PATIENT

Alex Wheeler

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford Animal Hospital

REFERRING VET

Dr. Eads

INVOICE

72087

DATE

11/25/25

PRESENTING CLINICAL SIGNS

P presented for thyroid scan due to elevation in Calcium and PTH. Previous Double cavity scan on 10/30/25. MMVD Stage B2, mild deg of tricuspid valve, Plump Caudal pole of LA, likely incidental rec cont monitoring.

Abnormal PE/Chem/CBC/UA Results: iCA 1.57 Calcium 12.3 PTH 8.2 Interpretation: Although PTH is not increased above the upper reference limit, this conc is viewed as inappropriately high in association with clinically significant hypercalcemia. The results support a diagnosis of primary hyperparathyroidism. pTHrp- sample too hemolyzed to run.

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

The trachea, salivary glands, and regional tissues were unremarkable. Slight irregularity to the regional lymph nodes noted yet no evidence of neoplasia. History of lymphadenitis likely.

The caudal pole of the right thyroid lobe revealed a hypoechoic, ill-defined nodule measuring 0.38 cm x 0.35 cm. Regional lymph nodes were slightly heterogeneous.

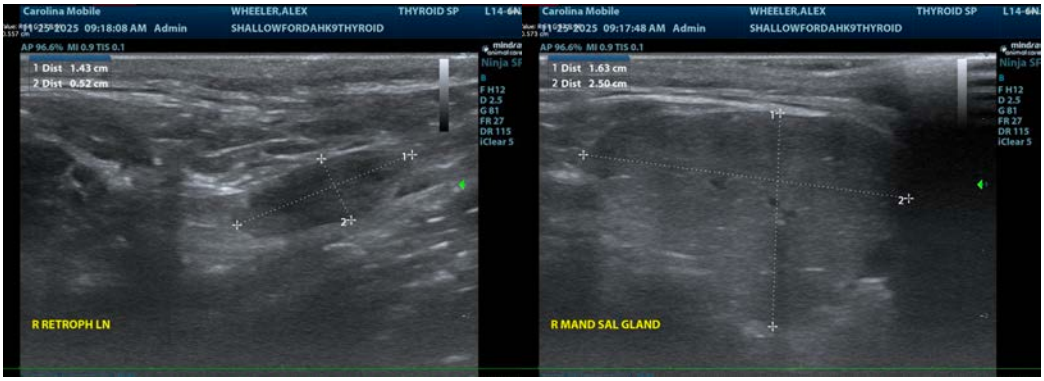
The left thyroid lobe was uniform, with a 0.30 cm slightly prominent parathyroid, yet this is likely normal.

ULTRASONOGRAPHIC FINDINGS

- Suspect mid caudal parathyroid adenoma of the right lobe – Benign thyroid hyperplasia most likely, emerging parathyroid adenoma possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided 25-gauge FNA could be considered if the sonographer is comfortable with the procedure, to confirm potential adenoma versus hyperplasia. Otherwise, direct surgical removal of the caudal pole of the right thyroid lobe could be considered. This is not a typical parathyroid adenomatous type presentation. If the patient is not clinical, I recommend recheck sonogram of thyroid and parathyroid glands in approximately 3-4 weeks if parathyroid profile continues to support primary hyperparathyroidism.



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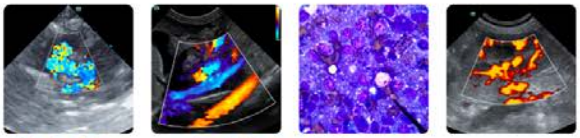

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Educational Teleconsultation Services™

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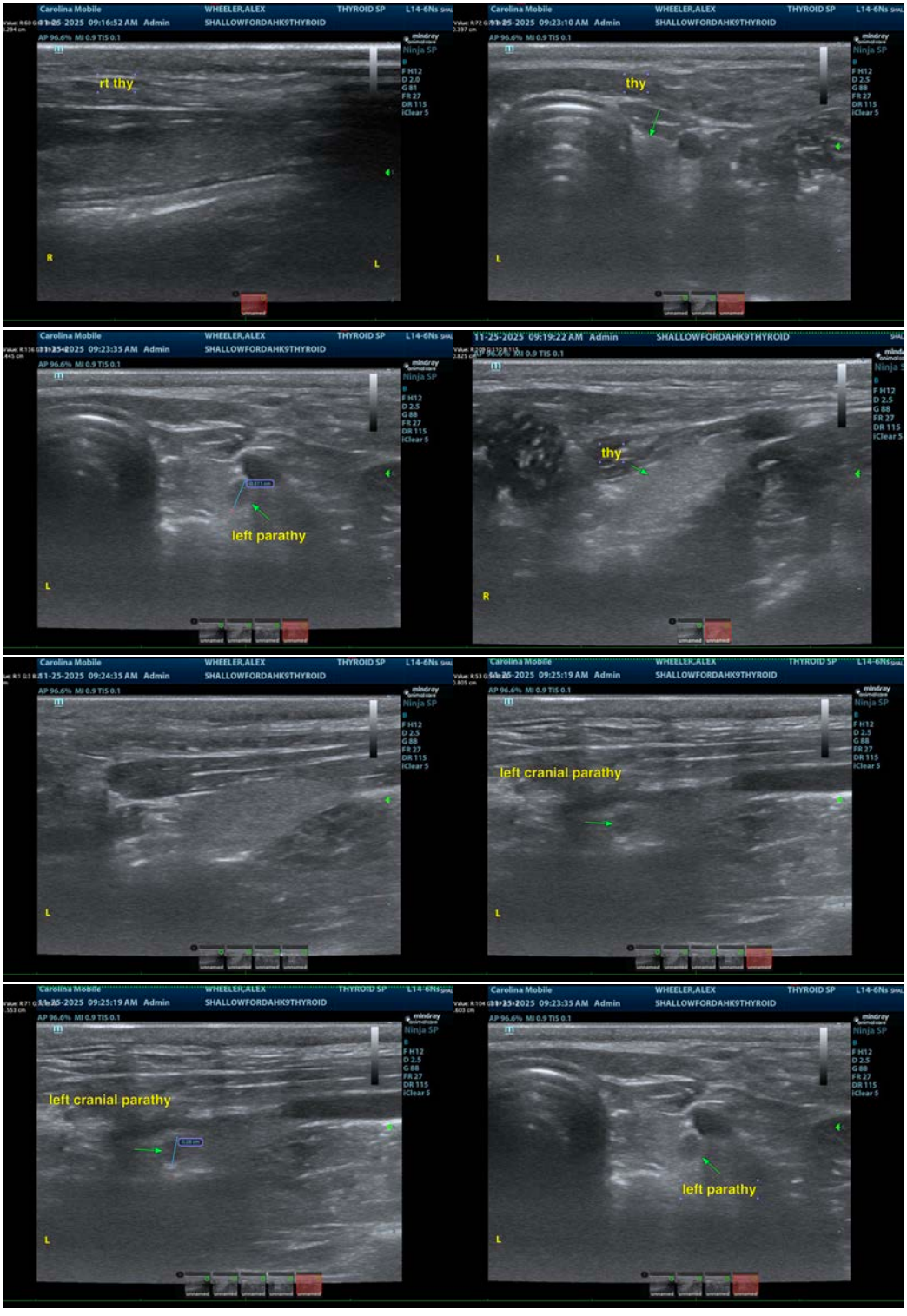

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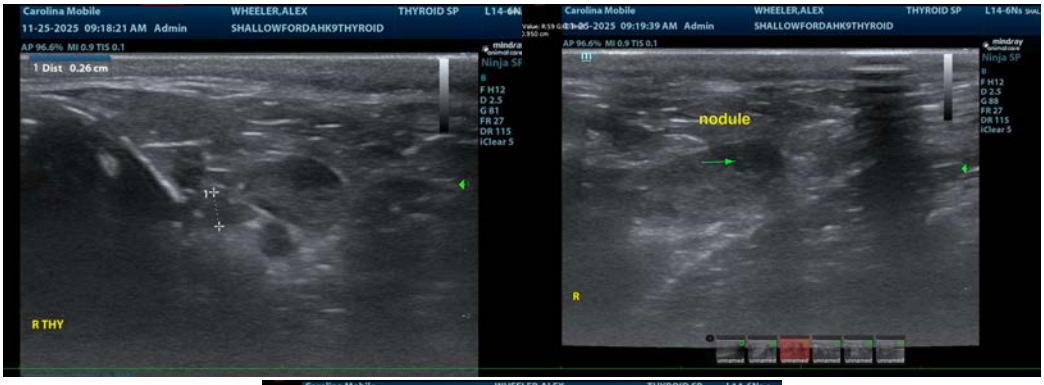

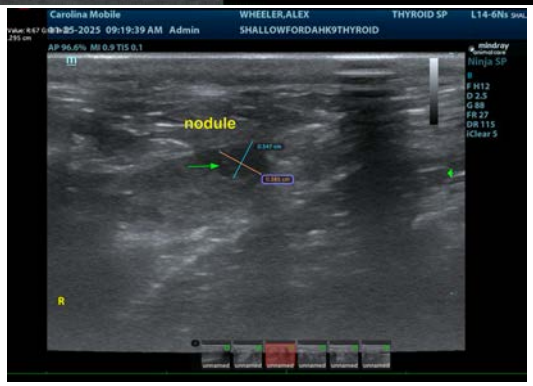

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com