



PATIENT PRESENTING CLINICAL SIGNS

Oliver Spires

History: Patient with previous history of RIGHT hyperparathyroidism surgery on 12/15/19. Patient presents today to R/O neoplasia/recurrence of hyperparathyroid (on left side)/determine reason for elevated ionized calcium. Current meds: 10mls Desmopressin acetate 0.04%, 300mgs Gabapentin PRN (1 BID), carprofen 75 mgs PRN (1 BID).
Alk. Phos. 458, chol. 391, calcium 15.2, ionized Ca 1.82.

SPECIES

Canine

BREED

Husky Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

AGE

13 years

The residual prostate was uniform and measured 0.84 cm.

WEIGHT

77 lbs

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 7.2 cm with a cortical cyst that measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.51 x 1.59 cm at the caudal pole and 1.99 cm at the cranial pole. The left adrenal gland measured 2.25 x 0.69 cm at the caudal pole and 0.58 cm at the cranial pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Brenda King VS

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. A focal swelling was noted at the mid splenic body with capsular expansion measuring approximately 4.0 cm, yet there was no significant disruption of architecture. The lesion technically represents a mass.

REFERRING VET

Dr. King

INVOICE

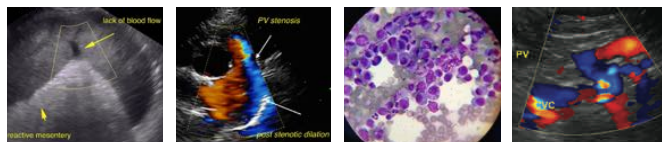
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Liver

The left cranial **liver** revealed an expansive, heterogenous, lobar mass that measured 6.6 x 4.3 cm. The mass impinged upon the gallbladder medially. The gallbladder presented minor sand accumulation and heterogenous, right-sided nodular changes.

DATE

8/17/21



PATIENT

Gastrointestinal

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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.

SEX

Neutered male

Thyroid

AGE

13 years

The residual right thyroid lobe was unremarkable and measured 0.35 cm. There was no residual local return of prior pathology. However, the left thyroid lobe revealed a 1.16 x 0.51 cm, hypoechoic nodule. The parathyroid nodule was in the mid body of the left thyroid gland. This is consistent with parathyroid adenoma.

WEIGHT

77 lbs

ULTRASONOGRAPHIC FINDINGS

Left parathyroid adenoma lesion.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Splenic mass.

Hepatic mass.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal of the left parathyroid adenoma lesion is recommended. However, splenic mass, hepatic mass and nodular changes are present. The splenic and hepatic presentation could be benign or low-grade neoplasia such as hyperplasia, hemangiosarcoma and carcinoma is all possible. FNA of the left parathyroid lesion is recommended to confirm adenoma as well as FNA of the splenic and hepatic masses for further definition. Defining the abdominal pathology is strongly recommended prior to surgical intervention upon the left parathyroid.

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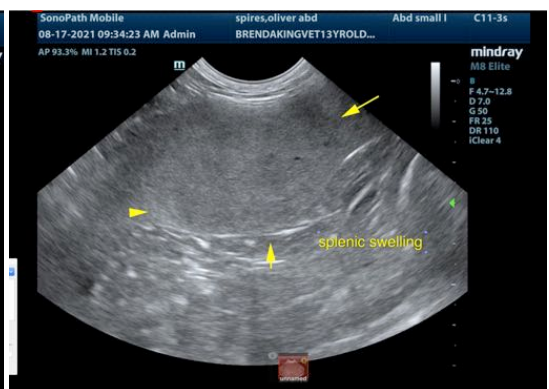
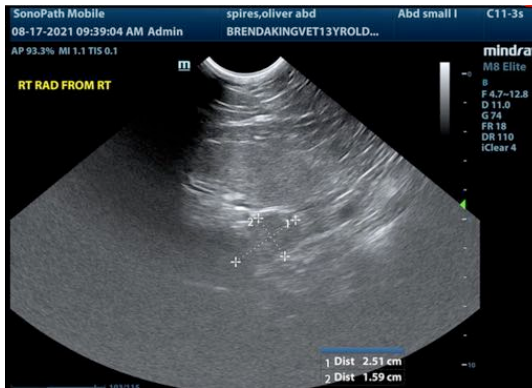
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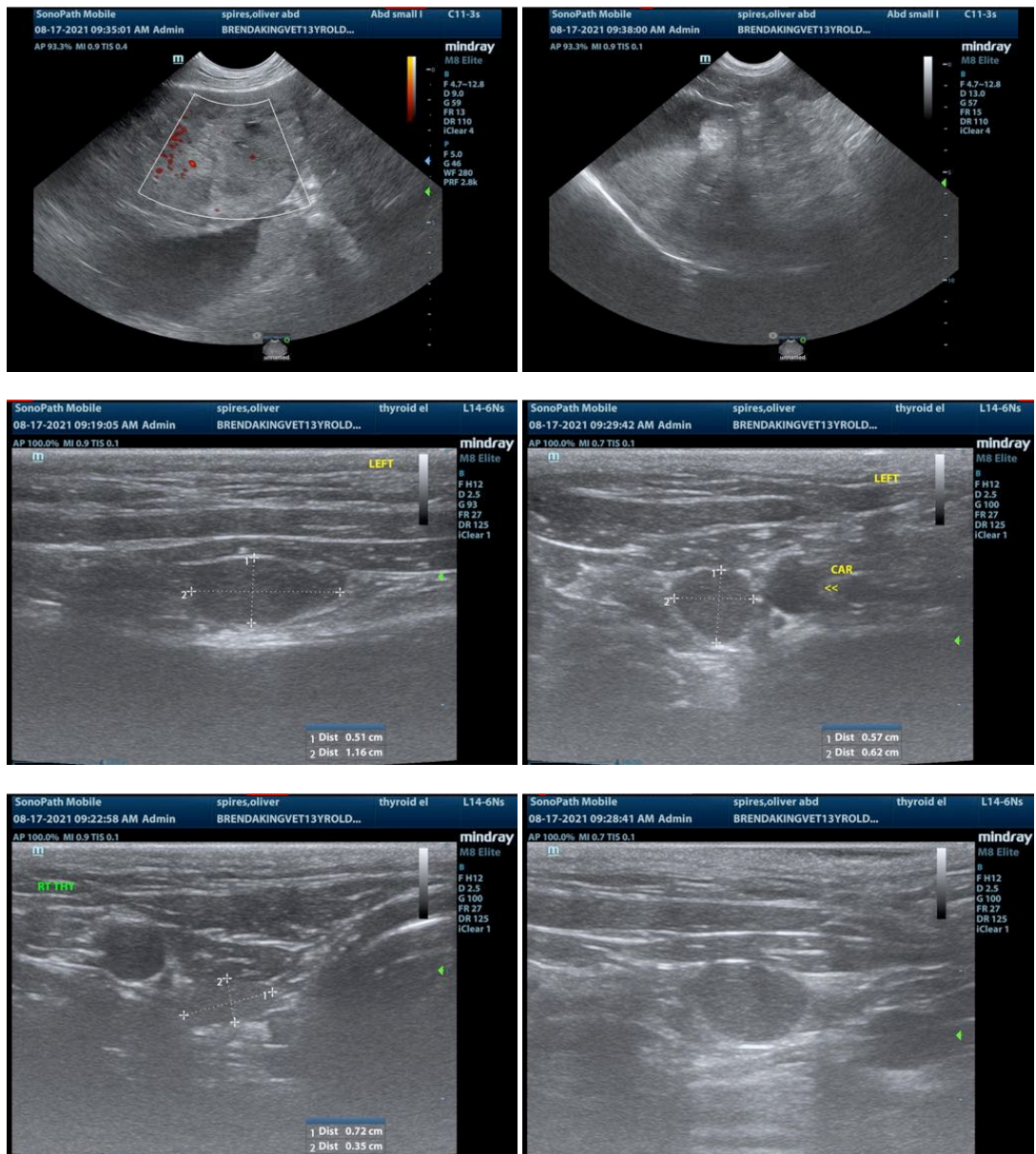
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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