

DATE PRESENTING CLINICAL SIGNS

7/19/23

History of hyperthyroidism, recently changed dose forms to the brand name tablet and thyroid has been running low. At most recent visit, thyroid nodule has progressed from 4mm to 2cm (suspect it is thyroid rather than a separate mass).

PATIENT

Mr. Wilson Blockson

SPECIES

Feline

Current Medications: Atenolol 25mg 1/2 tab once daily, Methimazole 7.5mg in AM and 5mg in PM (about to decrease to 5mg BID), Azodyl once daily, Phos-bind mixed in with food (owner unsure how much she is giving), Fortiflora, SQF daily 100mL, Glycoflex daily, Cerenia 8mg EOD, Mirataz TD once daily, Prednisolone 5mg/day, Psyllium fiber 1/2tsp BID.

BREED

DSH

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Neutered Male

LIMITED ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

AGE

3/22/07

The right thyroid region revealed an undifferentiated cystic mass. The left thyroid lobe was uniform, measuring 0.25 cm. Trachea, esophagus and regional tissues were unremarkable. The cystic component of the right sided mass measured 0.66 cm x 1.25 cm. The mass itself measured 2.6 cm x 1.4 cm. The mass does appear encapsulated and resectable. The mass does not invade regional tissues, however, it is moderately vascular, deviating the carotid artery.

WEIGHT

4.14 kg

ULTRASONOGRAPHIC FINDINGS

- Right cystic thyroid mass, moderately vascular- suspect carcinoma. The mass appears encapsulated and surgically resectable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further recommendations to be made by Dr. Cara Steele.

HOSPITAL NAME

Nexus VS

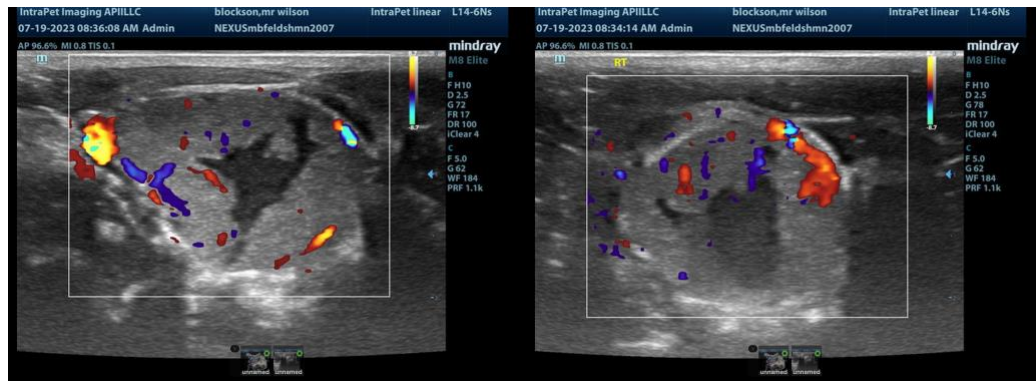
*Disclaimer: The position and structure of the mass would suggest thyroid origin and normal thyroid tissue was not evident. However, given the high mobility of the mass reported by the sonographer, an ectopic thyroid tissue origin or other tissue origin is entirely possible. Regardless, the mass does appear resectable and encapsulated.

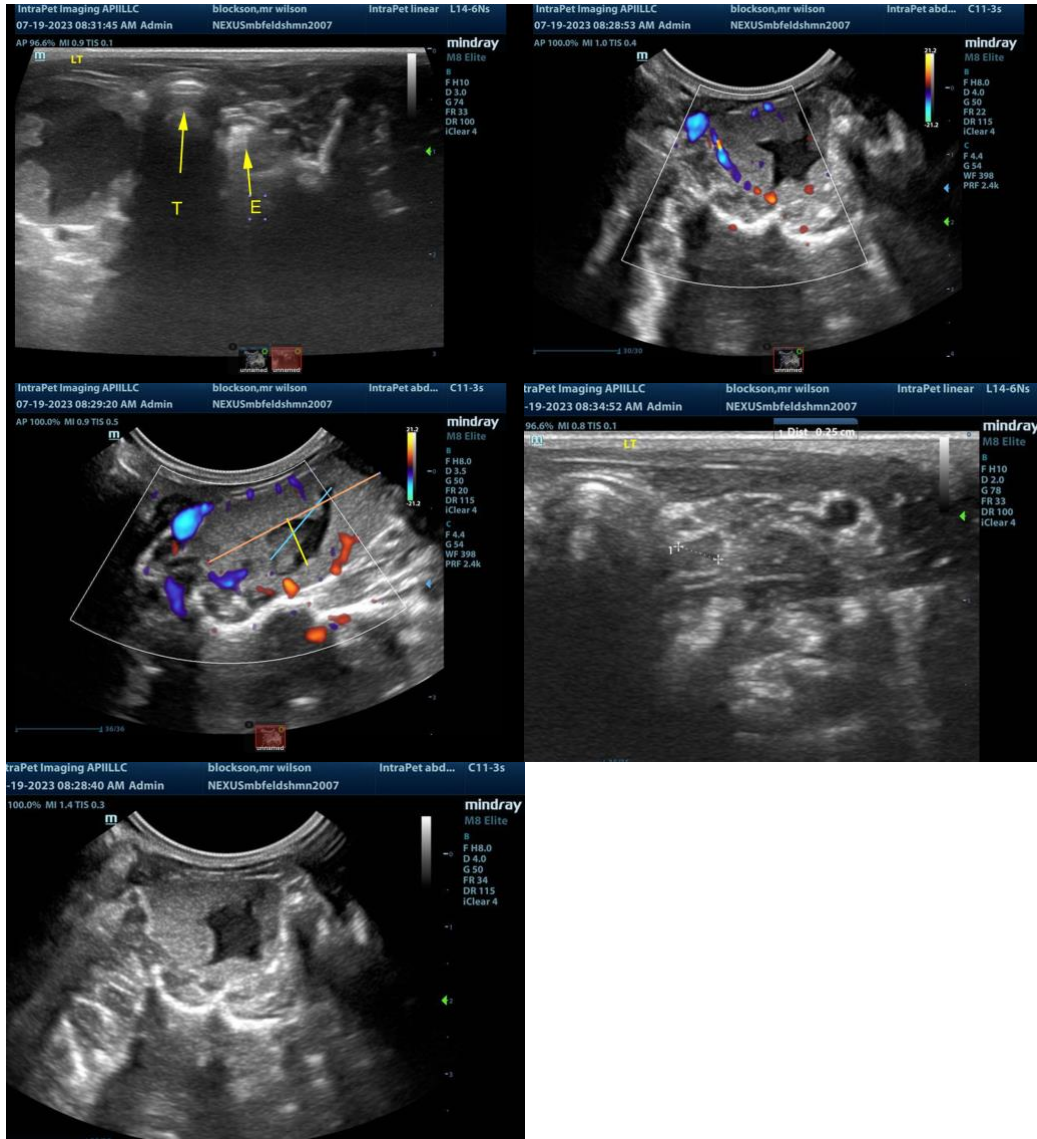
REFERRING VET

Dr. Steele

INVOICE

23492





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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