



PATIENT

Scotty Fusco

SPECIES

Canine

BREED

Shepherd mix

SEX

Male, neutered

AGE

12 Yrs.

WEIGHT

76 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Anthony Smatt

INVOICE

13604

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- hx of hypothyroidism
 - lethargic
 - PU/PD
 - recent bw prompted ultrasound
- Abnormal PE/Chem/CBC/UA Results: bw indicated hyperparathyroid PTH - 20 hgih Ionized Ca - 1.79
high cbc: elevated WBC's and neutrophils. Chem: Ca: elevated ALT: elevated ALP: elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*52 still images and 32 video clips are available for interpretation.

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

No images of the prostate provided.

The left kidney is normal in size (7.58 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.

The right kidney is normal in size (7.57 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.

Adrenal Glands

The left adrenal gland is normal in size (0.66 cm at cranial pole) (0.67 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.

No images of the right adrenal gland provided.

Spleen

The spleen is normal in size (2.04 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

See *Other*.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

In the left cranial to mid-abdomen, an ill-defined area of irregular hyperechoic mesentery is observed.

CERVICAL CAVITY

Within the left thyroid lobe, a 1.7 x 1.3 cm hypoechoic expansile nodule/mass is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

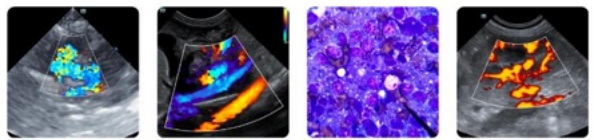
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gallbladder changes could be consistent with cholestasis, fasting or less likely, an emerging mucocele.
- The nodule in the thyroid lobe, in conjunction with the patient's clinical history, is suggestive of an enlarged parathyroid gland (i.e., hyperplasia, adenoma, adenocarcinoma). However, a thyroid tumor cannot be excluded.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes
- The ill-defined hyperechoic tissue in the left to mid cranial abdomen may represent an ill-defined intraabdominal lipoma, liposarcoma, chronic pancreatic changes, other.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the suspected left parathyroid lesion, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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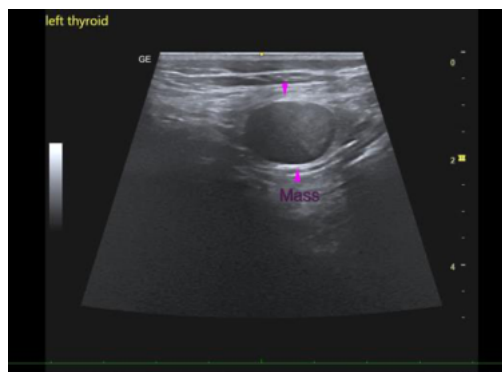
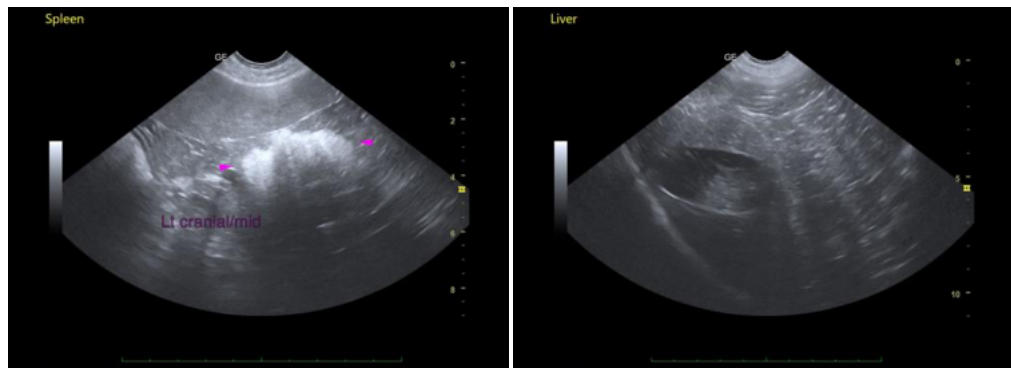
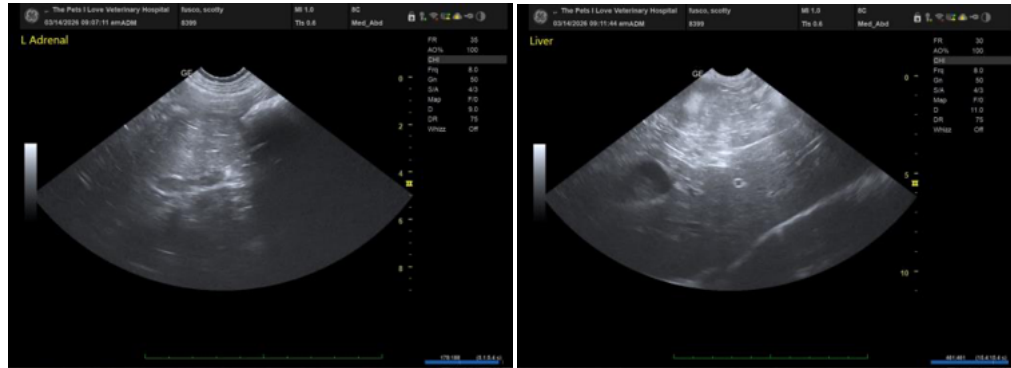
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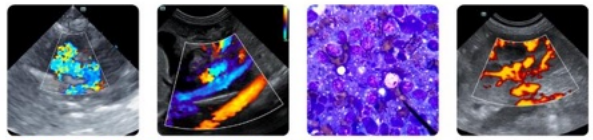
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2. Consultation with a board-certified surgeon to discuss excisional biopsy.
 - Regarding the elevated liver values, consider hepatic tissue sampling (i.e., aspirates or biopsies) for further evaluation. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.



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



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can be of any further assistance please contact me.

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