



**PATIENT**

Onyx Sowell

**SPECIES**

Canine

**BREED**

Cocker X

**SEX**

Neutered Male

**AGE**

12 Years 10 Months

**WEIGHT**

22.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Pacific Crest Mobile

**REFERRING VET**

Dr. Sandors

**INVOICE**

40977

**DATE**

9/1/22

**PRESENTING CLINICAL SIGNS**

Abdominal ultrasound and thyroid screen requested for "Onyx" Stowell, 12yr 10 mos MN Cocker Mix, Presented to rDVM following nip at groomer on handling hindquarters, not normal for pt; some decrease in activity/mobility past months. Possibly tender to lumbar palpation vs abdomen. Primary reason for scan was finding of elev total Ca (11.8, upper ref 11.0) on chems MEDS: Benazepril 5 mg: 2 p.o. q12h Urinary SO for bladder stones Joint supplement

Abnormal PE/Chem/CBC/UA Results: Pending diagnostics: MSU malignancy profile PE: Unremarkable coat and body condition, vitals normal, mms pink, crt/pulses normal; \*NSF rectal/anal sac palpation Thorax and abd rads 8/5/22: (w radiologist interp) NSF thorax Abd: -hepatomegaly - urinary cystic calculi, nsf otherwise w soft tissue and skeletal Labs 8/5/22: -CHEMS: -mild elev total Ca 11.8, mild increase ALP 438 (other liver ez normal) -TP mild elev 7.4 w slight elev glob 3.9 CBC: -normal UA: -USG 1.023, UPCR 0.3, amorphous crystals -Culture: NEG 8/9/22: Fecal O&P neg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Sand and calculi noted, a grouping of which measured 2.0 cm. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 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 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 6.86 cm. The left kidney measured 6.44 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. The left adrenal gland measured 0.70 cm. The right adrenal gland measured 0.71 cm.

**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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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**Gastrointestinal**

Onyx Sowell

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**

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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**

**SEX**

Neutered Male

The cranial aspect of the left thyroid lobe revealed a hypoechoic nodule measuring 1.0 cm x 0.48 cm, consistent with parathyroid adenoma. The right thyroid lobe was unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 Years 10 Months

- Bladder calculi, geriatric abdomen otherwise
- Left parathyroid nodule

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

22.7 kg

The clinical profile and sonographic appearance are consistent with left cranial parathyroid adenoma. Left cranial parathyroidectomy and cystotomy recommended.

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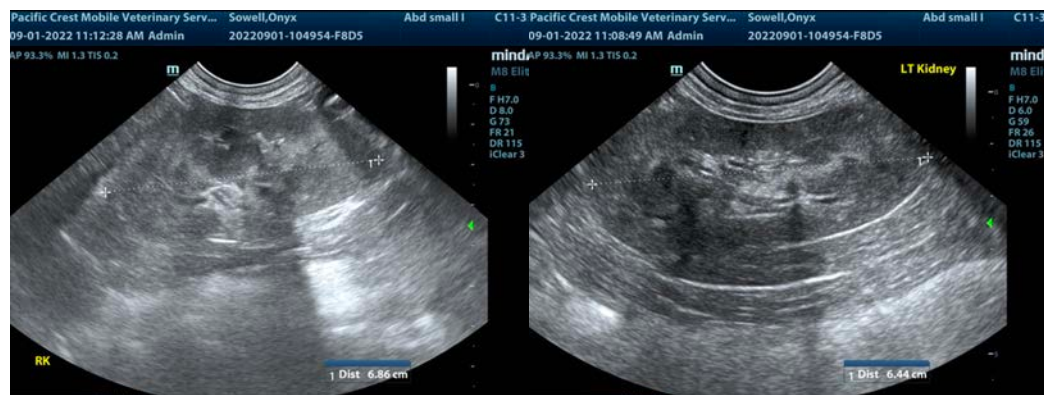
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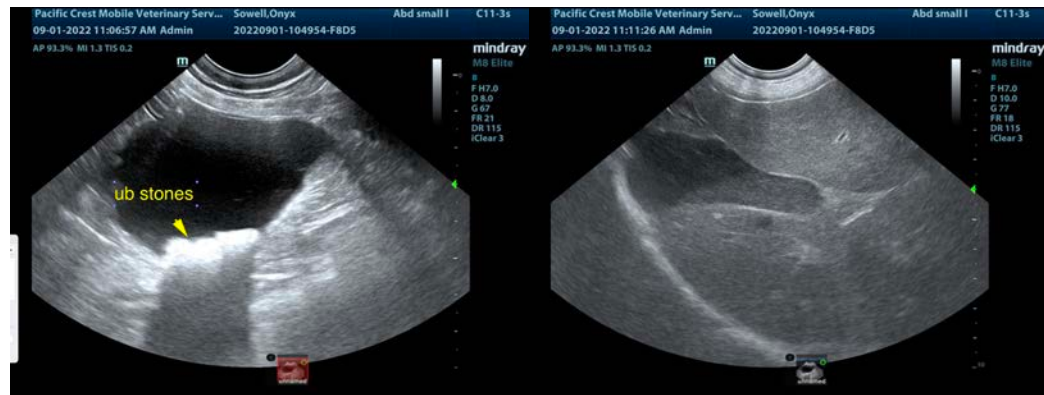
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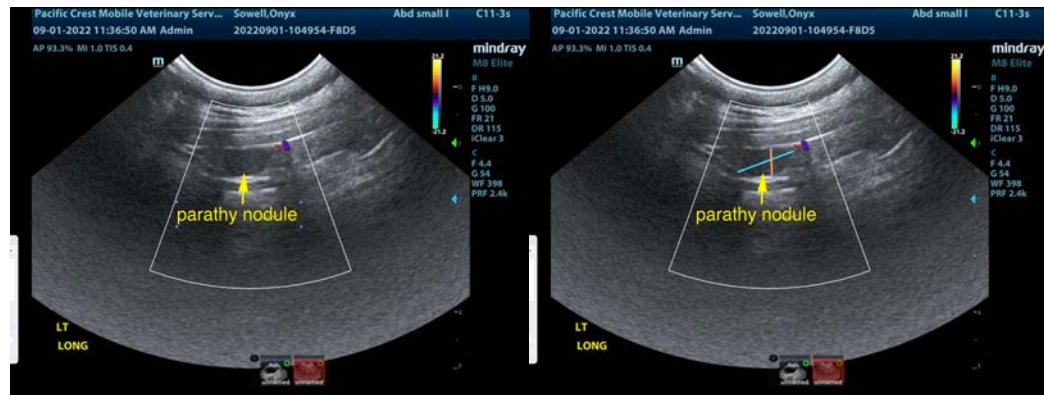
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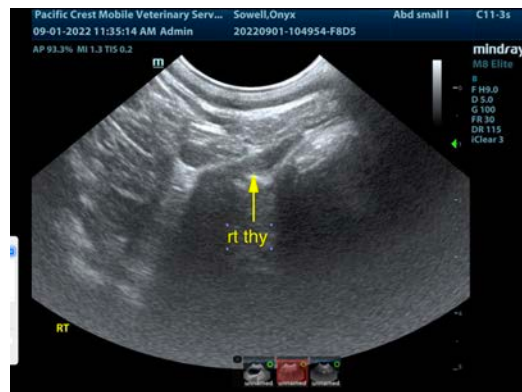
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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