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Clinical Sonography & Telecytology
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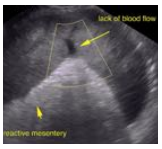

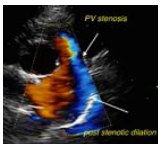

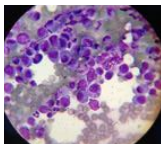
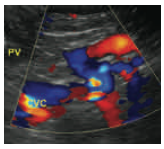

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1-800-838-4268 info@sonopath.com

PATIENT

Sully Pitts

SPECIES

Canine

BREED

Pitbull Cross

SEX

Neutered male

AGE

9 years

WEIGHT

49.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gale

HOSPITAL NAME

Aberdeen VH

REFERRING VET

Dr. Gale

INVOICE

92527

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Been a big drinker (with further questioning sounds like PU/PD) for quite some time - Owner just felt it was "his normal" as he's always been a big drinker, but maybe slowly increasing. Seems to be hungry all the time and has been gaining weight - bloodwork had been recommended previously but not done. I first saw him (July 12th) for more new lumps as the owner wanted to consider removal - he'd chewed a dermal lump off his leg and had something similar on the other front limb, plus a few skin-tag type lumps - we planned on bloodwork and possible removal. - 1st labwork results came in (see below in abnormal results section) and we planned for further testing due to concerns over the hypercalcemia and sent estimate for lump removal - did further labwork mid-August to work up hypercalcemia - lump removals Sept 22 and when under GA I tried my best to get a good scan of the throat area between carotid and trachea, hunting for thyroid and parathyroid tissue to try to identify the problem. This is the scan I am trying to submit images. Radiographs were declined at the same time to rule out stones or other evidence of mineralization.
Abnormal PE/Chem/CBC/UA Results: July 13: CBC = mild macrocytosis and mild hypochromasia, otherwise WRI, NSF. Could indicate a residual regenerative response? inflammation? CHEM = Moderate hypercalcemia (3.01 mmol/L, RI: 2.03-2.80) with low normal Phos (0.88 mmol/L), with high normal albumin, mild to moderately elevated ALP (699 U/L), mildly elevated lipase (837 U/L), low normal tT4. U/A = isosthenuric (1.011) with pH 8.5, trace protein, trace blood, and a few amorphous phosphate crystals July 24 - recheck U/A in clinic from first morning collection USG = 1.012, pH 6.0, NAF on chem strip August 14 recheck labwork, fasted CBC all WRI CHEM: Calcium = 3.00 mmol/L, phos still low normal at 0.82 mmol/L, ALP still mildly elevated at 524 U/L. U/A: USG 1.013, pH 5.0, trace protein, 0-3 RBC, few squamous cells, few hyaline casts, many calcium oxalate dihydrate crystals. Added on UP:C = 0.12 (normal) Added on PTH/iCa TN Results from Endocrine Sendout (iCa/PTH) Normal PTH @ 3.7 (RI: 1.1-10.6) Elevated Ionized Calcium @ 1.57 (RI: 1.25-1.45) As per pathologist this could fit with the presence of autonomous parathyroid tissue that no longer responds to negative feedback inhibition (ie. parathyroid adenoma) He also noted vitamin D excess or some granulomatous disease but the Phos levels don't seem to fit with most disease things along with these other results.

ULTRASONOGRAPHIC EXAMINATION

Tracheal and thyroid regions were imaged in this patient. The carotid artery, salivary glands and subcutaneous space are unremarkable. The visible thyroid tissue was unremarkable. There was no evidence of pathology. The right and left thyroid lobe measured approximately 0.5 cm. The visible esophagus was unremarkable. A portion of the left thyroid lobe revealed a 0.7 cm expansive nodule with areas of mineralization visible in one view.

ULTRASONOGRAPHIC FINDINGS

Portion of the left thyroid revealed an expansive nodule with areas of mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of this region is recommended to assess pathology. This was only visible in one view and may be artifactual. Positive hypercalcemia is not evident as this lesion is not typical of parathyroid adenoma. CT of the thyroid region is recommended.

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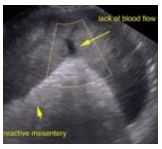
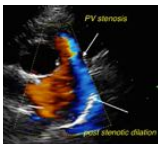
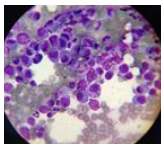
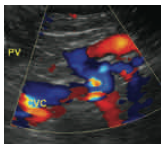

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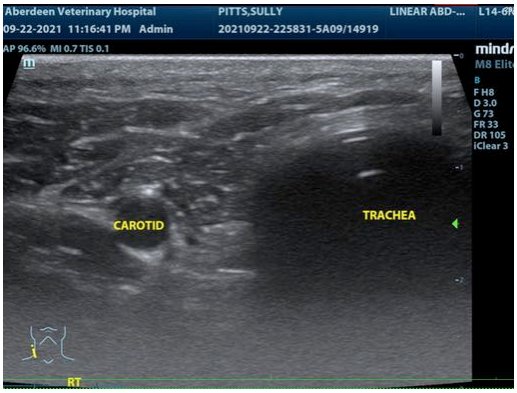

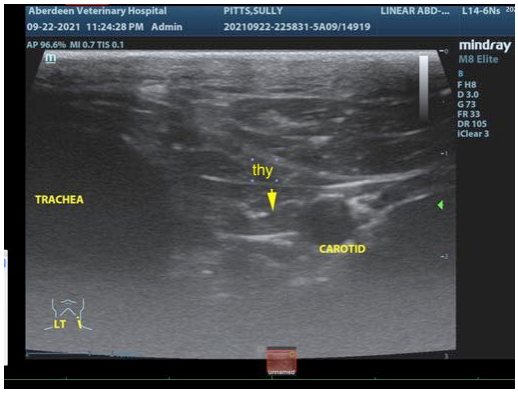

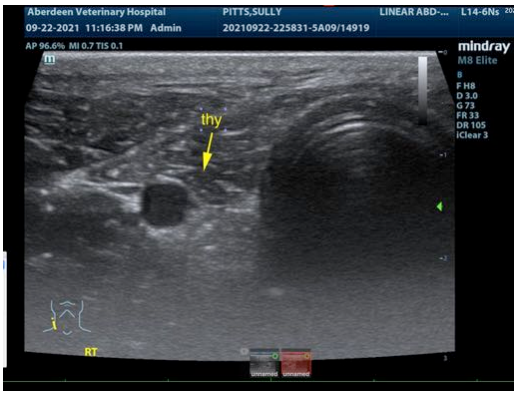

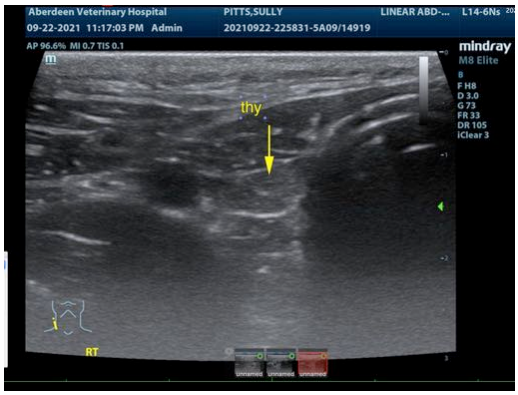

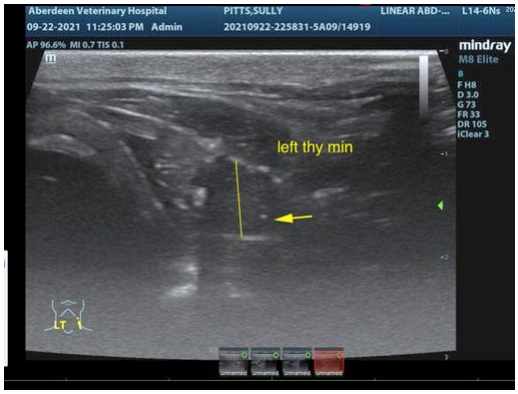

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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