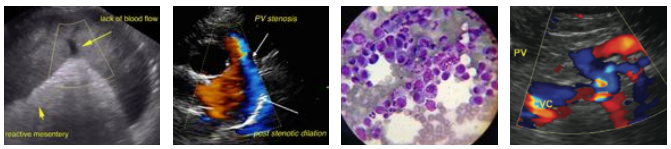
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Teddy Bear Zhang

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

10 years

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Ng

INVOICE

43313

DATE

3/16/23

PRESENTING CLINICAL SIGNS

History: Patient with history of intermittent diarrhea, presents for suspect thyroid mass and weight loss. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 236, Ca 8.7, T4 3.8, Free T4 57.2.

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 residual prostate was uniform and measured 1.18 cm.

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 5.3 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 right adrenal gland measured 1.84 x 0.51 cm at the caudal pole and 0.38 cm at the cranial pole. The left adrenal gland measured 1.98 x 0.44 cm at the caudal pole and 0.57 cm at the cranial pole.

Spleen

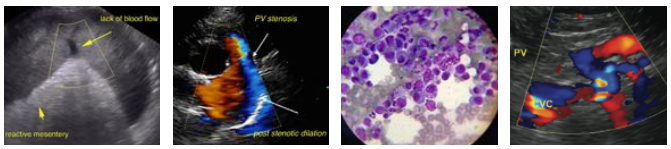
The **spleen** was heterogenous hypoechoic nodular changes. There was mild disruption of architecture.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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



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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.

Thyroid

The left thyroid lobe in this patient revealed an expansive, hypoechoic and cystic mass that measured 1.8 x 1.5 cm with capsular expansion. The right thyroid lobe revealed heterogenous, hypoechoic nodular changes. This is consistent with hyperplasia that measured up to 0.3 cm. The esophagus and regional tissues were unremarkable. The left thyroid mass appears encapsulated and moderately vascular.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia splenic pattern.

Left thyroid mass.

Hyperplasia right thyroid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a minor potential for round cell neoplasia. FNA of the spleen is indicated to ensure that this is a benign change. There was no other evidence of abdominal pathology.

The right thyroid lobe is most consistent with hyperplasia; however, FNA of the nodular changes is recommended to ensure no link to the left thyroid lobar mass. Left-lobar thyroid mass appears to be resectable as long as the nodular changes in the right lobe are benign.

FNA of the left thyroid mass, right thyroid lobe and spleen are all indicated as well as chest radiographs to assess for metastatic disease. If the clinical pathology is localized to the left thyroid lobe then surgical resection is indicated.

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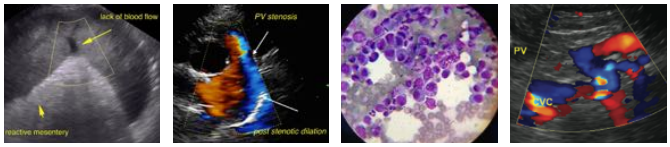

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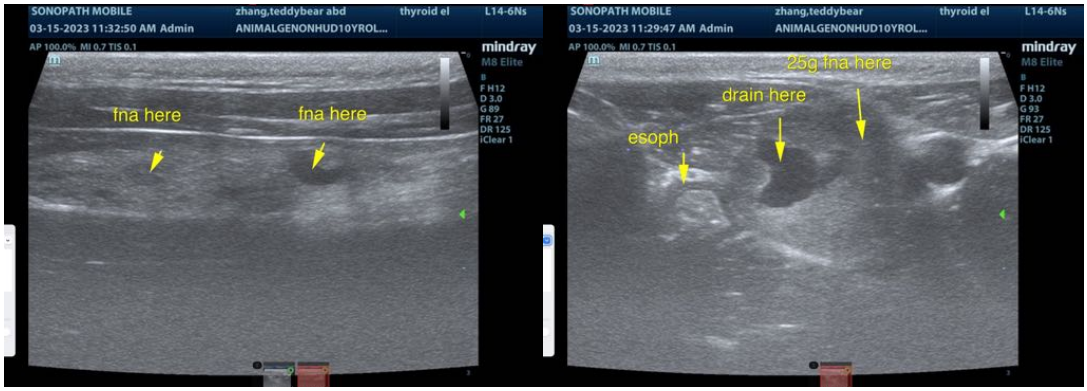

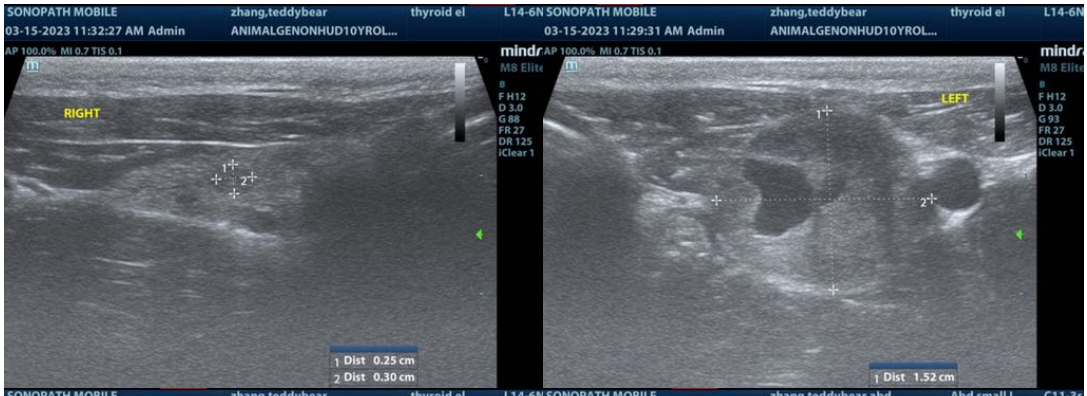

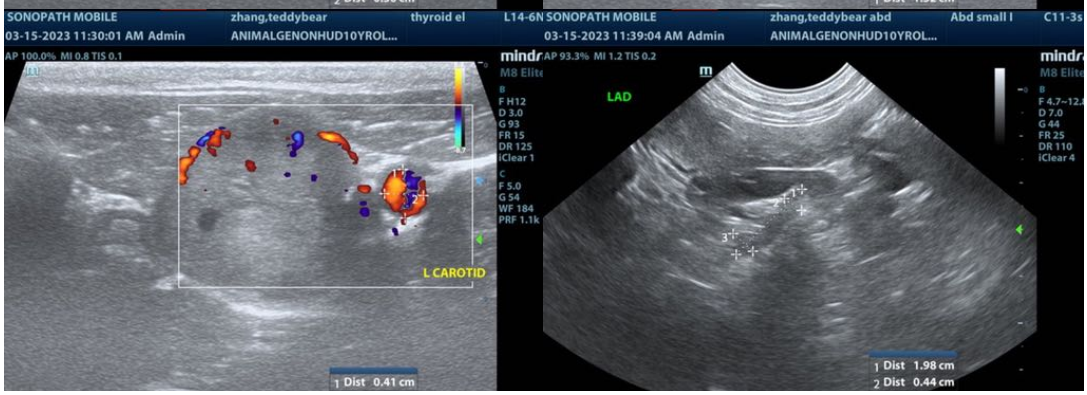

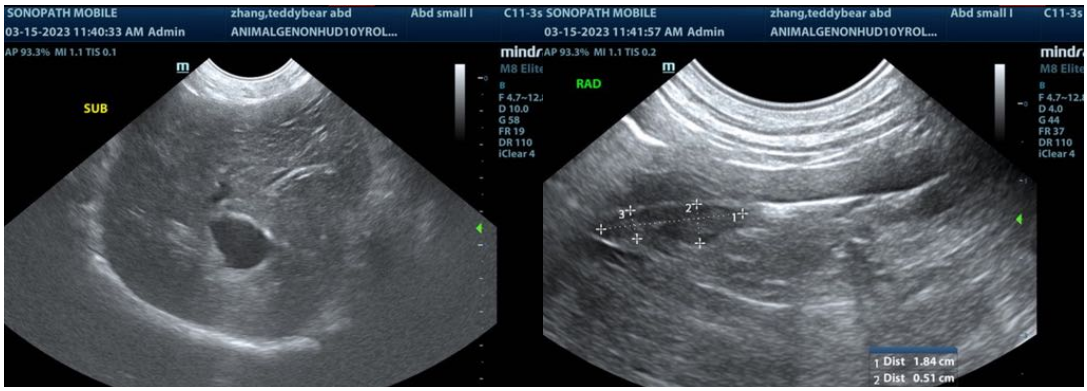

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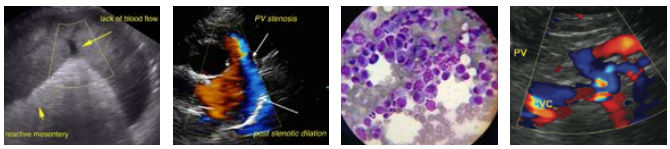

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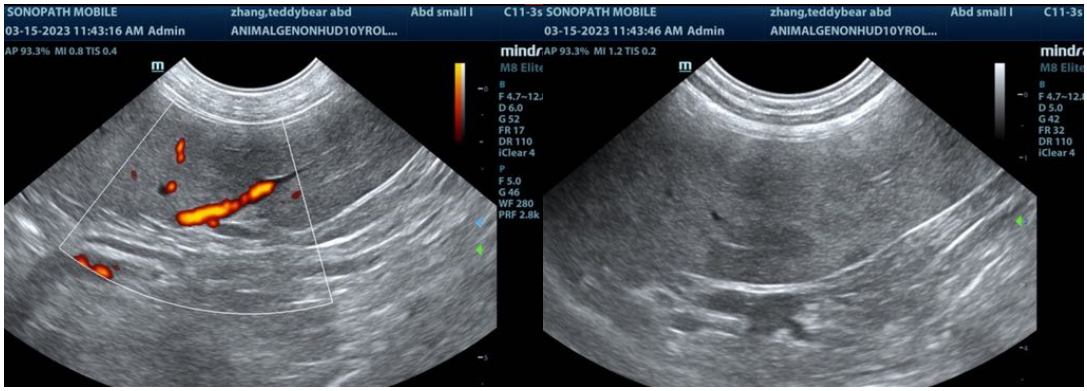

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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