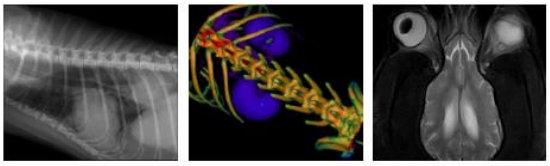

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sierra Sandrock

SPECIES

Canine

BREED

Siberian Husky

SEX

FS

AGE

12

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Advanced Animal Imaging

REFERRING VET

Blair Hollowell, DVM

INVOICE

53405

DATE

8-10-22

PRESENTING CLINICAL SIGNS

Hypercalcemia with high normal PTH (Primary Hyperparathyroidsim)
Abnormal PE/Chem/CBC/UA Results: Ca 14.0, Phos 2.2, SDMA 20 Ionized Ca 1.76
Parathyroid hormone 7.4

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & THORAX

Plain and post contrast studies of the neck and post contrast study of the thorax available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Mild symmetric enlargement of the left caudal parathyroid gland is seen. The left caudal parathyroid gland measures 4mm in diameter and presents uniform attenuation and enhancement. No abnormalities of the left cranial and right parathyroid are seen.

There is no evidence of regional lymphadenomegaly.

Mineralization of the dorsal longitudinal ligament versus dural mineralization is seen in the ventral epidural space between C6 and C7.

Thorax

Mild spondylosis deformans is noted between T5 and T6.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Note the presence of biliary microlithiasis within the gallbladder and multiple mineral attenuating foci and small cysts within the kidneys.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left caudal parathyroid gland enlargement.
- Chronic intervertebral disc disease C6/7.
- Spondylosis deformans T5/6.

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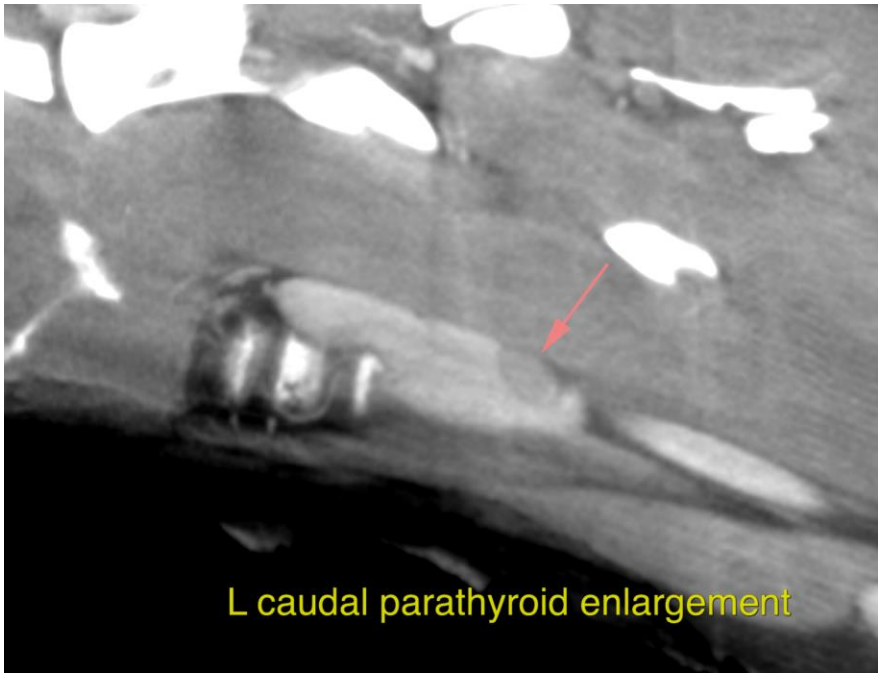
- Biliary microlithiasis.
- Bilateral hypercalcemic nephropathy with presumed degenerative cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals mild symmetric enlargement of the left caudal parathyroid gland. Adenoma is considered a primary differential diagnosis. Parathyroid hyperplasia, carcinoma, and parathyroiditis are potential but less likely differential diagnoses.



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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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