



PATIENT

Jasper Taylor

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

13 Years

WEIGHT

60 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

35789

DATE

2/22/22

PRESENTING CLINICAL SIGNS

elevated calcium

Abnormal PE/Chem/CBC/UA Results: Ionized Ca incr 1.48, Ca incr 12, P decr 2.3, Mg decr 1.3, neuts and eos decr, lymphs incr.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & THYROID

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.34 cm. The right kidney measured 6.29 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.66 cm x 0.62 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland measured 3.02 cm x 1.53 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Left-sided cystic lesion noted in the left cranial liver measuring 2.0 cm, appears subjectively benign. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Thyroid

The left lobe of thyroid revealed a 0.7 cm nodule, expansive. Parathyroids appeared normal. The right thyroid gland was unremarkable at 6.0 mm.

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate hepatic remodeling
- Left thyroid nodule – suspect parathyroid adenoma

SEX

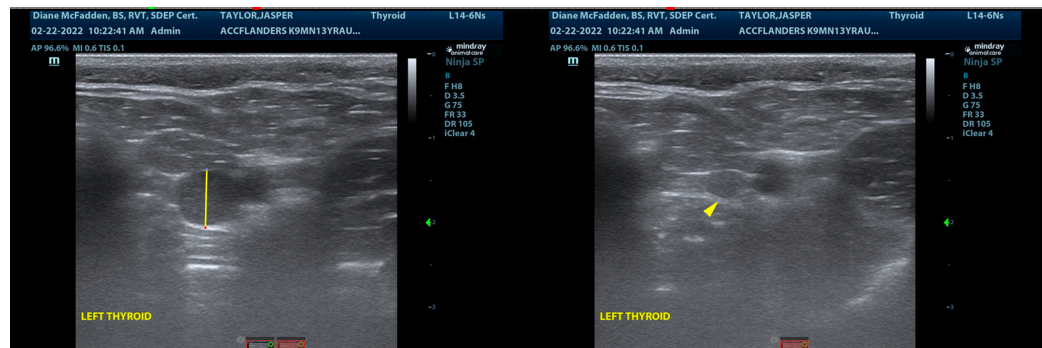
Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the left thyroid nodule could be considered or direct resection. No abdominal pathology noted that would be causing hypercalcemia.

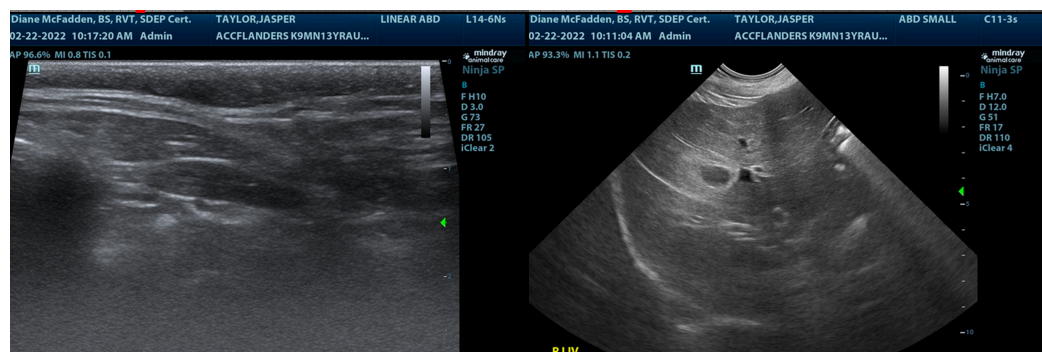
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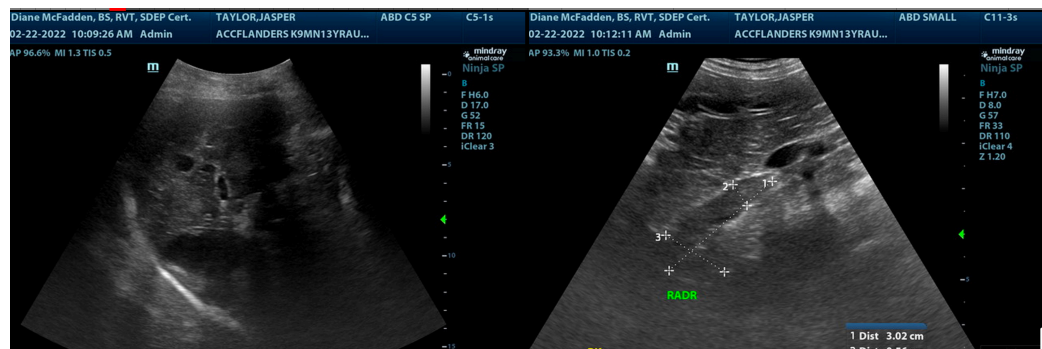
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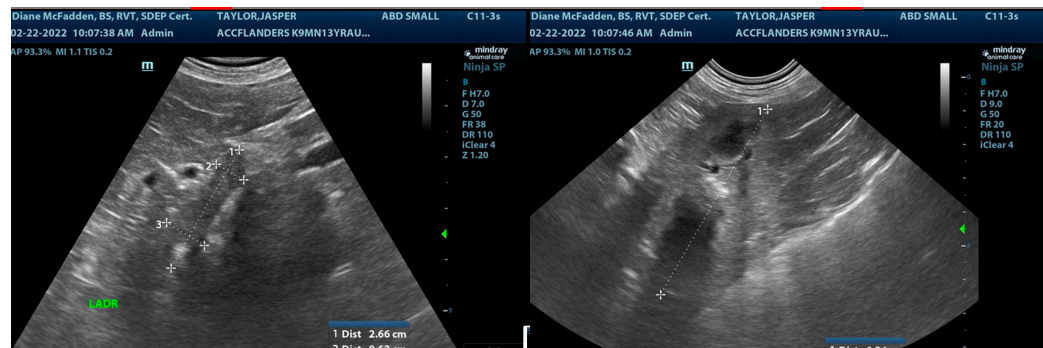
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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