



PATIENT

Payton Bennett 46066B

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 years, 8 mos

WEIGHT

67 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary
Specialists-Dr.
Silbernagel

INVOICE

11291

DATE

7.26.22

PRESENTING CLINICAL SIGNS

History: Initially presented to pDVM about two months ago for pollakiuria and urinary incontinence. Bloodwork revealed a hypercalcemia. Malignancy panel was consistent with primary hyperparathyroidism.

Abnormal PE/Chem/CBC/UA Results: iCa 1.73, PTH 8.9

ULTRASONOGRAPHIC EXAMINATION OF THE CERVIX

Cervical region

Left thyroid gland (2.66 x .037 cm); 0.32 x 0.20 cm hypoechoic nodule cranially; 0.23 x 0.15 hypoechoic nodule (mid-gland).

Right thyroid gland (2.56 x 0.50 cm); 0.61 x 0.54 cm hypoechoic nodule cranially (enlarged parathyroid gland); 0.22 x 0.15 cm hypoechoic nodule (mid-gland)

Still images of the mandibular salivary glands, mandibular/retropharyngeal lymph nodes are unremarkable

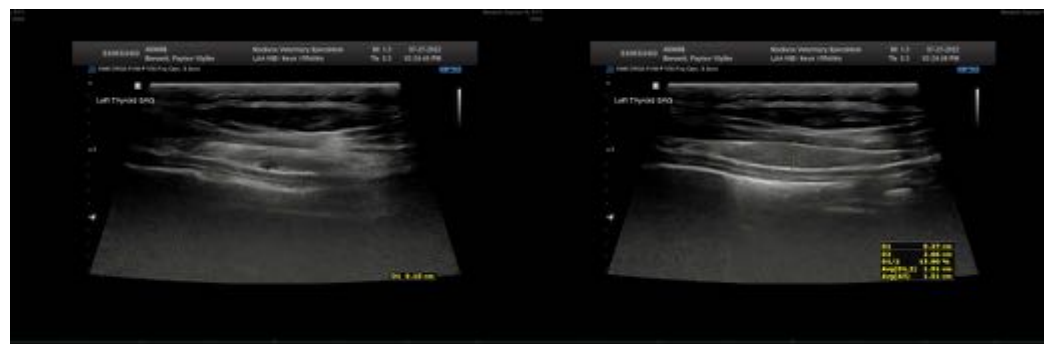
ASSESSMENT

Primary Findings

Primary hyperparathyroidism with an enlarged right parathyroid gland/nodule (differentials include adenoma, adenocarcinoma, hyperplasia) at cranial aspect of right thyroid lobe

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A right parathyroidectomy is recommended. Three-view chest radiographs are recommended prior to surgery.



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svsimagingqc.net 309-737-3070



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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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com