



## PATIENT

Willo Benz

## SPECIES

Canine

## BREED

Irish Water Spaniel

## SEX

Spayed Female

## AGE

13

## WEIGHT

55

## INTERPRETED BY

Brittany Sinclair  
DVM, DACVECC

## IMAGING PERFORMED BY

Christensen

## HOSPITAL NAME

Tranquility VC

## REFERRING VET

Dr. Christensen

## INVOICE

35541

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

History: Digital melanoma diagnosed on LF digit #4. Need full stage.

Abnormal PE/Chem/CBC/UA Results: WNL except for odd nail growth on LF digit #4. Biopsied as melanoma.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.59 cm in length. The left kidney measured 6.81 cm in length.

### Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.54 cm in length and 0.38 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 2.9 cm in length and 0.79 cm at the cranial pole and 0.59 cm at the caudal pole. There is a small hyperechoic foci within the right adrenal gland, consistent with focal mineralization.

### Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

### Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder is moderately distended with anechoic fluid, with partially organized debris present. There is no surrounding free fluid or signs of active inflammation.

### Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

### ***Pancreas***

The pancreas was not visualized.

### ***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

## **ULTRASONOGRAPHIC FINDINGS**

- Gallbladder debris
- Pinpoint right adrenal mineralization- incidental aging change

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation. Ursodiol could be given as a choleretic to help reduce debris accumulation. There are no intraabdominal signs of metastasis.



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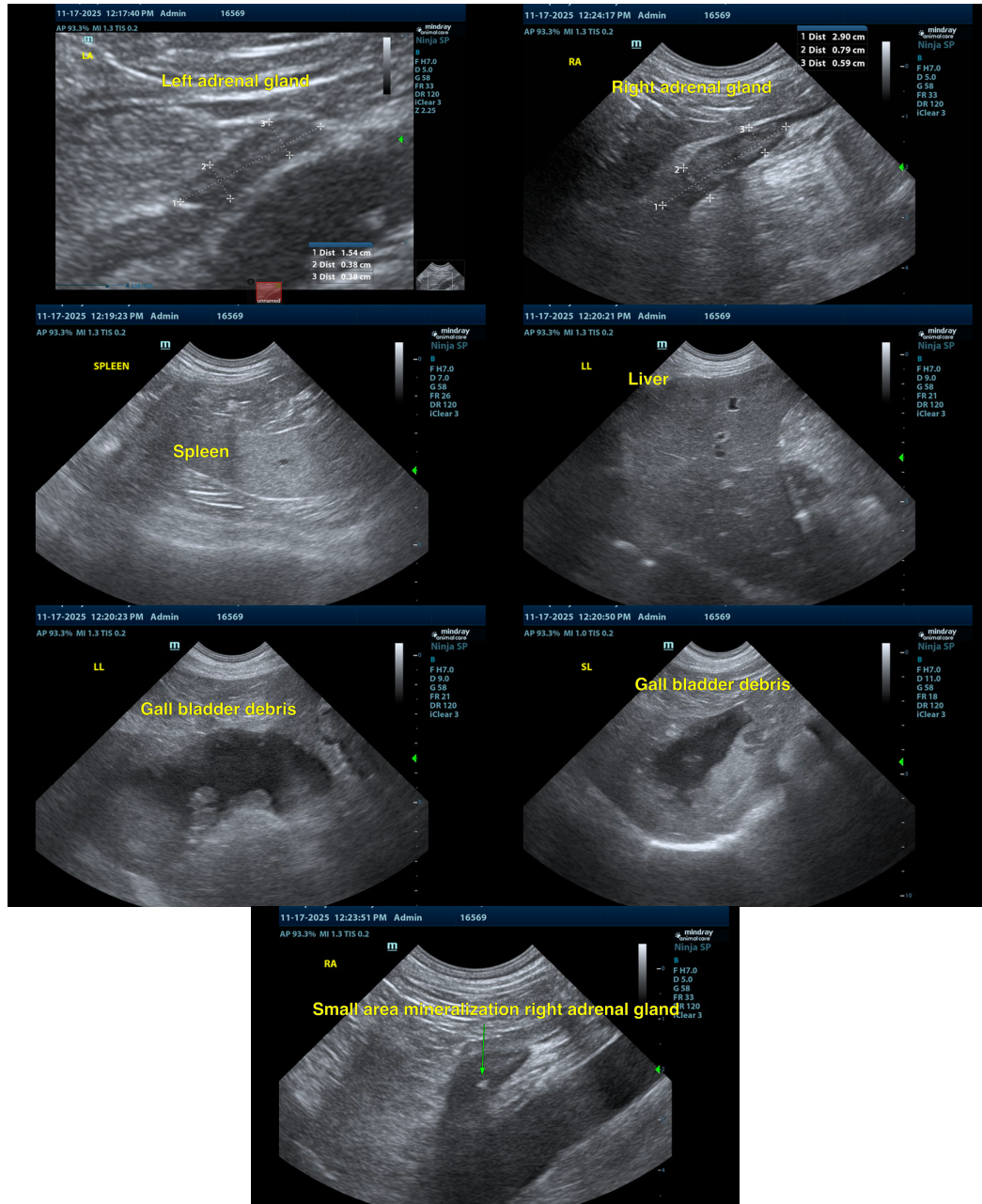
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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