



## PATIENT

Captain Jack Feldner

## SPECIES

Canine

## BREED

Hound Pitbull Mix

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

37 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Arielle Roldan, CVT

## HOSPITAL NAME

Milford AH

## REFERRING VET

Dr. Sea

## INVOICE

36658

## DATE

4/20/26

## PRESENTING CLINICAL SIGNS

History: Pt had bloodwork done at other vet on 4/11 came back hyperthyroid. Came to us on 4/18 for second opinion. TSH wnl. T4 high. Concerned about mass, took FNAs of left thyroid gland sent to pathology today. Pt has loss a lot of weight over the past few months, very thin. Lost 1 lb since Saturday. Ravenous appetite, increased drinking and urination. Patient is currently on fluoxetine, omega 3, and loratidine, and gabapentin. Sent home with methimazole on saturday.

Abnormal PE/Chem/CBC/UA Results: urine SG 1.008 T4: 5.97 high today coags wnl

## ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

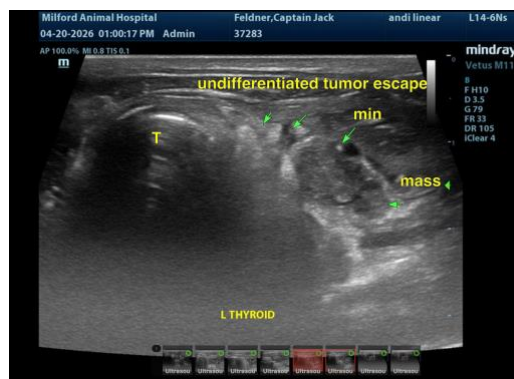
The right thyroid lobe was well visualized, measuring 6.0 mm. The right thyroid lobe was hypoechoic with normal vascularity and well encapsulated. No parathyroid or regional tissue damage was noted. The left thyroid lobe, however, revealed an irregular mineralizing nodule with capsular escape and regional tissue infiltration. Trace amounts of free fluid were noted as well. Variable areas of undifferentiated tissue escape medially towards the trachea was also noted. The left thyroid lobe lesion was significantly vascular and mineralized. Other regional tissues appear unaffected, such as salivary glands, esophagus, carotid artery and trachea.

## ULTRASONOGRAPHIC FINDINGS

- Mineralizing left thyroid mass with capsular and regional escape
- Normal right thyroid lobe

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect left thyroid functional carcinoma with secondary hyperthyroidism. CT evaluation for further assessment for surgical planning would be warranted; however, a clean resection I believe is guarded potential.



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.



## PATIENT

Captain Jack Feldner

**Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,**  
CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)

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