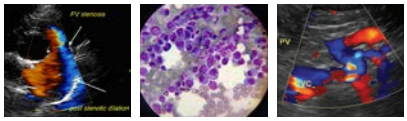
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/21/23

PATIENT

Sherlock Noppinger

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

7/20/13

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Banfield White Marsh

REFERRING VET

Dr. Racz

INVOICE

44259

PRESENTING CLINICAL SIGNS

Incidental findings on lab work - undiagnosed hypercalcemia.

Current Medications: None listed.
Lab Results: PTH 8.10, Ionized calcium 1.75, Calcium 14.4. Consistent with primary hyperparathyroidism
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic & Propofol.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a a mild amount of sand and slight calculi. The bladder itself and pelvic urethra were unremarkable.

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 right kidney measured 4.48 cm. The left kidney measured 5.39 cm. Slight pinpoint mineralizations noted in both kidneys.

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 2.01 cm x 0.62 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measured 2.68 cm x 0.43 cm at the caudal pole and 0.38 cm at the cranial pole.

Spleen

The **spleen** presented a mildly hypoechoic nodule at the cranial pole with slight capsular indentation. The nodule measured 1.06 cm, likely hyperplastic, however should be monitored.

Liver

The **liver** was uniform with mild coarse architecture, expected for the age of the patient. Gallbladder sand and small calculi noted.

Gastrointestinal

The **stomach** revealed shadowing material up to 1.0 cm, which may represent medications. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Thyroid

The thyroid lobes revealed a left cranial parathyroid adenomatous type nodule measuring 0.45 cm. Left thyroid lobe measured 1.7 cm x 0.30 cm with some remodeling.

The right thyroid and parathyroids were unremarkable with slight heterogeneous change noted at the cranial pole, yet not typical of adenoma.

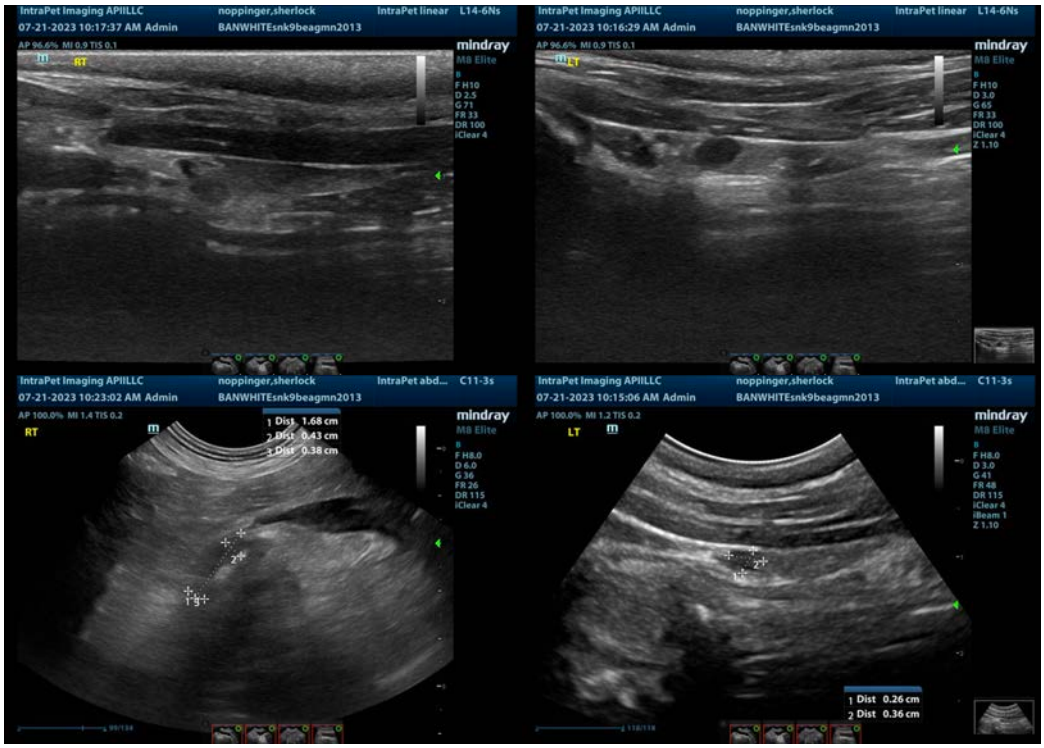
ULTRASONOGRAPHIC FINDINGS

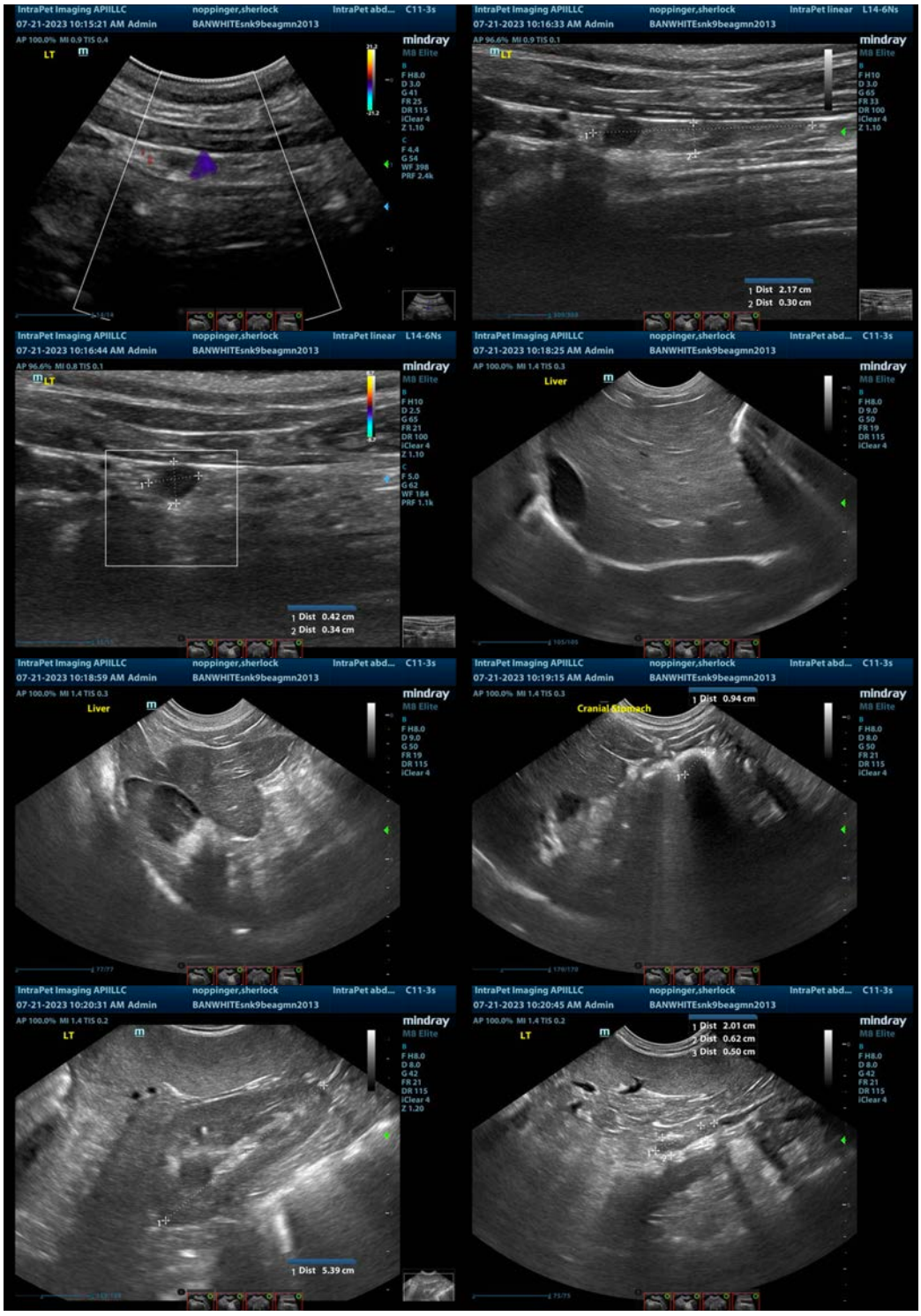
- Bladder sand
- Minor pinpoint renal mineralizations
- Minor gallbladder sand
- Hypoechoic splenic nodule
- 1.0 cm shadowing material in the stomach, possibly medication
- Age related pancreatic changes
- Left cranial parathyroid adenoma

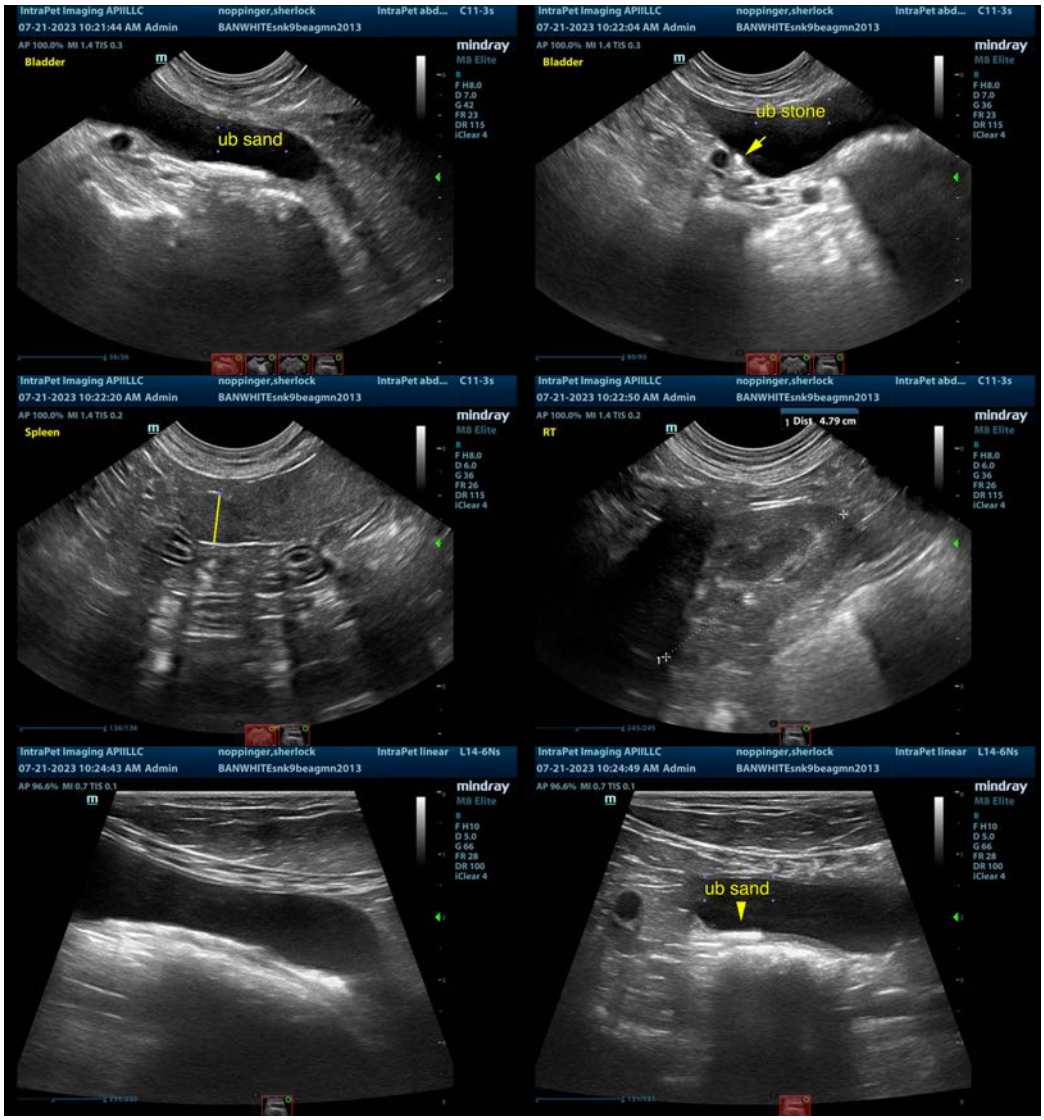
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal of the left cranial parathyroid adenoma recommended. FNA could be considered for further definition with mild thyroid remodeling. The bladder sand should be medically manageable. However, cystotomy with normo- and retrograde flushing is also an option. FNA of the splenic nodule indicated, likely hyperplastic.

**Limited heart scan declined.




IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet abd... C11-3s
07-21-2023 10:15:21 AM Admin
BANWHITEsnk9beagmn2013
mindray
MB Elite
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet linear L14-6Ns
07-21-2023 10:16:33 AM Admin
BANWHITEsnk9beagmn2013
mindray
MB Elite
1 Dist 2.17 cm
2 Dist 0.30 cm
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet linear L14-6Ns
07-21-2023 10:16:44 AM Admin
BANWHITEsnk9beagmn2013
mindray
MB Elite
1 Dist 0.42 cm
2 Dist 0.34 cm
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet abd... C11-3s
07-21-2023 10:18:25 AM Admin
BANWHITEsnk9beagmn2013
Liver
mindray
MB Elite
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet abd... C11-3s
07-21-2023 10:18:59 AM Admin
BANWHITEsnk9beagmn2013
Liver
mindray
MB Elite
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet abd... C11-3s
07-21-2023 10:19:15 AM Admin
BANWHITEsnk9beagmn2013
1 Dist 0.94 cm
Cranial Stomach
mindray
MB Elite
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet abd... C11-3s
07-21-2023 10:20:31 AM Admin
BANWHITEsnk9beagmn2013
mindray
MB Elite
1 Dist 5.39 cm
IntraPet Imaging APIIILLC
noppinger,sherlock
IntraPet abd... C11-3s
07-21-2023 10:20:45 AM Admin
BANWHITEsnk9beagmn2013
1 Dist 2.01 cm
2 Dist 0.62 cm
3 Dist 0.50 cm
mindray
MB Elite



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