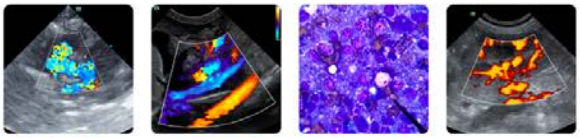


SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Eve Jackson

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

11 Years

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

King Veterinary Hospital

REFERRING VET

Dr. Aldridge

INVOICE

74256

DATE

4/7/26

PRESENTING CLINICAL SIGNS

P presented for PU/PD accidents in house. PTHrP is unavailable at the lab *On Backorder. Concern for idiopathic hypercalcemia, pTH tumor, other neoplasia.

Abnormal PE/Chem/CBC/UA Results: Chem Phos 1.9, Calcium 13.9, ALT 189 usg 1.014 iCa2+ 2.14 (1.25-1.45), PTH 5.1 (1-10)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND THYROID

Urinary System

The **urinary bladder** revealed small granular calculi up to 0.14 cm. A grouping of calculi and sand in the bladder measured approximately 3.3 cm. The pelvic urethra also revealed small calculi, non-obstructive, measuring up to 0.13 cm. 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. Right kidney measured 6.6 cm. Left kidney measured 6.62 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. Right measured 2.53 cm x 0.58 cm at the caudal pole and 0.58 cm at the cranial pole. Left measured 2.04 cm x 0.61 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

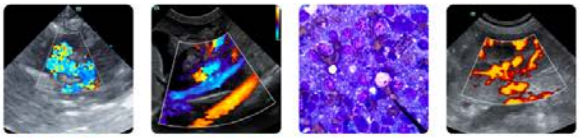
The **spleen** revealed a hypoechoic nodule at the mid body measuring 0.69 cm. The remainder of the spleen was unremarkable.

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. Areas of parenchymal mineralization noted. 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

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.

Other

Rapid view of the heart revealed no evident pathology in the right auricle or pericardium.

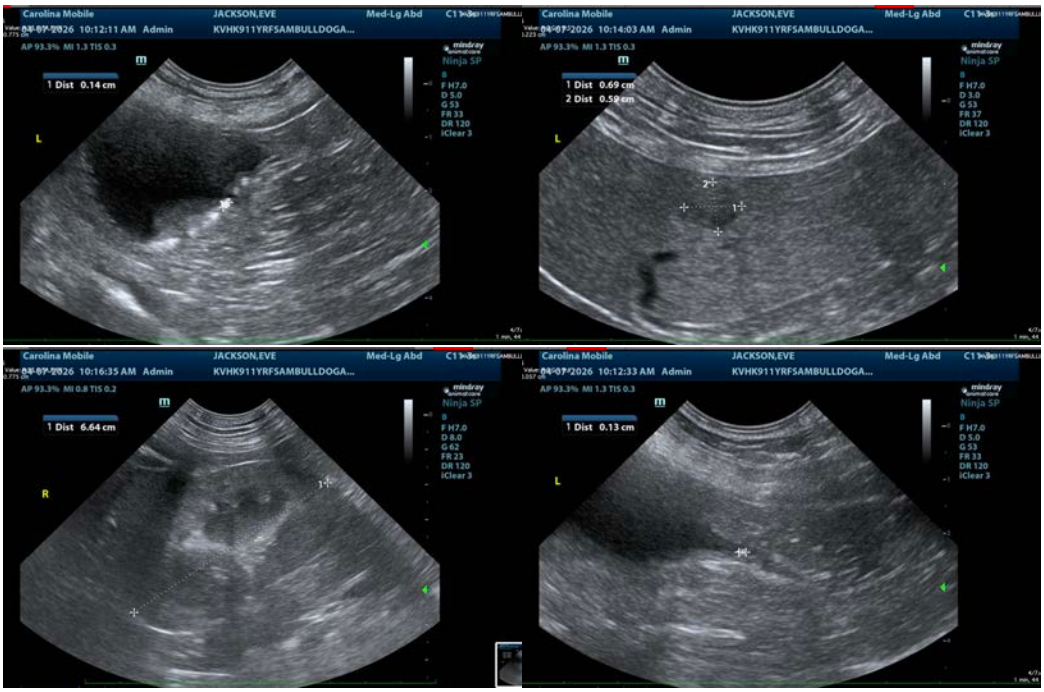
The right thyroid lobe was uniform, no evident pathology. The esophagus, trachea and salivary glands all appeared normal. The cranial aspect of the left thyroid lobe revealed a hypoechoic 0.37 cm nodule, which may represent primary parathyroid adenoma. However, it is equivocal as far as size. This may be a normal hyperplastic parathyroid.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder and urethral sand – likely secondary to hypercalcemia.
- Splenic nodule – hyperplasia, round cell neoplasia, emerging hemangiosarcoma all possible.
- Dystrophic mineralization of the liver – likely secondary to hypercalcemia.
- Prominent left cranial parathyroid, possible emerging adenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If hypercalcemia panel suggests primary hyperparathyroidism, then repeat sonogram in two weeks of the thyroid/parathyroid to assess for growth, primarily of the left cranial parathyroid. FNA of the splenic nodule indicated as well.



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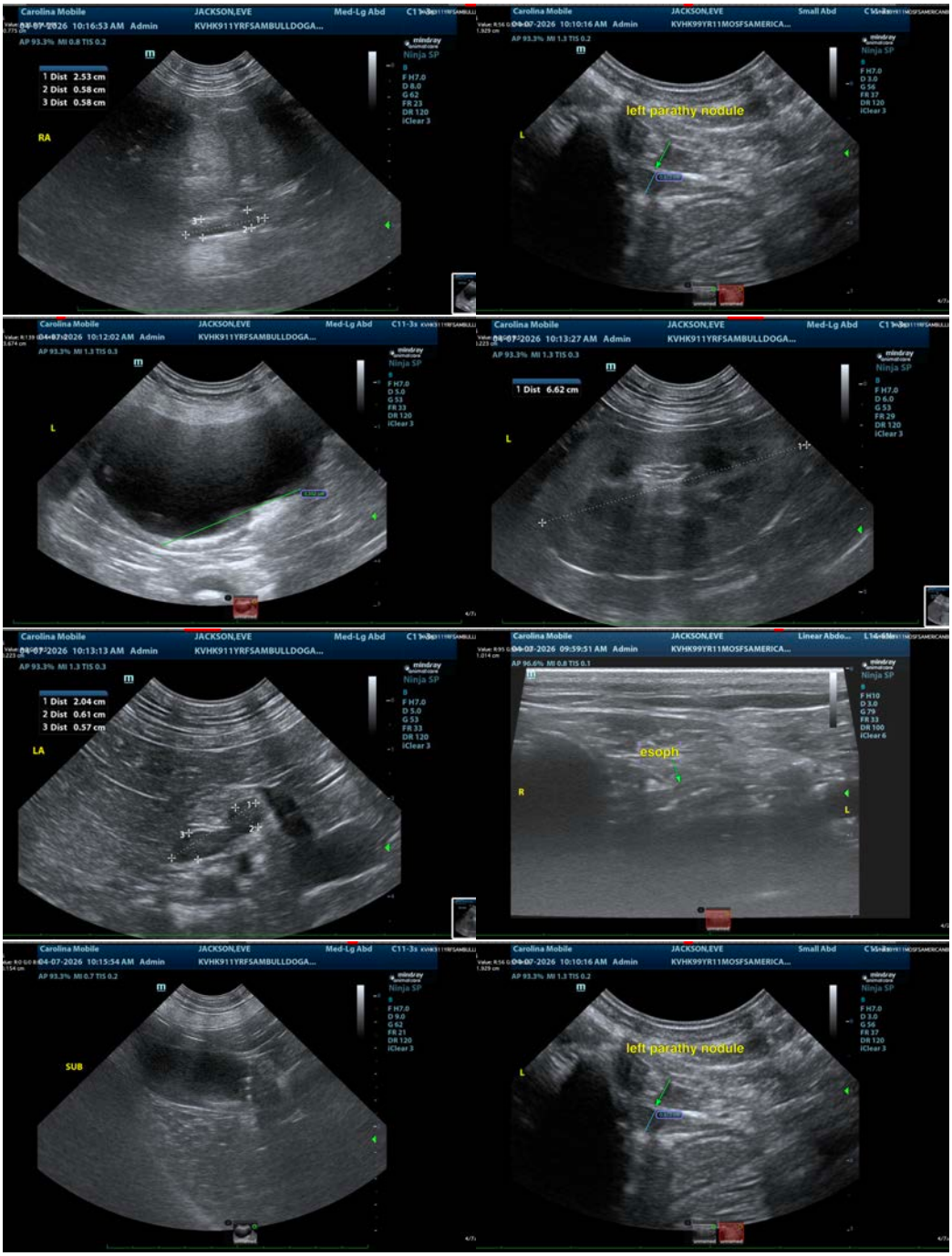

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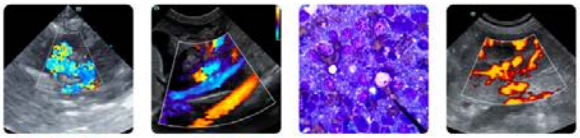

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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, Owner, Founder -- SonoPath.com
info@SonoPath.com