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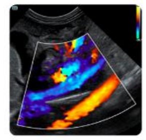
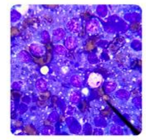
FOSTERING THE ART OF VETERINARY MEDICINE™


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Paisley Brady

SPECIES
Canine

BREED
Poodle Mix

SEX
SF

AGE
12 yrs

WEIGHT
5.5 kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Renee Trionfetti, VMD

HOSPITAL NAME
Blue Pearl Wyomissing

REFERRING VET
Oley Valley AC

INVOICE
10596

DATE
1/28/26

PRESENTING CLINICAL SIGNS

History:

- AUS and Neck ultrasound to further evaluate hypercalcemia and mild ALT elevation. Weight loss, ~1 lbs. Based on MSU panel, Primary hyperparathyroidism remains a differential diagnosis.
- 1/10 - 1/12/26- seen at rDVM for Seizure-like episodes occurring when awake but not during sleep (whole body tremoring), no apparent distress. Episodes had been noted since prior to Thanksgiving. Eating and drinking normally. Diet consists primarily of chicken, poor appetite for regular dog food. History of intermittent diarrhea that has been prev responsive to Rx Diet. Historical polycythemia (elevated red blood cell count consistently over several years). PE: Rectal - NSF
- Endocrinology Interp- There is a clinically significant hypercalcemia, but the PTH concentration is in an equivocal range for distinguishing parathyroid-independent from parathyroid dependent hypercalcemia. If the PTH concentration were higher, there would be more confidence for primary hyperparathyroidism. Conversely, I expect to see a lower concentration of PTH w/ hyperCa of malignancy or other causes of parathyroid-independent hyperCa. The low-normal PTHrP concentration does not provide support for humoral hyperCa of malignancy mediated by PTHrP production. However, a neg PTHrP result does not eliminate the possibility of malignancy as there are multiple other mechanisms by which cancers can cause hyperCa. Primary hyperparathyroidism remains a DDx

Abnormal PE/Chem/CBC/UA Results: MSU Thyroid panel: - iCa 1.84 H (1.25 -1.45) - Parathyroid horm 5.6-n (1.10 - 10.60) - Parathyroid related pro 0.00 -n (0.0-1.0) - TT4 2.4 - CBC: RBC 10.51 H, HCT *67.0 H, HGB 21.6 H, MCH 20.6 L, MCHC 32.2-n, NEU 2.68 L, PLT 321-n, remainder NSF - Chem: normal renal values, PHOS 2.2 L, CA 14.1 H, Alb 3.4-n, ALT 323 H,

ULTRASONOGRAPHIC EXAMINATION OF THE NECK & ABDOMEN

Neck

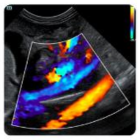
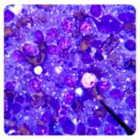
The right thyroid lobe was sonographically normal, measuring 1.6 cm length x 0.31 cm width. There is no evidence of right parathyroid gland pathology. The left parathyroid lobe was overall normal in size, measuring 1.7 cm length x 0.36 cm width. A solitary, mildly expansive, well-demarcated, hypoechoic, left parathyroid nodule was visualized, measuring 0.64 cm x 0.41 cm. The visualized trachea, esophagus, salivary glands, and cervical lymph nodes were sonographically normal.

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild to moderate indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Mild areas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of medullary mineral and several to multiple small cortical cysts were noted. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.68 cm width in the caudal pole. The right adrenal gland measured 0.46 cm width in the caudal pole.

Spleen

The spleen was normal in size and contour exhibiting mild parenchyma heterogeneity. A perihilar hyperechoic nodule was present, measuring 0.77 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, non-organized, gravity dependent, hyperechoic gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with formed fecal matter.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Solitary left parathyroid nodule (subjective external)- consistent with parathyroid adenoma vs. carcinoma
- Normal right thyroid lobe
- Chronic renal changes exhibiting medullary mineral and cortical cysts

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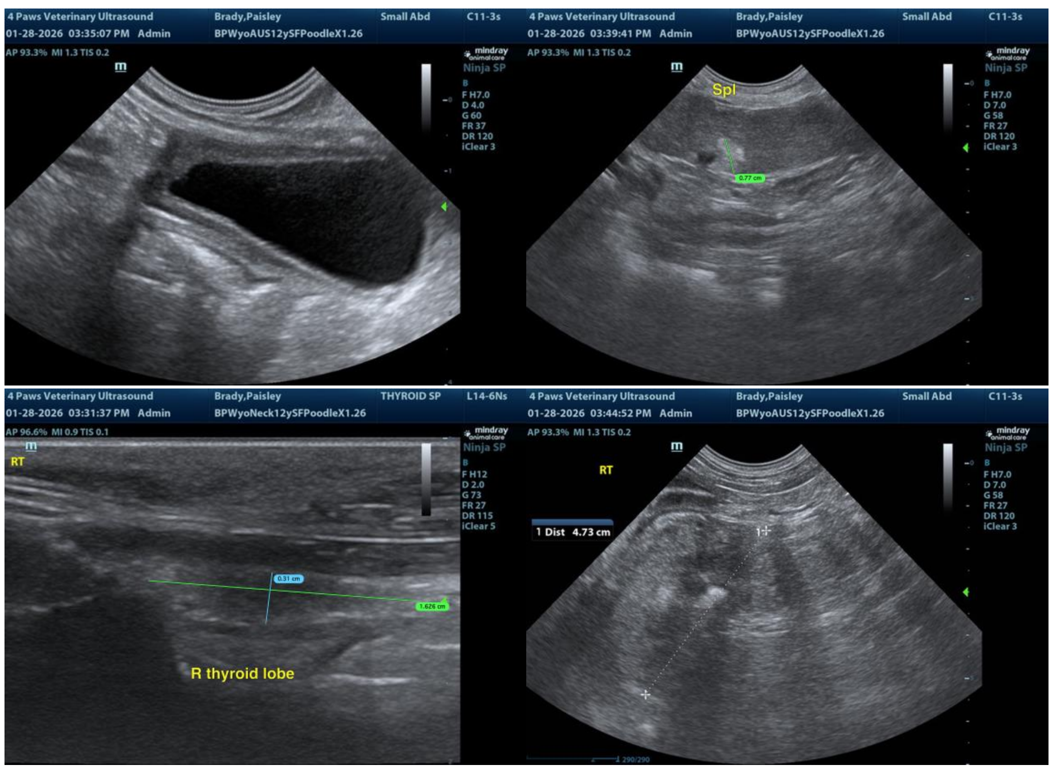
- Perihilar splenic nodule - most consistent with benign myelolipoma
- Mild hepatic parenchymal remodeling - consistent with mild benign hepatopathy
- Mild gallbladder debris (non mucocele)
- Normal gastrointestinal tract / colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen without evidence of significant visceral pathology such as neoplasia as a contributing factor the patient's mild weight loss and hypercalcemia.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

Surgical consult for left parathyroidectomy is recommended.



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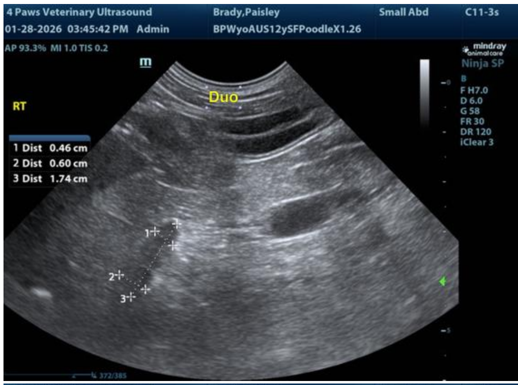

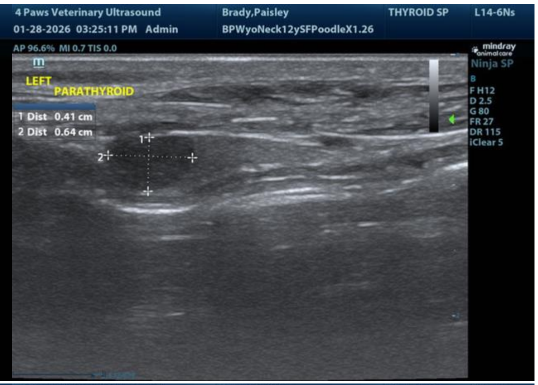

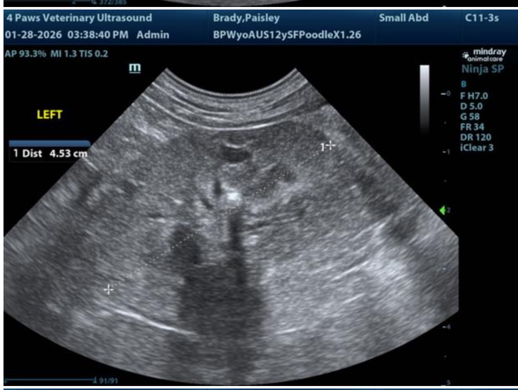

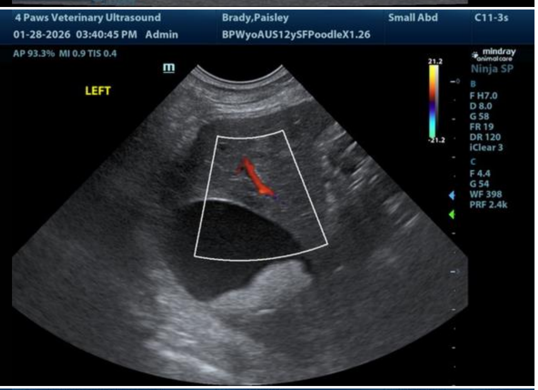

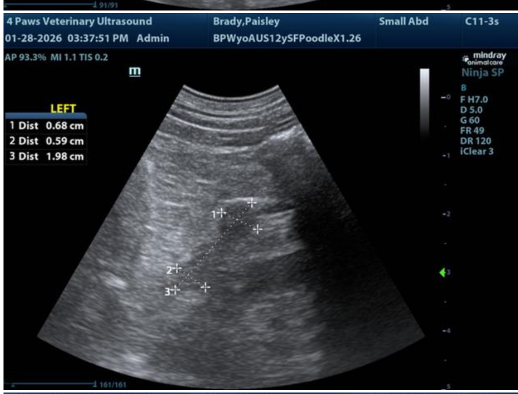

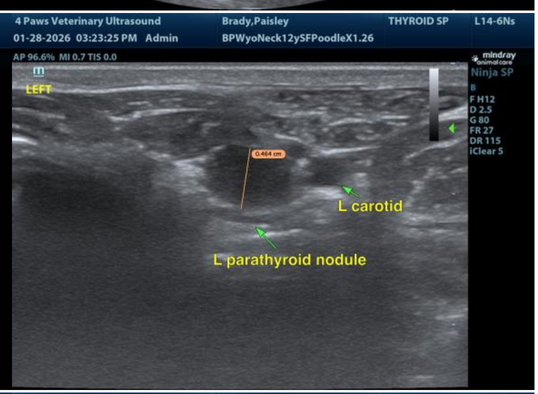

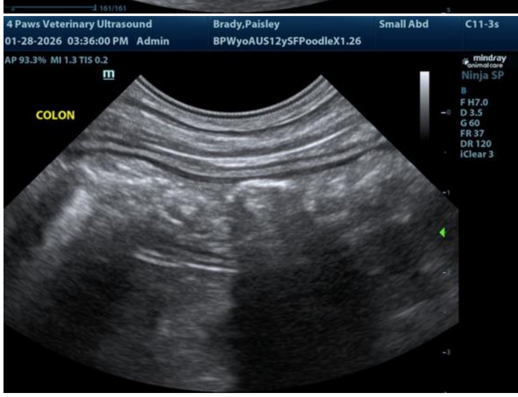

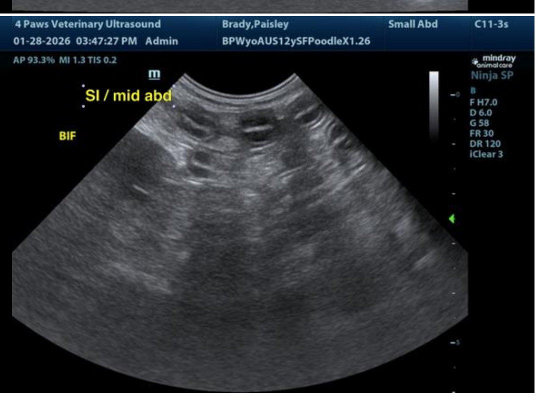

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com