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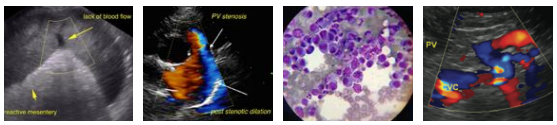


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Lady Witt

SPECIES

Canine

BREED

Lhasa Apso Cross

SEX

Spayed female

AGE

9 years

WEIGHT

19.5 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland AH

REFERRING VET

Dr. Sullivan

DATE

1/4/23

Invoice

42500

PRESENTING CLINICAL SIGNS

History: -seen 10/22 for senior exam, abd palpation non-diagnostic, tense pt, obese -coxofemoral joint reduced ROM, stifle joint reduced ROM and crepitus -sensitivity in hind end, slow to rise, otherwise fairly normal PE -after labs there was concern for hyperparathyroidism, recc US Current Medications possibly carprofen, welactin,
Serum calcium- 11.7, ionized 1.43 (upper limits of normal), urine specific gravity 1.036, pH 7.5

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID

Both thyroid lobes in this patient presented a moderate amount of remodeling. No overt masses were present. The esophagus, trachea, salivary glands and regional lymph nodes were all normal. A single, hypoechoic, expansive parathyroid nodule was noted in the left and measured 0.34 cm with expansion upon the thyroid capsule.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

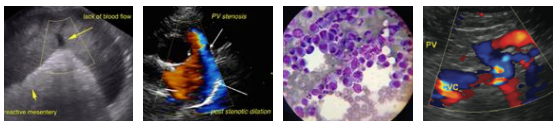
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 4.7 cm. The left kidney measured 4.58 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 1.83 x 0.39 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 1.62 x 0.89 cm at the cranial pole and 0.53 cm at the caudal 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



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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 was 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.

Gastrointestinal

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.

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.

ULTRASONOGRAPHIC FINDINGS

Thyroid remodeling with prominent medial parathyroid. May be a normal variant, hyperplasia or emerging adenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA can be considered in this patient or a recheck in a month. If the nodule is growing then resection is indicated. This should be paired with follow-up hypercalcemia panel given that the hypercalcemia values would suggest primary hyperparathyroidism, yet this is still equivocal.

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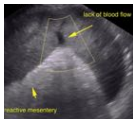
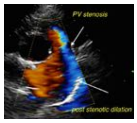
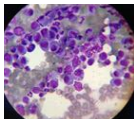
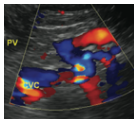

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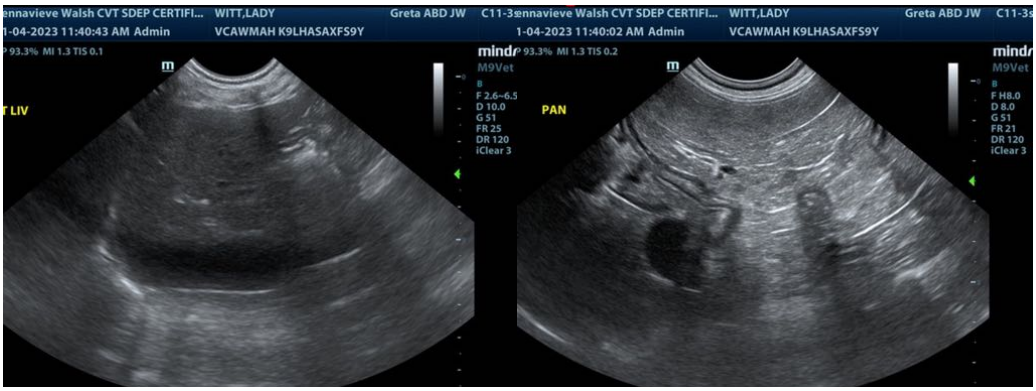

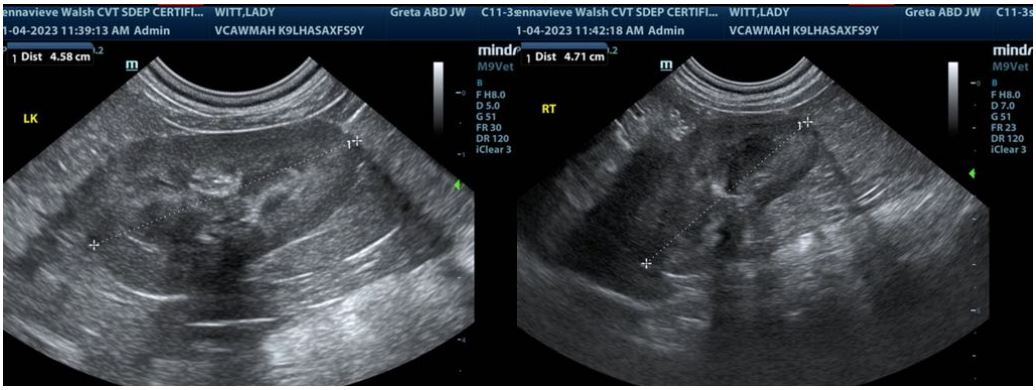

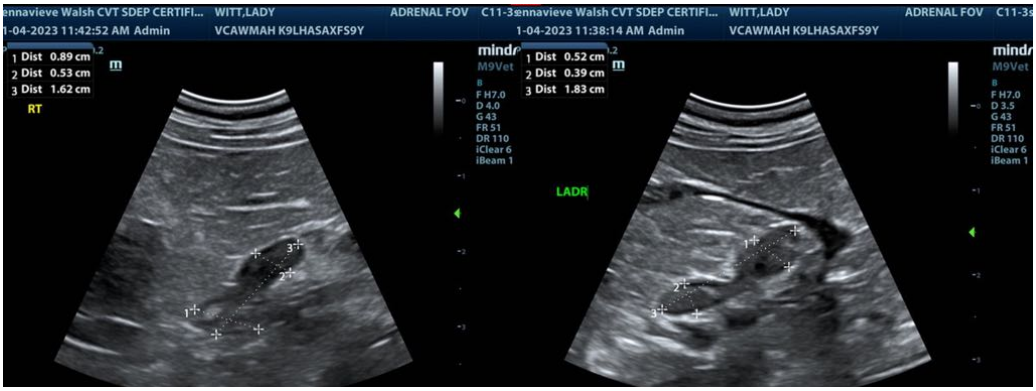

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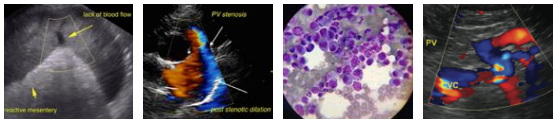

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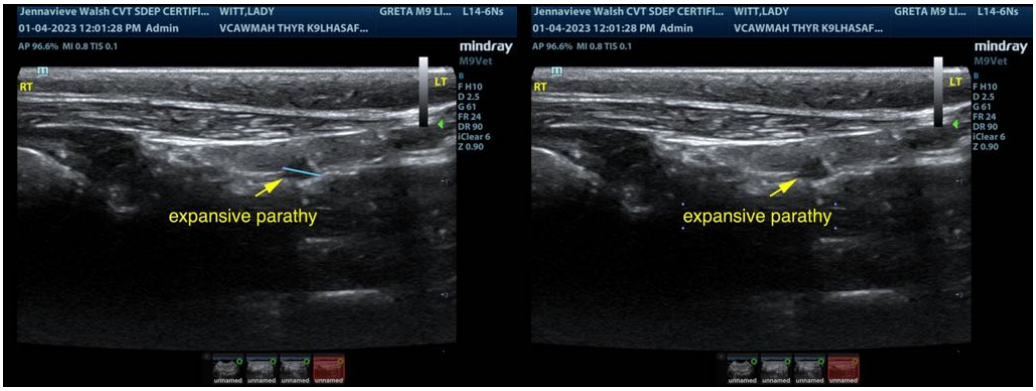

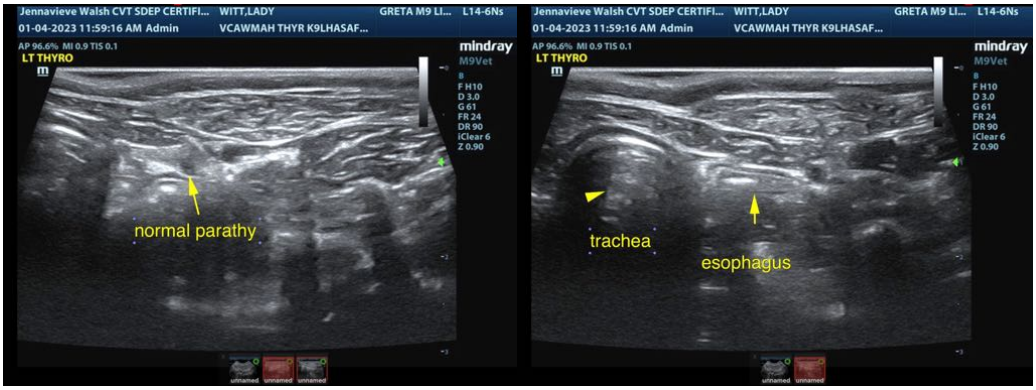

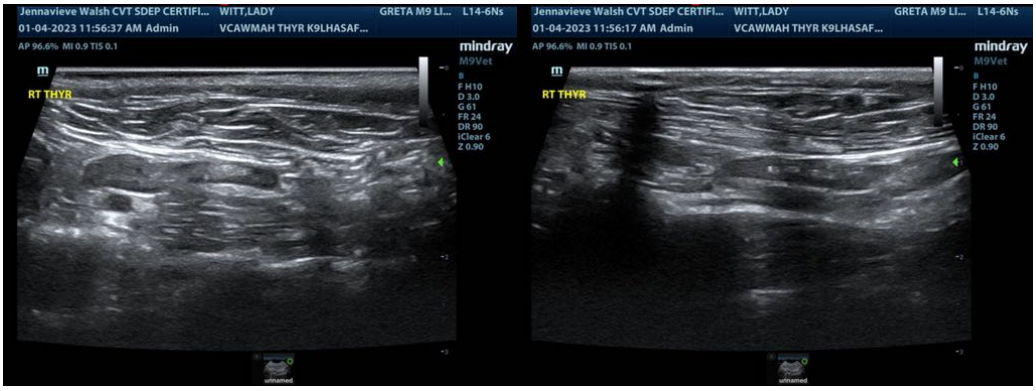

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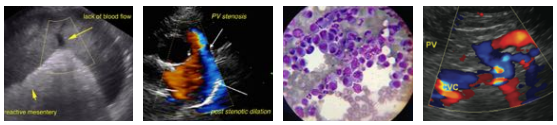

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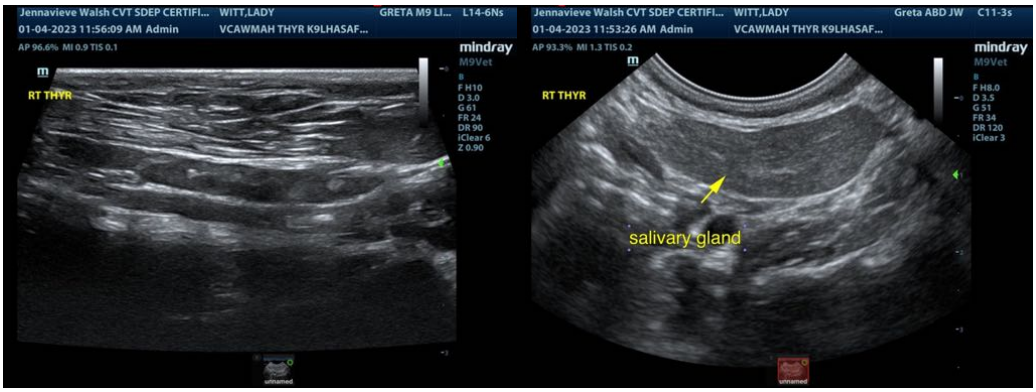

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com