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Clinical Sonography & Telecytology
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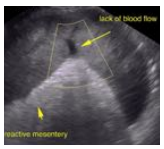
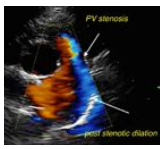
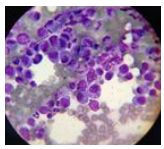
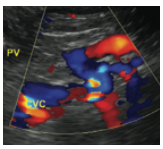

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Tucker Devmlentis

SPECIES
Canine

BREED
Boxer

SEX
Neutered male

AGE
5 years

WEIGHT
70.5 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Valeryia Shumskaya

HOSPITAL NAME
Ramapo Valley AH

REFERRING VET
Dr. Katara

INVOICE
45028

DATE
6/28/23

PRESENTING CLINICAL SIGNS

History: Severe PU/PD, Incontinence, dramatically losing weigh, suspect thyroid tumor R side neck (Thyroid carcinoma?)
Abnormal PE/Chem/CBC/UA Results: T4 4.1 (4/4/23),

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed anechoic urine, yet a thickened wall that measured up to 1.0 cm at minor repletion.

The residual prostate was uniform and measured 1.3 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 left kidney measured 6.0 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 2.51 x 0.57 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 1.51 x 0.9 cm at the cranial pole and 0.38 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 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** 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.

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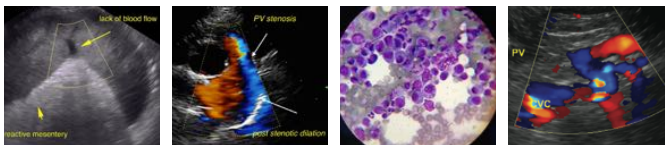

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Gastrointestinal

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.

Thyroid

Right thyroid mass was noted in this patient and measured 2.0 x 2.5 cm. The mass appears encapsulated and is significantly mineralized and significantly vascular. The left thyroid was unremarkable and measured 0.5 cm. The esophagus, salivary glands, trachea and regional tissues were all normal.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Right thyroid mass, appears resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thyroid panel is warranted if not already performed. If the patient is hyperthyroid this is likely driving the PU/PD and potentially the weight loss. Cervical CT evaluation for planning would be ideal. FNA of the thyroid mass could be considered to confirm carcinoma. FNA of the thyroid could be performed at the time of CT evaluation.

ABOUT SONOPATH CT SERVICES:
SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at https://sonopath.com/services/vetimaging/

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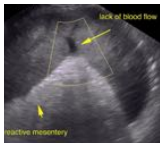
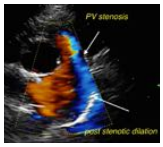
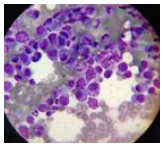
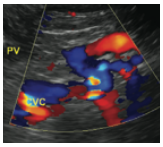

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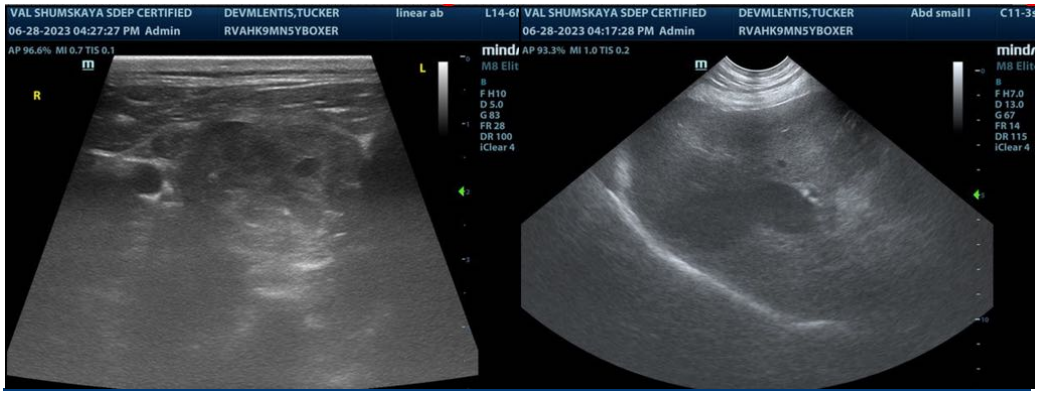

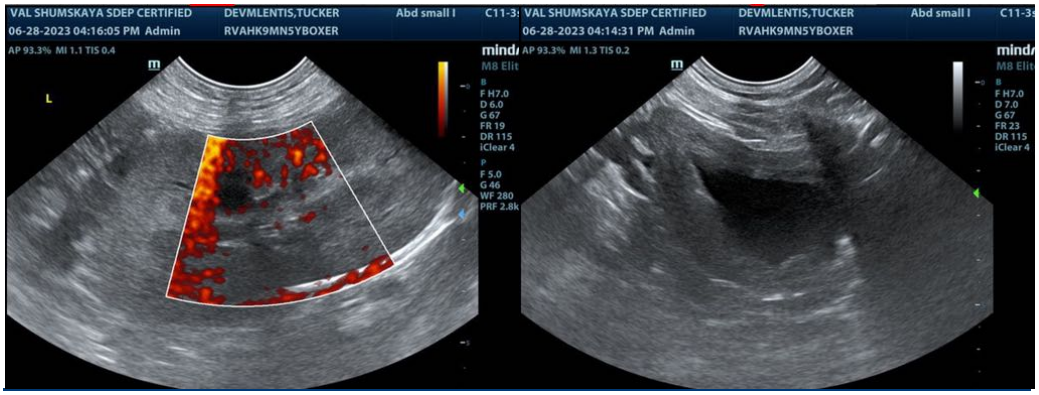

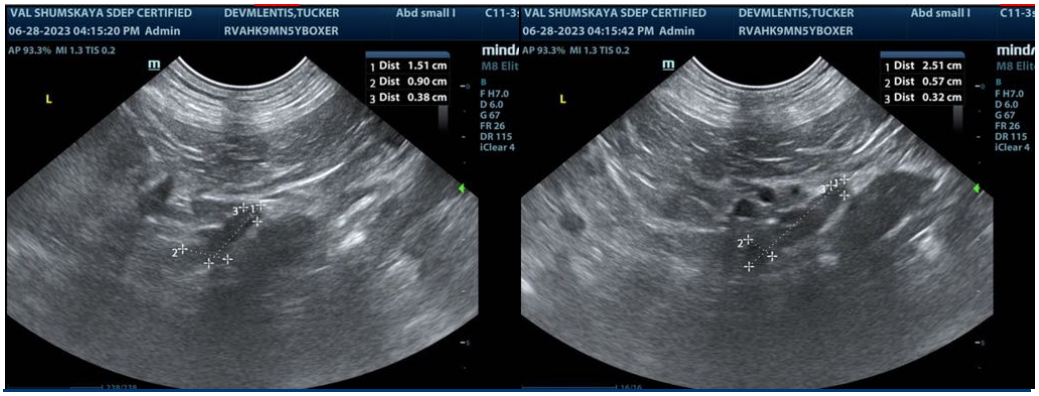

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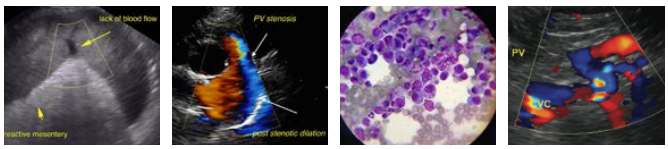

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com