



PATIENT

Clay Slanina

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered male

AGE

11 years

WEIGHT

25.45 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Harrisburg Regional
Veterinary Surgical
Specialty

REFERRING VET

Dr. Zeltzman

INVOICE

68271

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Ultrasound of the neck to further evaluate suspected thyroid carcinoma on Michigan State Thyroid panel and unable to palpate mass on exam. Apparently healthy dog came in for vaccines. History of PU/PD that O attributed to hot weather. Annual bloodwork recommended due to age and PU/PD, which revealed a high T4 (6.0). Sent out Michigan Thyroid Panel to confirm dx. Panel came back High total and free T4 and High total T3. Referred for surgical consult for suspect thyroid carcinoma. No current medications. Sedated for ultrasound: Dexmedetomidine, Propofol IV to effect.

Abnormal PE/Chem/CBC/UA Results: Diagnostics (9/2025) - MSU Thyroid panel: Concern for thyroid carcinoma. Thyroid hormone concentrations are all elevated and TSH is suppressed. Negative autoantibody results decrease the likelihood of lymphocytic thyroiditis in the thyroid gland in this dog. The elevations of thyroid hormone can support a diagnosis of hyperthyroidism is this is consistent with clinical signs. - TT4: 91 H (9-52 nmol/L); TT3: 2.7 H (0.5-1.4 nmol/L); FT4 71 H (5-43 pmol/L); T4 autoantibody 11% (0-20); T3 autoantibody 5% (0-10); TSH 0.02 (0-0.58 ng/ml); Thyroglobulin autoantibody 1% (0-35, < 20% is negative) - CBC: Hct 51.7%, Plts 446, NSF - Chem: ALP 184 H, normal ALT/AST/GGT/T. bili, Gluc 126 H, Ca 9.5-n, Phos 4.6- n. Remainder NSF - USG 1.039 - UPC: 0.2- non-proteinuric - T4: 6.0 H

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

Thyroid

The right and left thyroid regions were imaged in this patient. The right thyroid had a mineralizing lesion that revealed encapsulated heterogenous hypoechoic mass that 3.56 x 2.0 cm. This is likely connected to the left thyroid, which presented a cystic and irregularly proliferative tissue mass that deviates the esophagus with an external impingement, yet appears to be encapsulated. The carotid, esophagus, trachea and salivary glands all appear normal. Minor regional, reactive lymph nodes appeared to be present.

ULTRASONOGRAPHIC FINDINGS

- The left and right thyroid mass, likely connected with a cystic component of the left and mineralized parenchymal content on the right.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be ideal for surgical planning as there is no normal thyroid tissue visible on either lobe. Ultrasound-guided drainage of the cystic component of the left thyroid lobe and FNA of the parenchymal portion of the left and right thyroid lobes would be indicated. Prognosis is guarded. Both thyroid lobar pathologies were significantly vascular. Productive thyroid carcinoma is likely in this patient. The surgeon should be prepared for complete removal of the left and right thyroid lobes with potential early vascular invasion particularly on the left. The right lobe appears to be well encapsulated and marginalized, there were portions of the left thyroid pathology that appeared to be irregular and expansive potentially involving a local vascular invasion. Portions of the left thyroid pathology impinged upon the esophagus. I cannot completely rule out potential esophageal invasion given the sticky, irregular type tissue activity noted on the left side and deviation of the esophageal wall.



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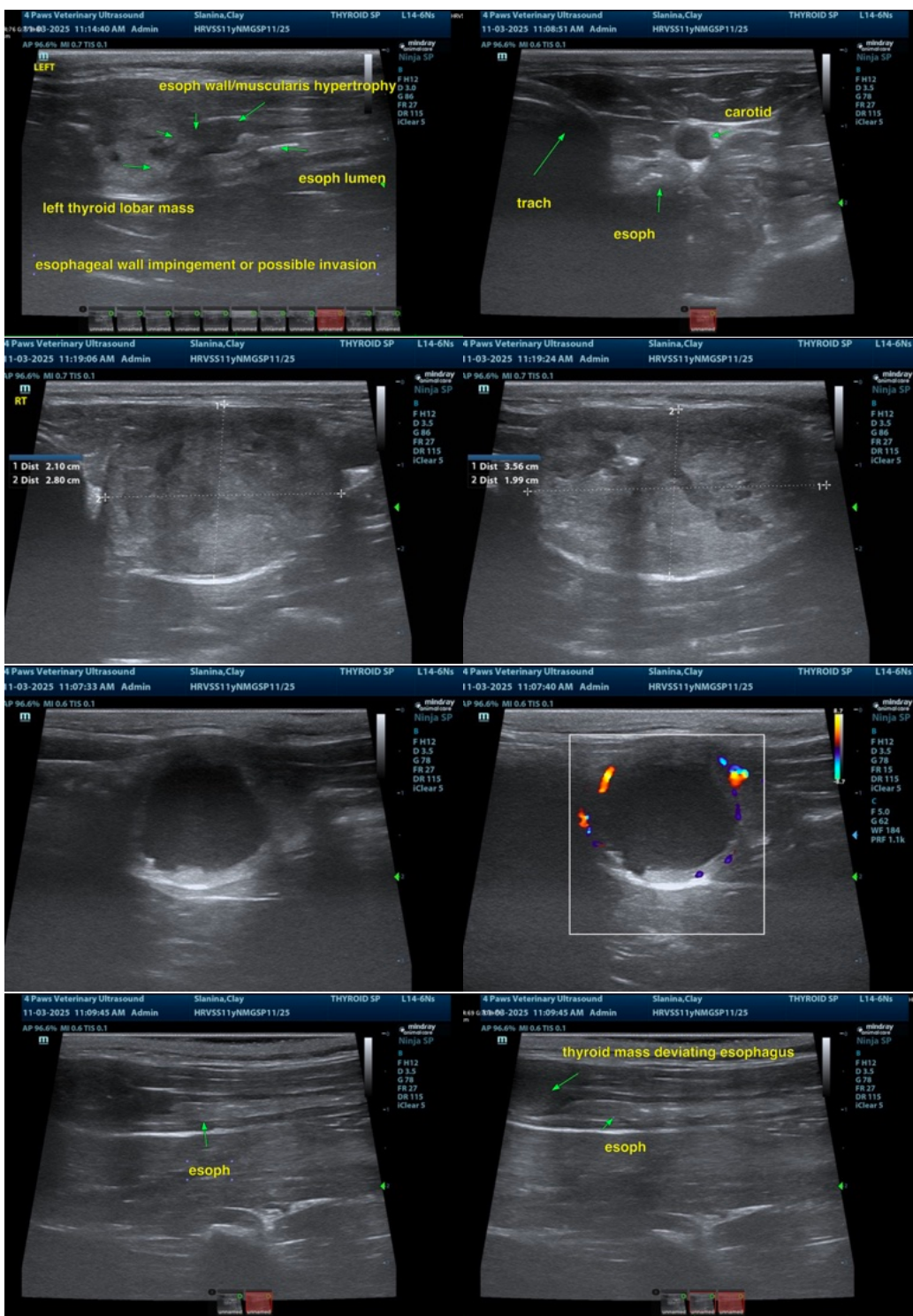
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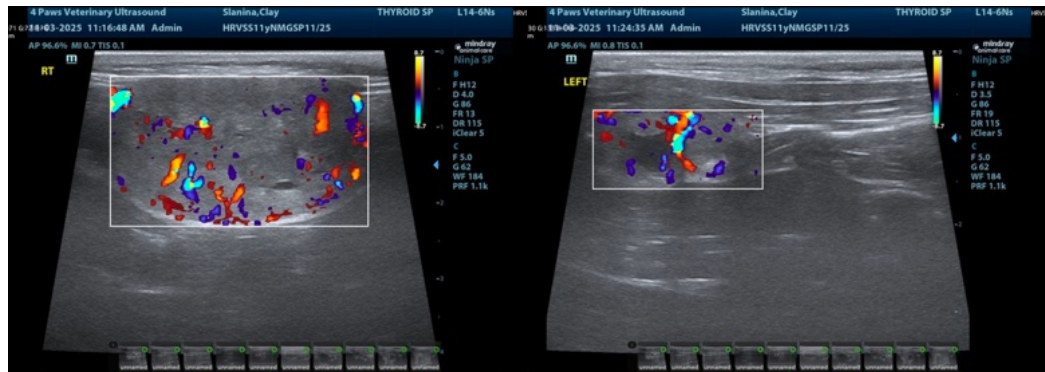
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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