



PATIENT

Mason Surette

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

12 years

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Huneycutt

INVOICE

68565

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Current history is PU/PD, current medications: Anxitane, cytopoint PRN, Trazodone BID, Atopica EOD, Ketoconazole EOD, Cyclosporine eye drops BID, Denamarin SID, Zenrelia SID, Thyro-tabs SID Previous findings - The left adrenal gland is diffusely enlarged with significant caudal pole enlargement and a somewhat poorly defined spherical heterogenous mass within the caudal pole (measuring 1.17 x 1.02 cm). The right adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed. Cystic nodule on the spleen 2.1 cm diameter. Heart murmur IV/VI - no meds for heart currently

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. A small amount of calculi was noted with a grouping measuring 0.87 cm. The patient is likely passing calculi. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed moderate degenerative changes with increased cortical echogenicity and corticomedullary mineralization. There was capsular expansion without capsular escape noted in both kidneys. Blood flow to the kidneys appeared to be adequate. The left kidney measured 4.47 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The **left adrenal gland** comprised an expansive, mixed hypoechoic undifferentiated mass measuring 1.5 x 1.2 cm. Pericapsular inflammation was noted around the left adrenal gland with significant blood flow. This is suggestive for a malignant process. The right adrenal gland was enlarged, irregular and mineralized. The right adrenal was nodular measuring 2.17 cm. Some level of vena cava invasion may be occurring particularly in the right adrenal gland.

Spleen

The **spleen** revealed a mixed, hypoechoic cyst with an internal nodule that measured 2.14 cm with echogenic debris and the possibility of abscessation.

Liver

The **liver** revealed mild generalized hepatomegaly noted. Occasional hypoechoic nodule was noted and measured up to 1.0 cm. The nodule was non-disruptive. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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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.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Splenic cyst or abscessation.
- Age related hepatic changes.
- Bilateral adrenal masses, more concerning on the right. Potential vena cava invasion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Differentials for the adrenal glands include carcinoma, pheochromocytoma, adenoma (less likely on the left, possible on the right). Full adrenal work-up is indicated. CT evaluation is warranted for further definition. Prognosis is very guarded.

IMAGING PERFORMED BY

Ultrasound-guided drainage of the splenic cyst/abscess could be performed, yet likely benign.

Ashley Whitesell

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

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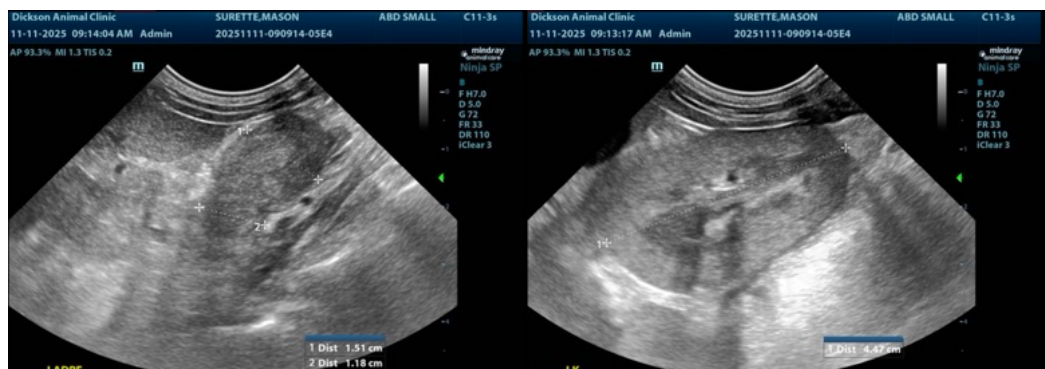
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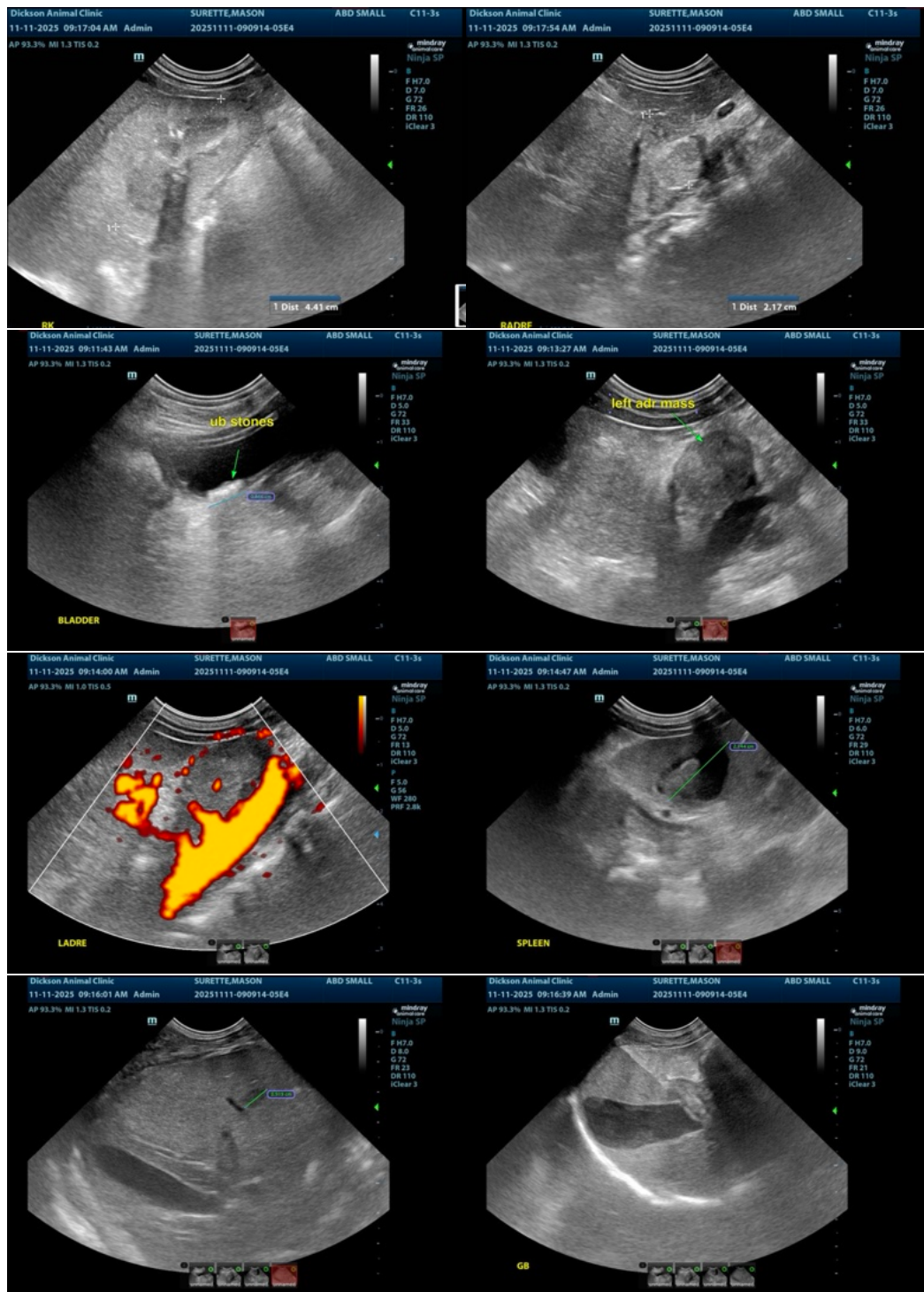
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com