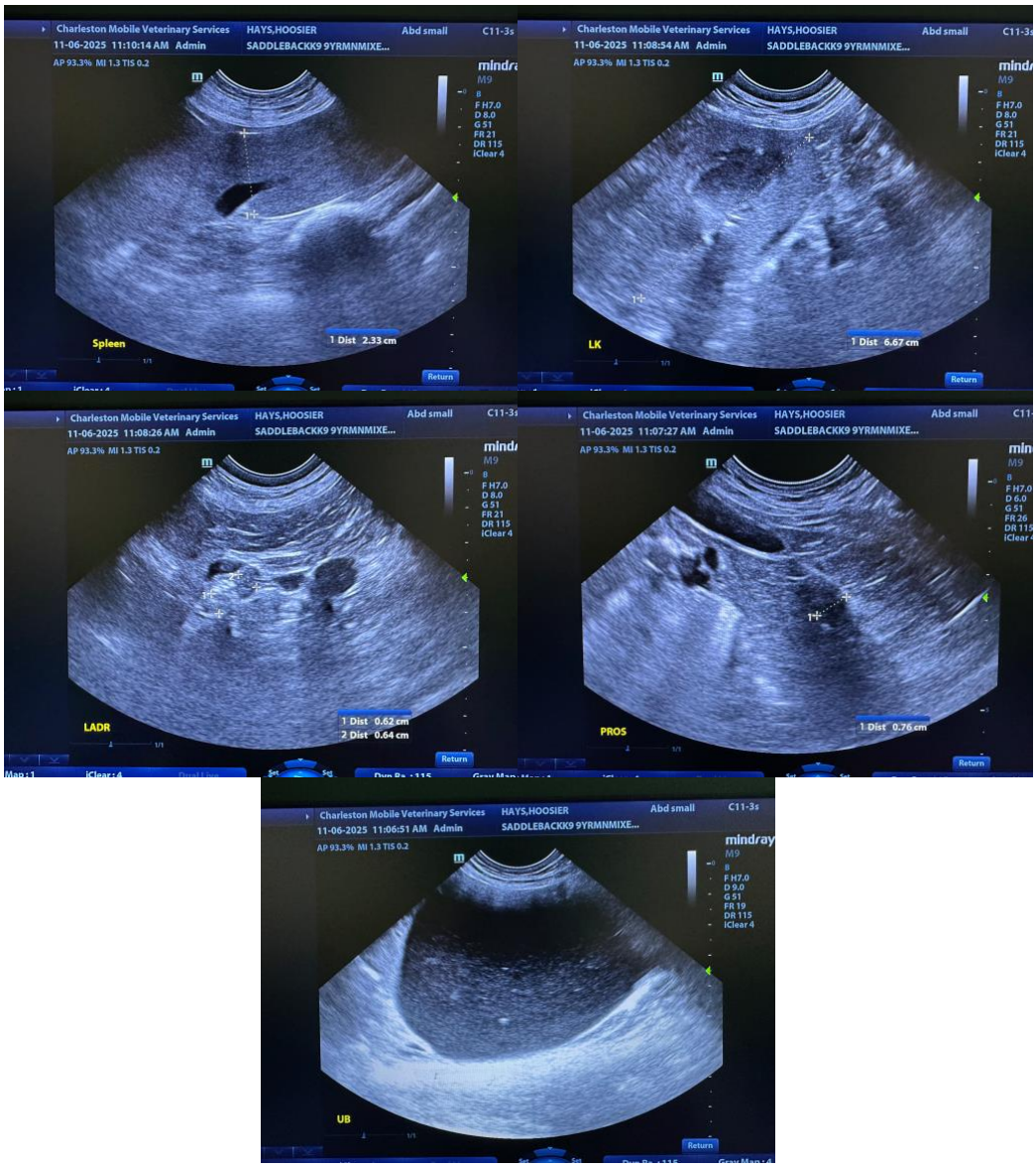

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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