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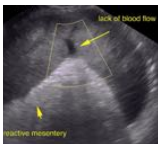

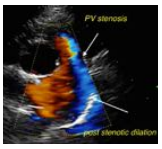

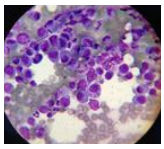
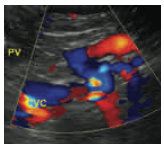

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1-800-838-4268 info@sonopath.com

PATIENT

Dax Peabbles

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

11 years

WEIGHT

72 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

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PRESENTING CLINICAL SIGNS

Weight loss and PU/PD. Elevated LE, BUN, CK and T-4 on BW.
Abnormal PE/Chem/CBC/UA Results: PE: painful on palpation of abdomen. BW: BUN 59, Creat 1.0, Alb 2.5, ALT 607, AST 103, ALP 367, CK 424. Total T-4 11.9. UA: SG 1.025, Prot 2+. RADS- to be done on day of US

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed polypoid changes. Sand accumulation was noted and measured 1.0 cm. Calculi were noted as well. This is consistent with cystitis.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 9.92 cm. The left kidney measured 8.42 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 right adrenal gland measured 3.41 x 2.09 cm at the cranial pole and 0.91 cm at the caudal pole. The left adrenal gland measured 3.65 x 0.75 cm at the cranial pole and 0.79 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally and cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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. 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.

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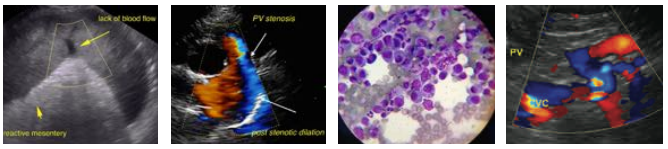

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Gastrointestinal

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.

Pancreas

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.

Thyroid

The right thyroid lobe revealed a mineralizing mass that measured 2.59 x 2.5 cm and impinged upon the carotid artery. The right thyroid mass appears to be potentially resectable even though it deviates regional vasculature. The parenchyma was highly vascular, which is consistent with thyroid carcinoma. The left thyroid lobe was unremarkable and uniform measuring 0.4 cm in width. The trachea and esophagus were unremarkable.

ULTRASONOGRAPHIC FINDINGS

Bladder sand.

Cystitis pattern.

Age related renal changes.

Thyroid mass, consistent with carcinoma, possibly resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning is indicated. Eventual cystotomy, stone analysis and urine culture is indicated. However, the thyroid pathology is the primary issue. Full thyroid work-up is recommended as well as blood pressure measurements. 25- gauge FNA of the thyroid mass is recommended to confirm the suspicion of carcinoma.

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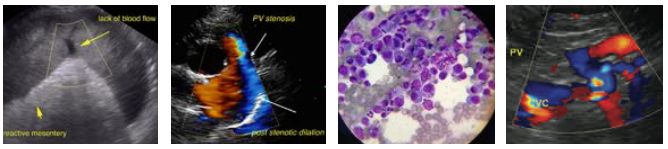

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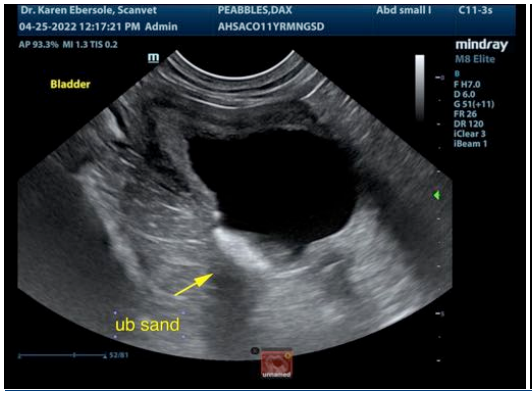

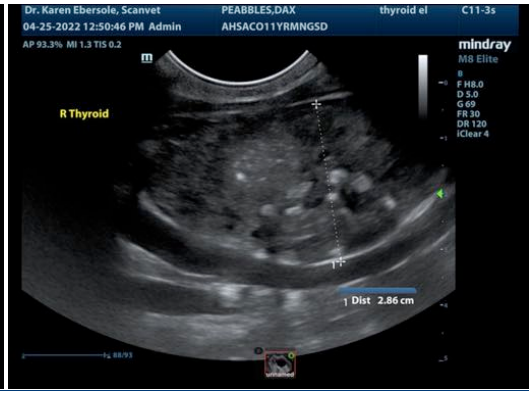

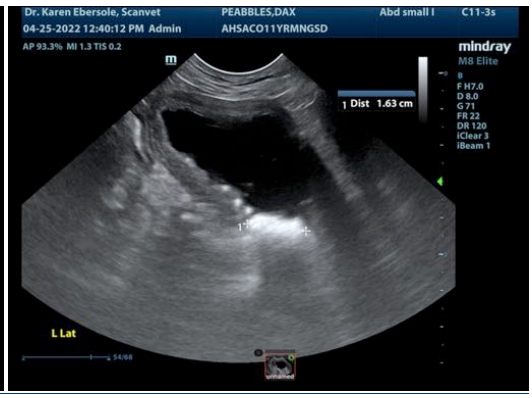

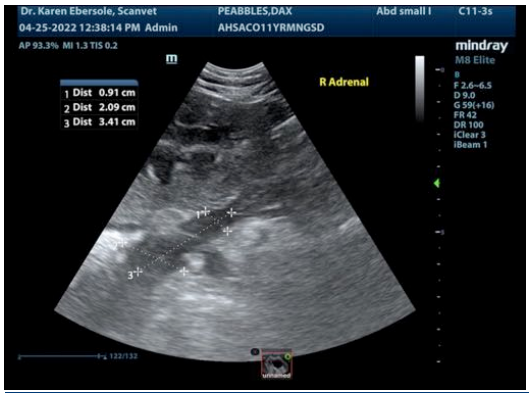

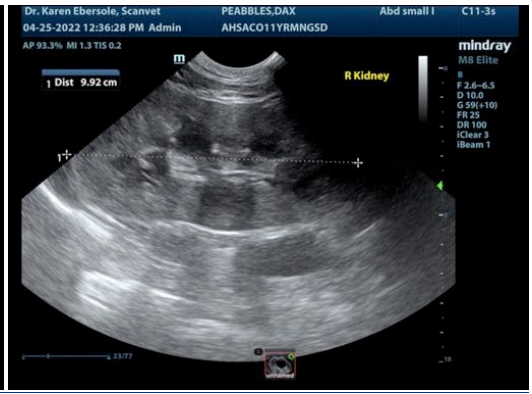

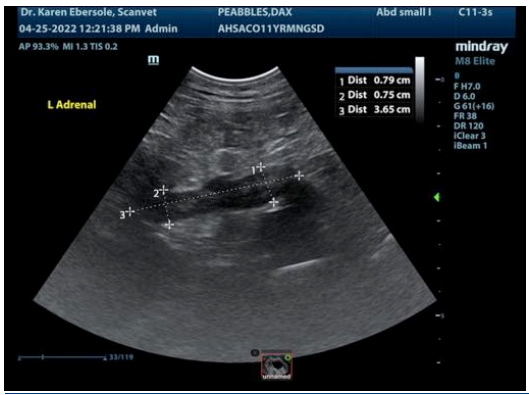

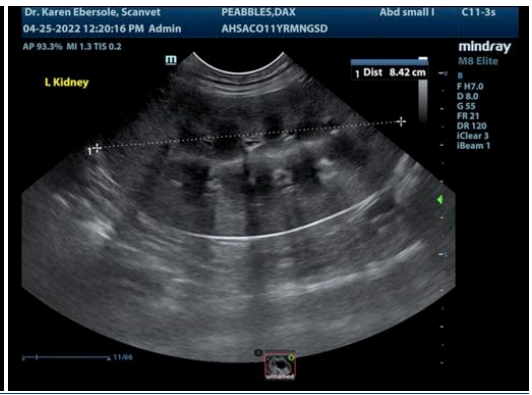

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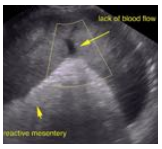
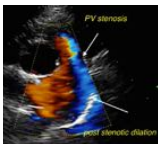
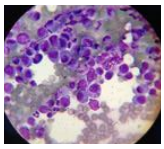
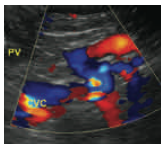

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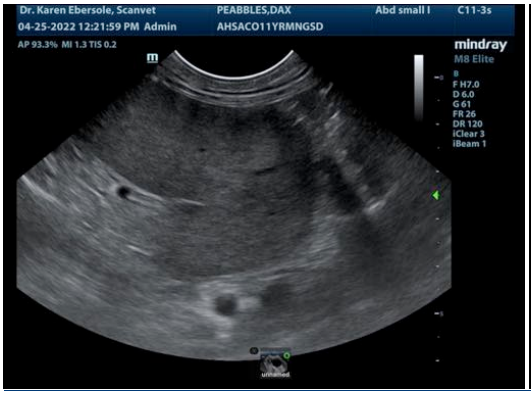

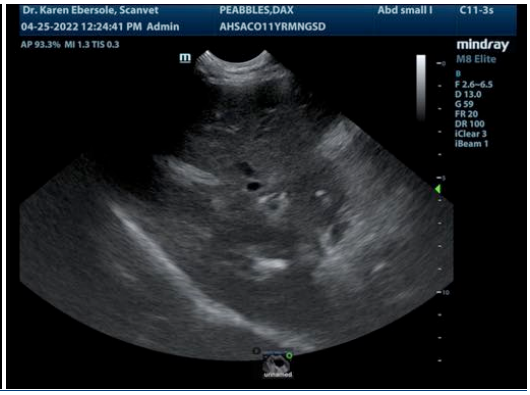

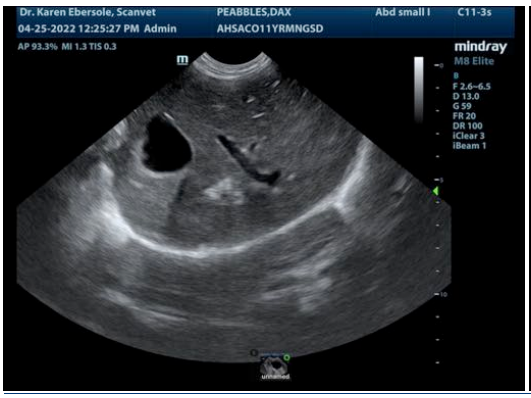

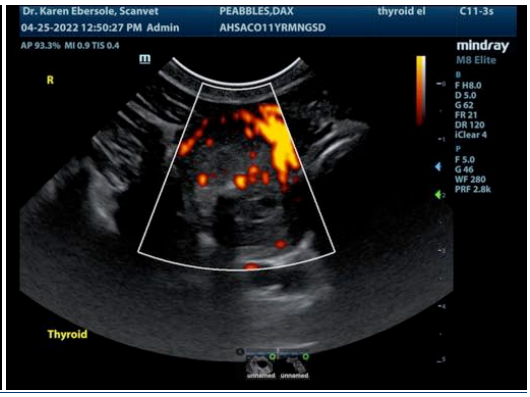

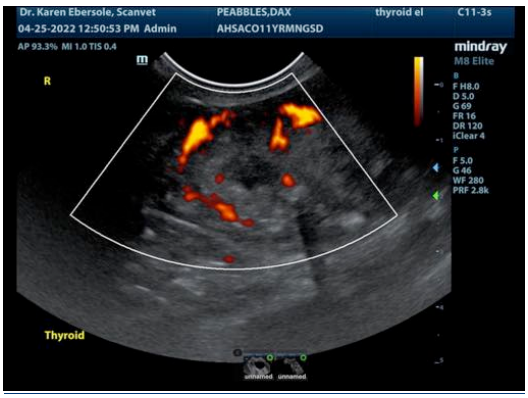

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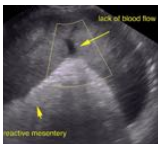

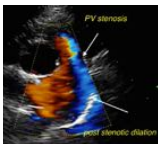

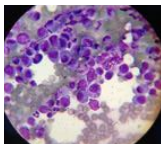
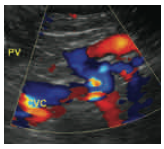

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com