



## PATIENT

Jake Depner

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered male

## AGE

6 years

## WEIGHT

3.2 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Geiger/Dallas  
Reynolds LVT

## HOSPITAL NAME

Lone Mountain AH

## REFERRING VET

Dr. Geiger

## INVOICE

70909

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

- P presented for dental cleaning, preop bloodwork showed elevations in GGT and T-bili.
- P is asymptomatic
- GGT - 21 tbili- 0.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The urine is predominantly anechoic with scant suspended echogenic material. The bladder neck and proximal urethra appear normal. No uroliths or sonographic evidence of inflammatory or neoplastic disease are identified.

The left kidney is normal in shape and size (3.04×1.74 cm), with a cortical thickness of 0.26 cm in the sagittal plane. The right kidney is normal in shape and size (3.18×1.81 cm), with a cortical thickness of 0.28 cm in the sagittal plane. In both kidneys, the renal cortex is isoechoic relative to the liver parenchyma. There is increased echogenicity of the outer medulla, while corticomedullary differentiation remains preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal renal perfusion pattern.

### *Adrenal Glands*

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.39 cm at both the cranial and caudal poles. The right adrenal gland measures 0.33 cm at the cranial pole and 0.35 cm at the caudal pole.

### *Spleen*

Splenic thickness measures 1.23 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder is normally distended, with a thin and regular wall. A moderate amount of biliary sediment is present within the lumen, distributed in multiple regions and without clear evidence of immobility. No dilation of the cystic duct or common bile duct is identified.



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## *Gastrointestinal*

The stomach is empty and folded, with a gas pattern. Gastric mural thickness measures approximately 1.49 mm, with preserved wall layering. The pylorus measures approximately 3.09 mm, with a small amount of fluid present.

The duodenum measures approximately 2.95 mm. The jejunum measures approximately 2.57–3.10 mm. The ileum measures approximately 1.38 mm. Wall layering is preserved throughout all visualized intestinal segments. The ileocecal junction is not visualized. No sonographic evidence of obstruction, ileus, or foreign material is identified.

The colon measures approximately 1.47 mm and appears empty, containing gas.

## *Pancreas*

The evaluated pancreatic regions do not show evidence of overt inflammation or structural abnormality.

## *Peritoneal Cavity*

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding mesenteric regions appear unremarkable. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

### PRIMARY FINDINGS

- Moderate amount of biliary sludge, without biliary duct dilation.

### SECONDARY FINDINGS

- Increased echogenicity of the outer renal medulla, with preserved corticomedullary differentiation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The biliary sludge is most consistent with mild biliary stasis or subclinical cholestasis, which may reasonably explain the isolated elevations in GGT and total bilirubin identified on preoperative bloodwork in an otherwise asymptomatic patient. No ultrasonographic evidence of biliary obstruction or structural hepatobiliary disease is identified.

The outer medullary hyperechogenicity is a recognized, often incidental finding in small-breed dogs and, in the absence of renal pelvic dilation, nephrolithiasis, or functional impairment, it is considered of uncertain but likely minimal clinical significance.

### Recommendations

- Correlation with serum biochemistry is recommended, particularly monitoring GGT and bilirubin trends, as current ultrasonographic findings support a mild, subclinical cholestatic process.



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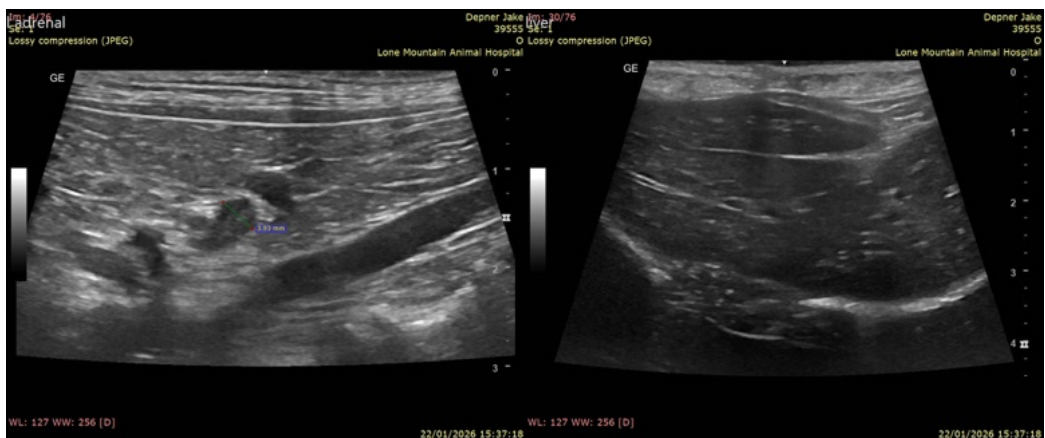
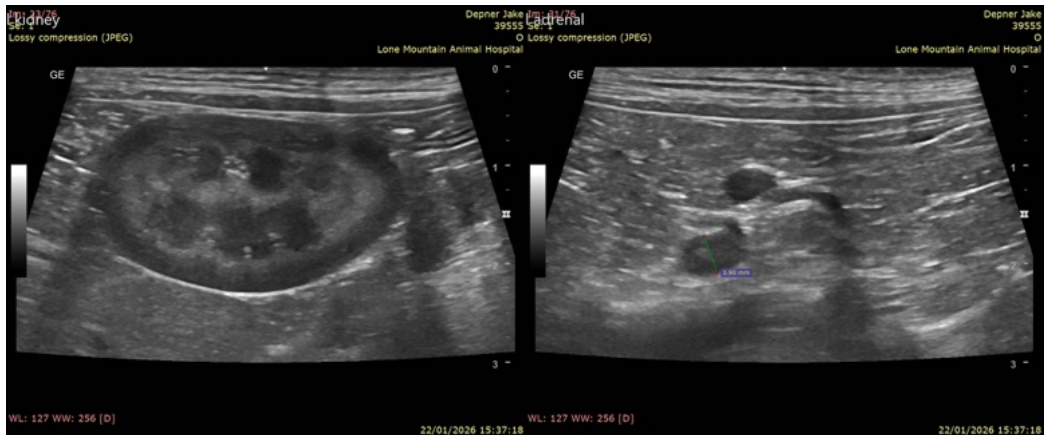
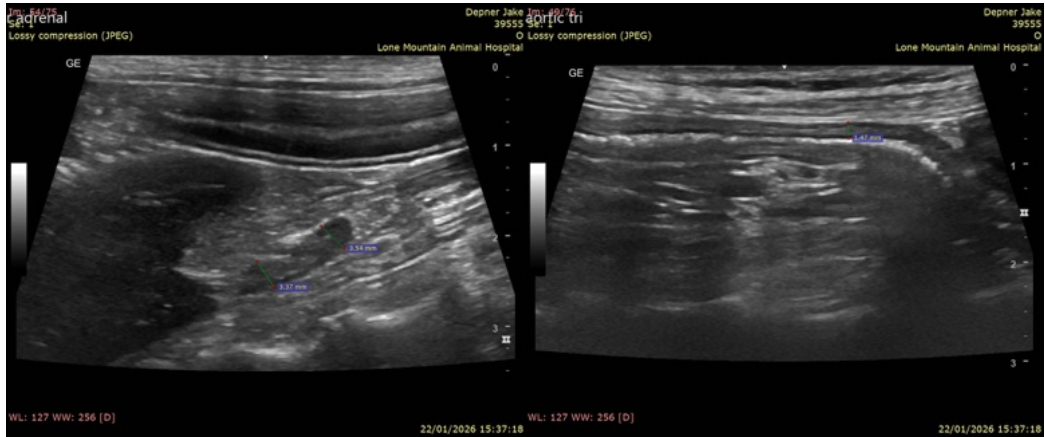
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- No immediate additional diagnostic imaging is indicated, given the absence of structural hepatobiliary disease and the patient's lack of clinical signs.





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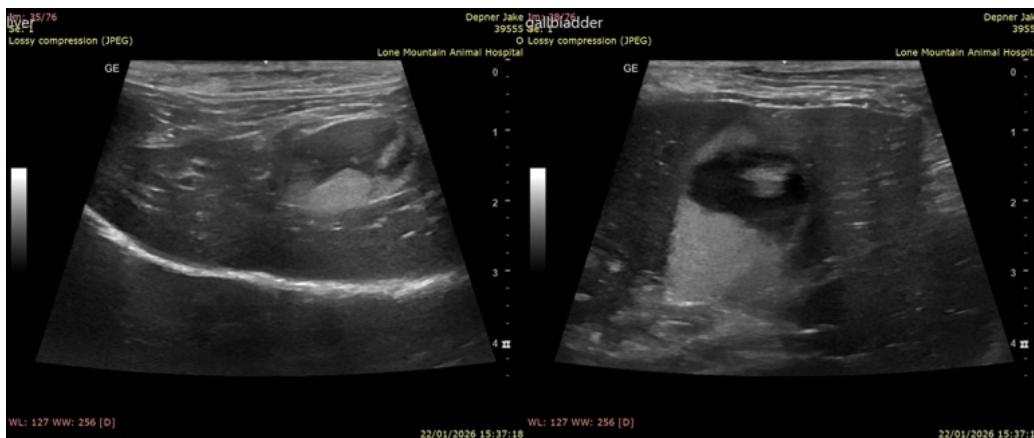
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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