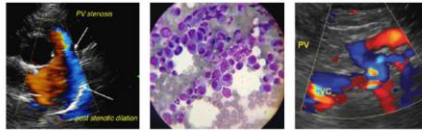


IMAGING PERFORMED BY

SVS Mobile Imaging 262 - 366 - 5970
fredgromalak@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Ollie Spangler

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

11yr

WEIGHT

11.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Bloss

INVOICE

11635ag

DATE

09/13/2022

PRESENTING CLINICAL SIGNS

Diagnosed with hyperparathyroidism. Chronic bronchitis and mild cardiomegaly seen on radiographs. 3/6 left systolic heart murmur noted on exam 8/25/22. Radiograph of the chest show fluid in the chest around his bronchi. He was treated with antibiotics and a cough suppressant.

Abnormal PE/Chem/CBC/UA Results: parathyroid hormone 7.8, ionize calcium mildly elevated 1.69

ULTRASONOGRAPHIC EXAMINATION OF THE THYROID**Thyroid**

Asymmetrical non-homogeneous mass present in the area of the right thyroid lobe exhibiting significant vascularity on color Doppler. The right thyroid lobe mass measured ~ 4.0 x 2.0 cm. Regional non-uniform to nodular tissue around the mass with potential for regional lymphadenopathy was present. The left thyroid lobe was indistinctly visualized without overt evidence of concurrent left lobe pathology. Potential extension of the right thyroid lobe into the area of the left thyroid lobe is possible to suspected. The bilateral carotid vasculature was sonographically unremarkable. The visualized trachea and esophagus was sonographically unremarkable.

ULTRASONOGRAPHIC FINDINGS

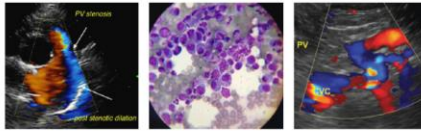
- Right thyroid lobe mass with possible extension into the area of the left thyroid lobe. Suspect probable concurrent mild lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the right thyroid lobe mass did not have classic presentation of typical parathyroid adenoma, rather the generalized right thyroid lobe appeared to be involved with sonographic evidence of neoplastic criteria and potential extension into the area of the left thyroid lobe. Given the atypical parathyroid hormone levels, concurrent parathyroid disease is suspected. CT assessment of the neck is recommended for further clarification. Assuming normal clotting status and using a 25g needle a right thyroid lobe mass FNA could be considered for screening cytology. Assessment of T4 levels is recommended if not done.

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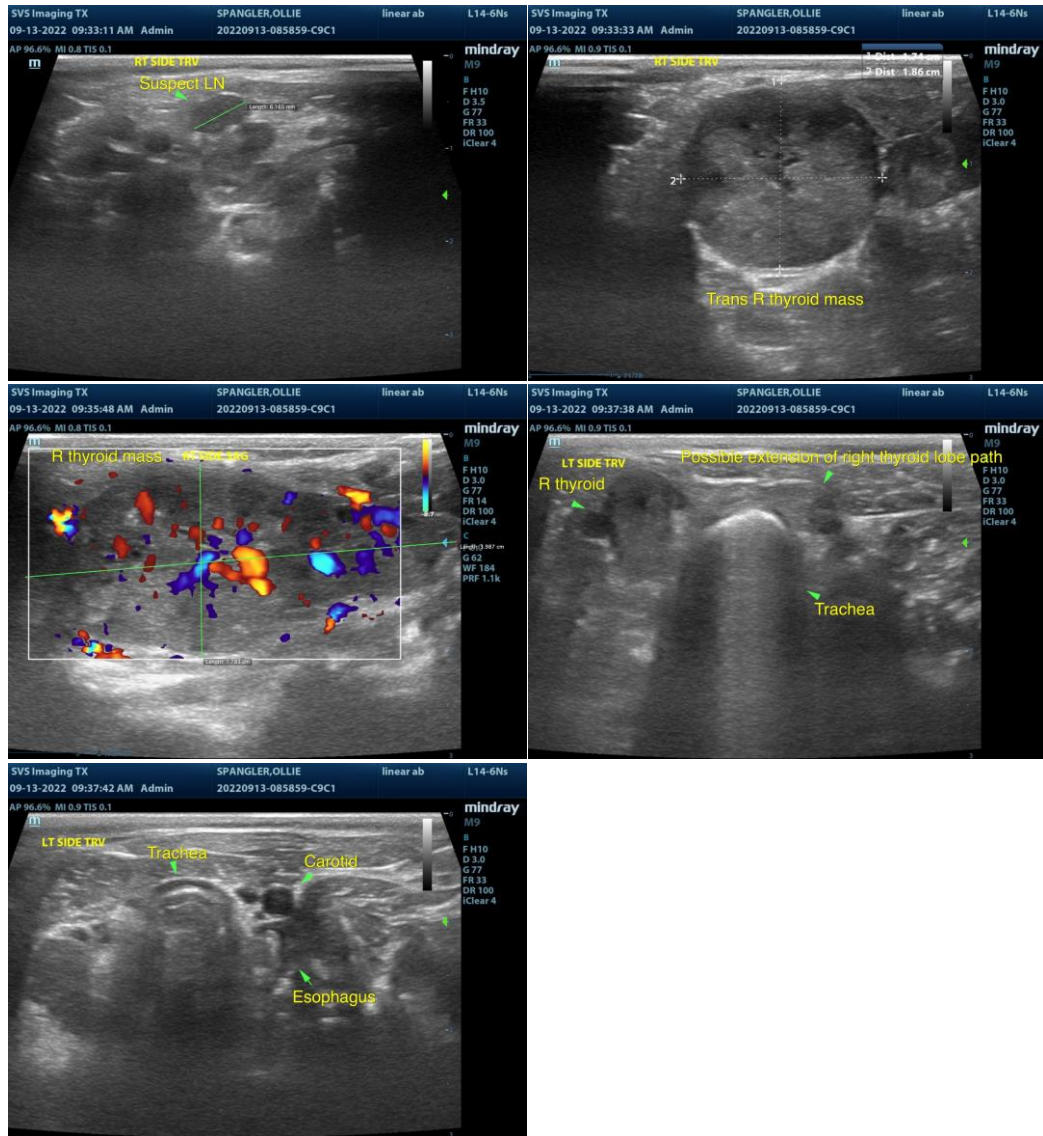
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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