



PATIENT

Bear Pulvers

SPECIES

Canine

BREED

Min. Australian Shepherd

SEX

Spayed Female

AGE

9 Years

WEIGHT

20 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Crook- SDEP
Certified Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

20808

DATE

1/26/23

PRESENTING CLINICAL SIGNS

History: Weight loss, diarrhea and vomiting since December - no response to GI supportive meds (cerenia, pro-pectalin, metronidazole) Hospitalized today on KCl IVF, cerenia, Calcium gluconate bolus, pending plasma transfusion.

Abnormal PE/Chem/CBC/UA Results: Lab work 12/30/22 showed anemia on CBC; Chem CA 5.0, TP 3.5, Alb 1.5, Glob 2.0, Chol 91. (see attached full lab work) Lab work 1/26/23 - recheck CA 4.1, recheck full in house shows decreased Ca @ 3.8, Glob/Alb/TP stayed same as in Dec. (see attached full lab work) Radiographs from 12/30 showed loss of detail

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

The right thyroid lobe measured 1.3 cm x 0.5 cm. The right parathyroid was normal in size and contour, measuring up to 0.24 cm. The left thyroid lobe measured 1.5 cm x 0.6 cm. The cranial pole of the left thyroid lobe revealed a prominent parathyroid of 0.41 cm x 0.3 cm. Minor parenchymal remodeling was noted in the thyroid otherwise.

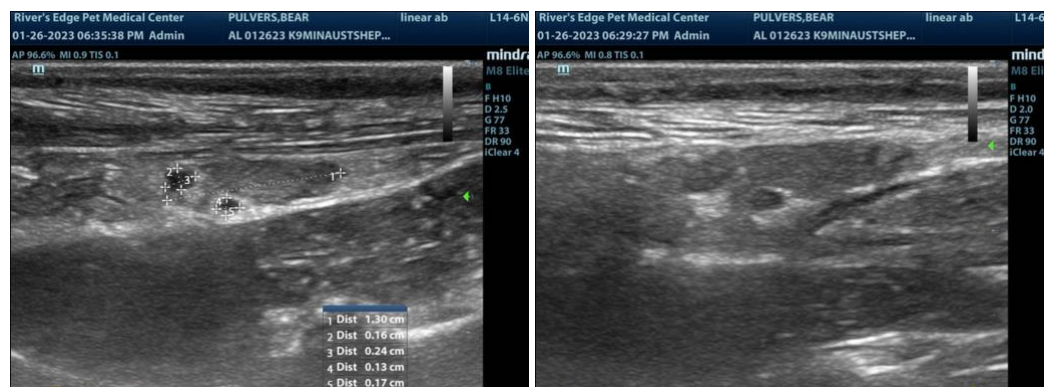
A rapid view of the heart was unremarkable with normal volumes and contractility.

ULTRASONOGRAPHIC FINDINGS

- Prominent left cranial parathyroid- possible emerging adenoma depending upon hypercalcemia panel results

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If primary hypercalcemia is diagnosed on Michigan State panel, then this would be consistent with early parathyroid adenoma. Normal parathyroids measure approximately up to 0.35 cm (this is 0.4 cm and it does impinge upon the capsule).





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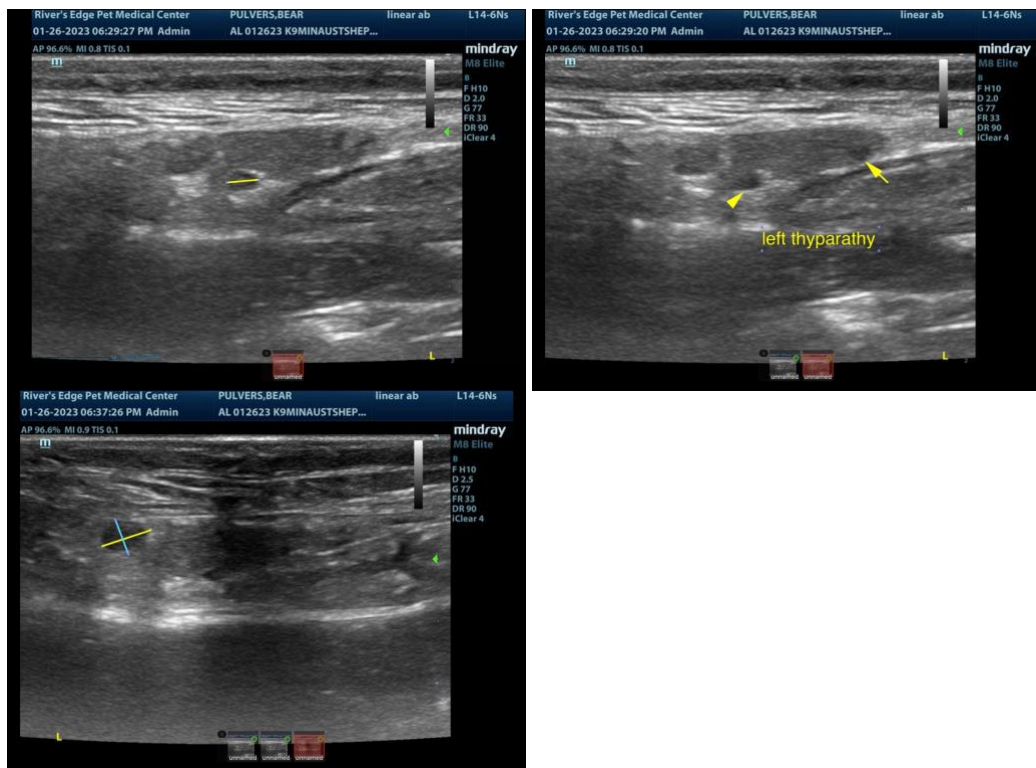
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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