



PATIENT

Junie B Watkins

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed female

AGE

4 years

WEIGHT

7.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Lefler

INVOICE

69132

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Check for gallbladder sludge. The owner reports that Junie B was seen at Greenacres 10/25/25 on an emergency basis for anorexia, diarrhea, and vomiting blood. They diagnosed gallbladder sludge and started her on low fat food and ursodiol and it was recommended to recheck GB in one month. Past medical history includes a recent spay, a subsequent vulvar infection, and a diagnosis of Lyme disease. She is eating and drinking normally and has no vomiting or diarrhea. She is back to her "feisty self". CLINICAL SIGNS: None at this time
MEDICATIONS: Ursodiol 250mg 1/4 PO SID
Abnormal PE/Chem/CBC/UA Results: Bloodwork and UA not included

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.27 cm. The right kidney measured 3.76 cm.

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 right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.41 cm at the caudal pole and 0.35 cm at the cranial pole and 1.3 cm in length.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** was largely uniform. A hypoechoic hepatic nodule was noted medial to the gallbladder. The nodule measured 1.69 x 1.09 cm. The hepatic nodule deviated the gallbladder wall. Inflammatory pattern was noted around the liver nodule impinging upon the gallbladder.

Gastrointestinal

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.

Pancreas

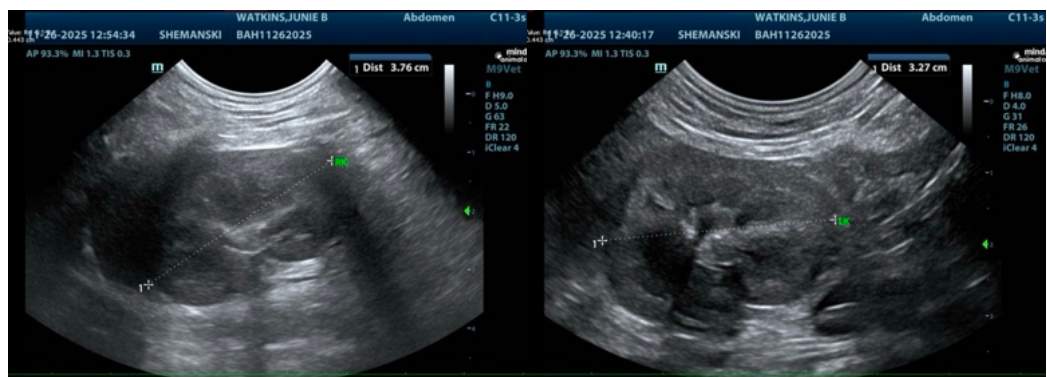
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Nodule/mass in the region of the gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal of the nodule and gallbladder may be the best option. Round cell neoplasia, carcinoma, emerging hemangiosarcoma and pronounced nodular hyperplasia are all possible. Sedation and intercostal approach from SDEP 9 or 10 approach would be appropriate. Cytology with a 22 or 25 gauge needle is suggested with corkscrew technique may be necessary to obtain solid cellular recovery +/- culture is indicated. There is a potential for necrotic lesion or abscess, yet this is less likely. Chest radiographs are warranted to assess for metastatic disease.





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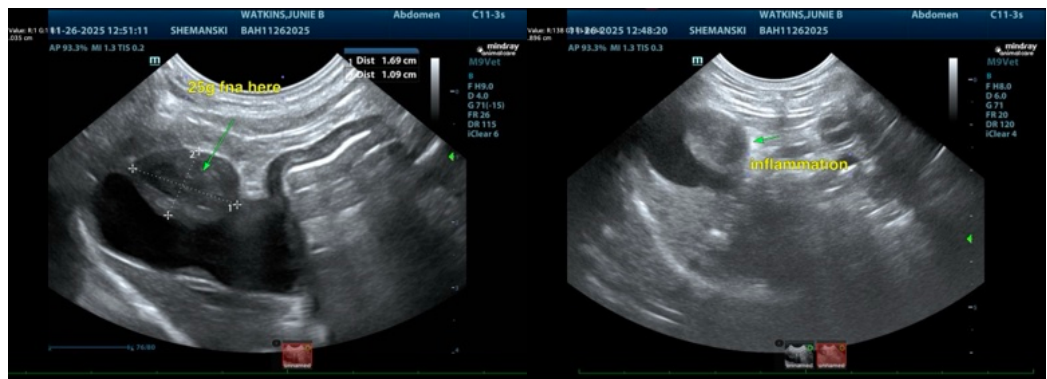
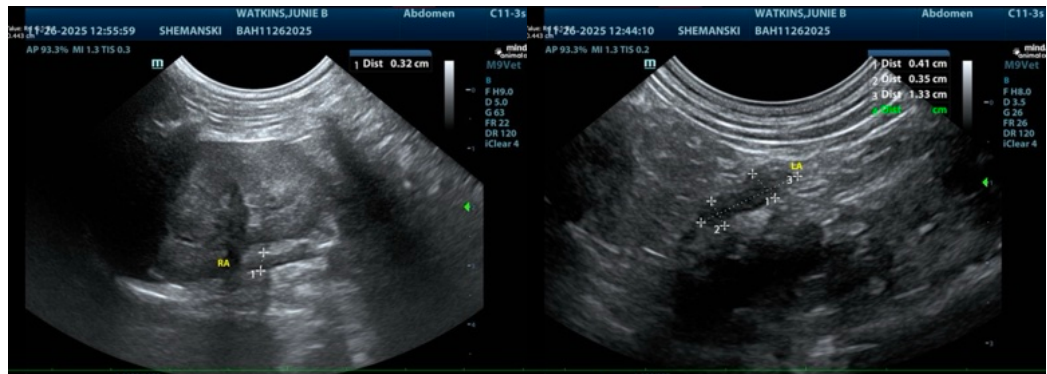
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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