

PATIENT

Fenway Saletnik

SPECIES

Canine

BREED

Shih Tzu

SEX

SF

AGE

12Y

WEIGHT

14lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS,
Certified Veterinary
Sonographer

HOSPITAL NAME

VCA Palmer Animal
Hospital

REFERRING VET

Michelle Haroules,
DVM

INVOICE

75545

DATE

6-17-26

PRESENTING CLINICAL SIGNS

Known Cushing's disease x one year. Had one episode of PU/PD; otherwise, non-clinical. No proteinuria. ALP 1059. Urine clean. MA normal. Low dose dex pre 7.5, 4 hr post 5.5, 8 hr post 6.6. Owner did not want to do high dose dex test

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of pinpoint to focal medullary mineral were present. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was enlarged with a nonhomogeneous parenchyma and cranial nonhomogeneous hyperechoic nonmineralized left adrenal nodule measuring 0.64 x 0.45 cm. Overall, the left adrenal gland measured 0.74 cm width at the cranial pole and 0.64 cm width at the caudal pole.

The right adrenal gland was enlarged with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 0.55 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A noncapsule deforming, nonhomogeneous, cystic appearing splenic nodule was present measuring 1.6 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.

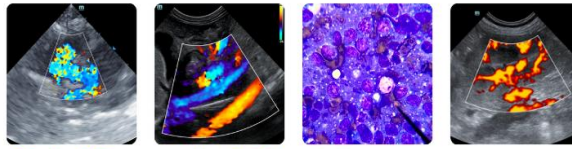
Liver/ Gallbladder

The liver presented generalized hepatomegaly with rounded contour. The hepatic parenchyma was nonhomogeneous with mild increased echogenicity exhibiting variable coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses noted.

The gallbladder was non-distended in size with thin walls and moderate dependent to nondependent nonorganized 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.



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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 apparent formed feces in lumen.

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

- Enlarged nonhomogeneous liver.
- Nonorganized gallbladder debris – not consistent with mature mucocele.
- Bilateral adrenomegaly with left adrenal nodule.
- Nonhomogeneous cystic splenic nodule.
- Chronic renal changes exhibiting mild medullary mineral.

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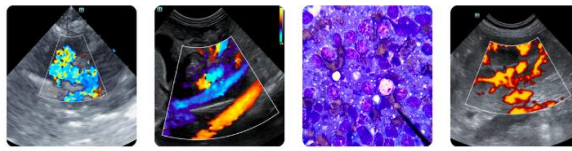
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenal glands are most consistent with pituitary dependent hyperadrenocorticism with suspect functional vs nonfunctional left adrenal adenoma. Minor potential for emerging left adrenal tumor not definitively excluded yet thought less likely. Sonographic monitoring of the left adrenal nodule for evidence of progression as well as monitoring of systemic BP for hypertension which may potentially elude to concurrent emerging left pheochromocytoma.

Overall, the liver suggests chronic vacuolar or steroid hepatopathy given the patient's history. Hepatosupportive medications may prove beneficial. Recheck hepatic ultrasound is recommended if progressive hepatopathy, cholestasis, or cranial abdomen/subxiphoid discomfort on palpation.

Splenic cystic nodular hyperplasia, hematopoiesis, hematoma, atypical splenic cyst, less likely consolidated abscess, and emerging splenic tumor are all potentials. Assuming normal clotting status and using a 25-gauge needle, splenic nodule FNA cytology could be considered for further clarification. Likewise, sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks would be more conservative.



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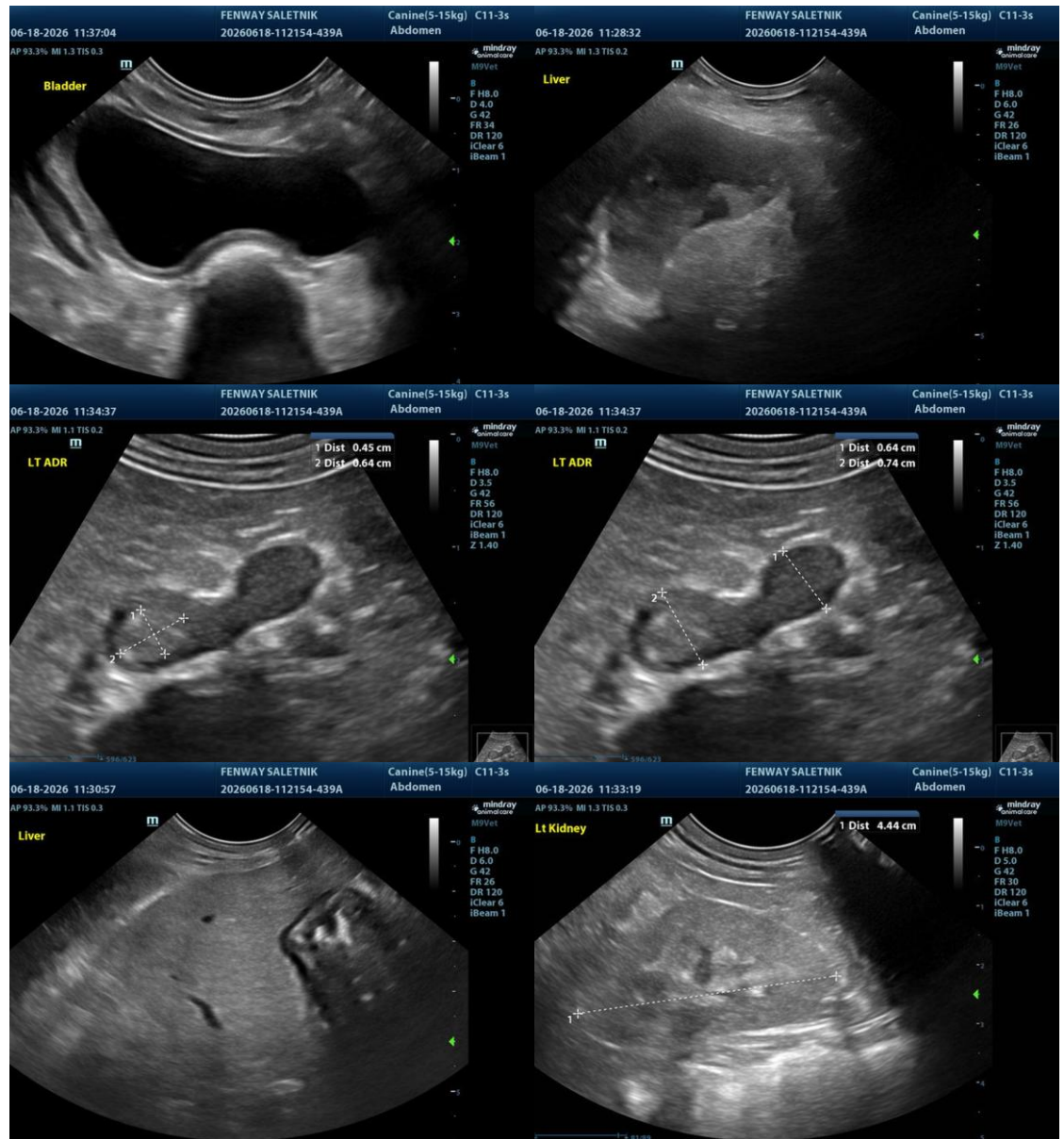
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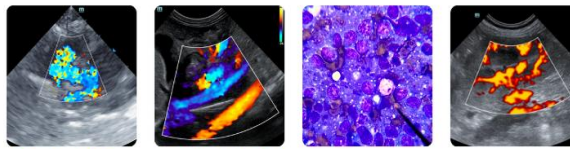
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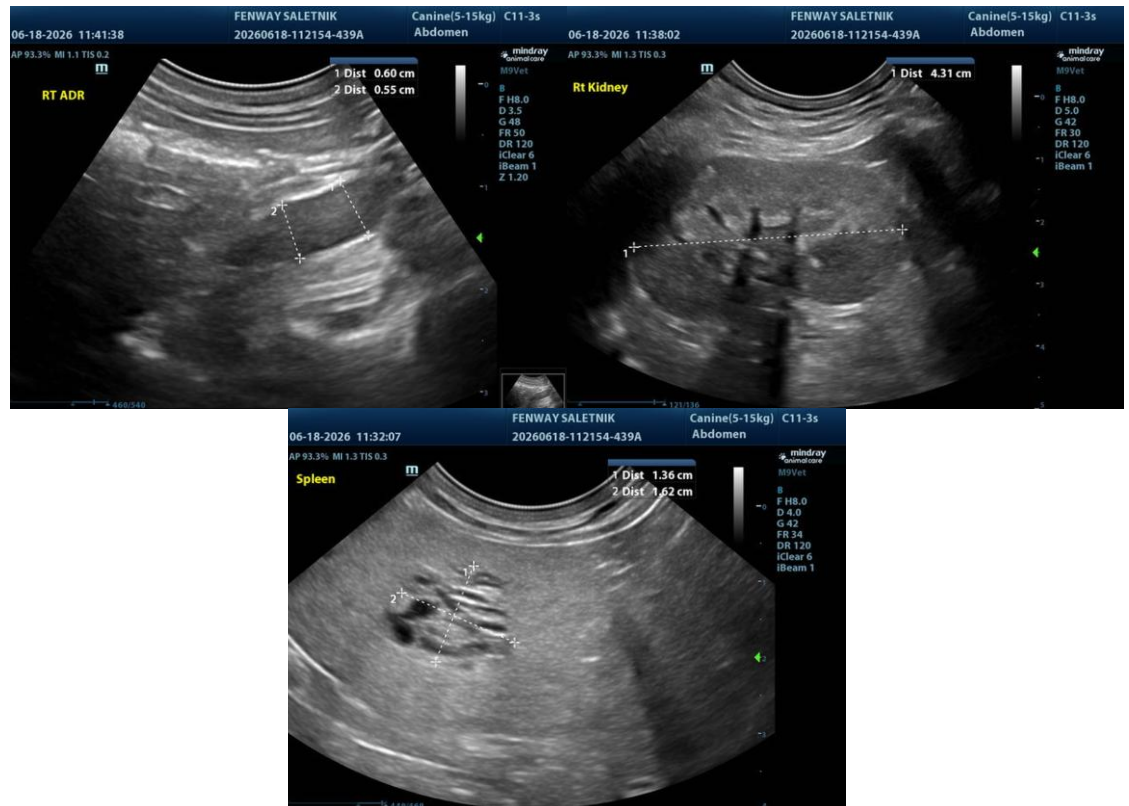
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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