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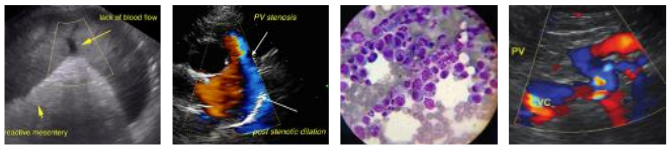
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Dash Graziano

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

16 Years

WEIGHT

30.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr. Elia

INVOICE

16781

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: appetite decreased, weight loss, elevated AST and ALT, elevated T4 and free T4. on levothyroxine 0.2 mg bid, carprofen, gabapentin, amantadine

Abnormal PE/Chem/CBC/UA Results: AST 96, ALT 344, T4 3.9, FREE T4 50.9, Precision PSL 269. USPG 1.030

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & THYROID

Urinary System

The **urinary bladder** was structurally normal. Anechoic urine was present with sand accumulation, measuring up to 1.2 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.02 cm. The left kidney measured 5.07 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are mild and likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The adrenal glands were upper limits of normal size. The right adrenal gland measured 2.15 cm x 0.52 cm at the caudal pole and 1.33 cm at the cranial pole. The left adrenal gland measured 2.04 cm x 0.76 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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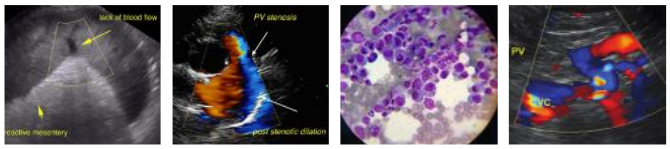

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Pancreas

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.

Thyroid

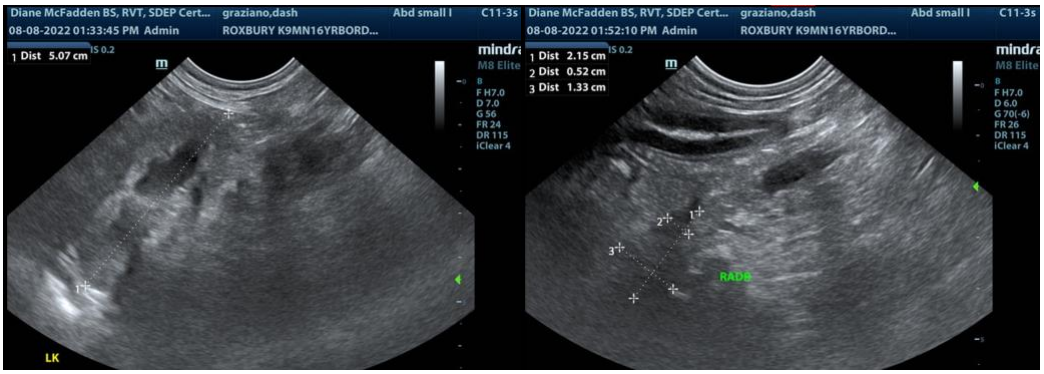
The right **thyroid** was unremarkable, measuring 2.96 cm x 0.6 cm. The left thyroid was uniform, measuring 2.03 cm with a hypoechoic 0.53 cm parathyroid, suggestive for parathyroid adenoma. If hypercalcemia is present and parathyroid panel suggests primary hyperparathyroidism, then left medial parathyroidectomy is recommended.

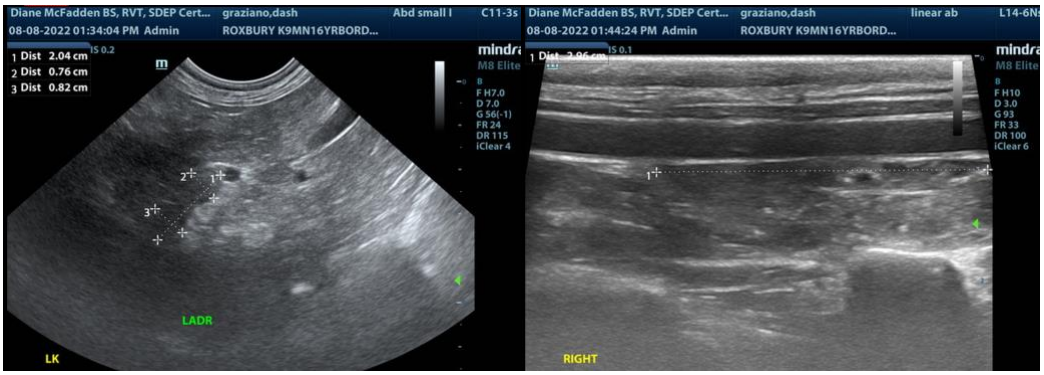
ULTRASONOGRAPHIC FINDINGS

- Adrenal glands were upper limits of normal in size
- Left parathyroid nodule, suggestive for left adenoma
- Nonspecific low grade inflammatory hepatopathy- FNA could be considered for further definition
- Urinary bladder sand
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Functionality depends on further diagnostics. Ultrasound guided FNA under sedation could be considered for further definition. Calcium evaluation is recommended +/- left parathyroidectomy.





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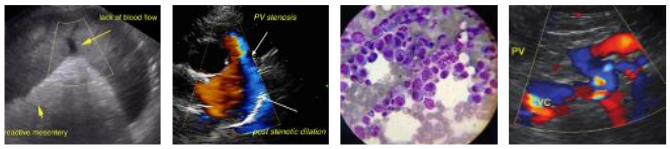

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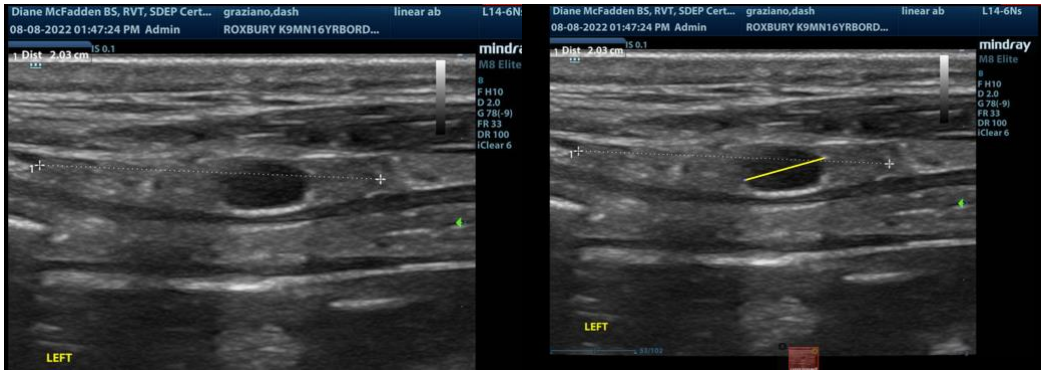

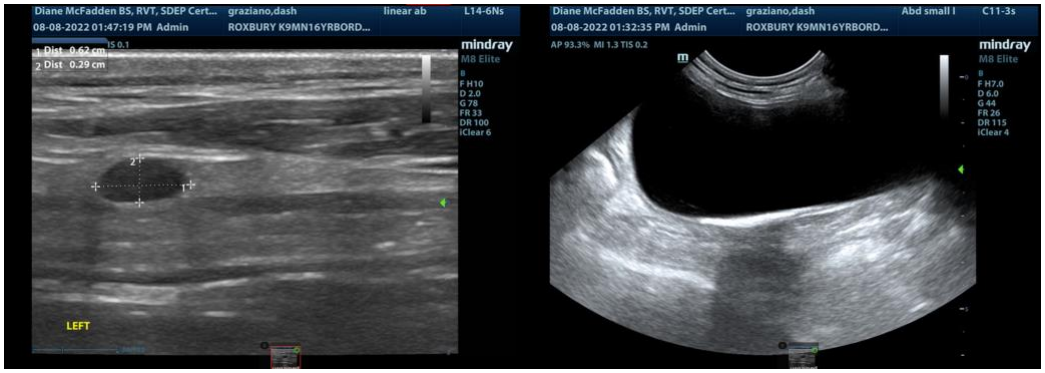

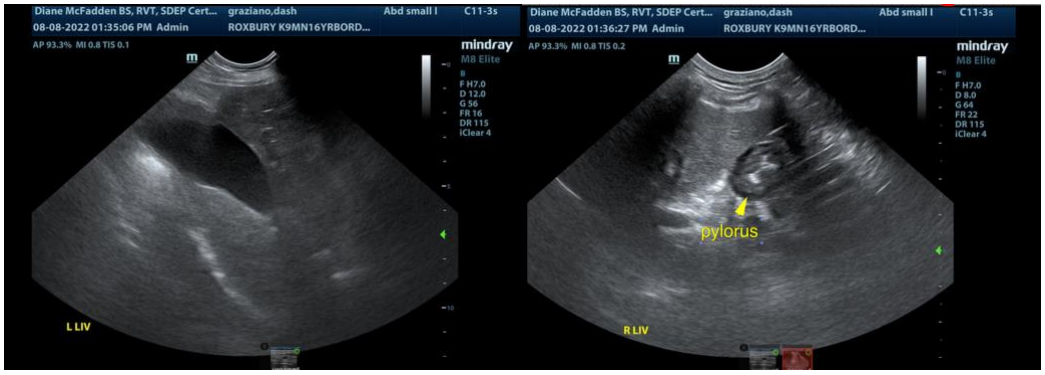

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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