



PATIENT

Rosie Carson

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

13 years

WEIGHT

3.9 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Amy Jagger, DVM

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

69831

DATE

1/5/26

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting/inappetence/diarrhea, has been seen at urgent care multiple times, no parasites found on fecal, no other lab results available.

Abnormal PE/Chem/CBC/UA Results: Not provided

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.0×1.93 cm, with a cortical thickness of 0.27 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. A well-defined anechoic cyst measuring 9.27×9.34 mm is present at the cranial pole. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 2.87×1.69 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.40 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures 0.40 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

The spleen has a thickness of 0.75 cm. The parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no 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 mildly increased in echogenicity relative to the falciform fat, with an otherwise homogeneous echotexture. Several small, ill-defined hypoechoic foci are present, the largest measuring approximately 3.1×3.7 mm. No hepatic lymphadenopathy is identified.



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The gallbladder is normally distended. The wall is thin. A small polypoid intraluminal lesion measuring approximately 3.62×3.97 mm is identified. The gallbladder contents are otherwise anechoic. No dilation of the cystic duct or common bile duct is observed.

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The stomach is empty and folded, with a mixed fluid and gas luminal pattern. Gastric wall thickness measures approximately 3.22 mm, with preserved wall layering. The pylorus measures 4.70 mm.

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The duodenum measures 2.36 mm. The jejunum measures 2.39–2.69 mm, with preserved wall layering. Measured layers include a mucosa of 1.95 mm, submucosa of 0.86 mm, and muscularis propria of 0.61 mm. The ileum measures 1.59 mm with preserved wall layering. No evidence of intestinal lymphangiectasia, mucosal speckling, obstruction, ileus, or foreign material is identified.

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The transverse colon measures 0.86 mm and contains gas. The descending colon measures 0.98 mm and is empty.

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Pancreas

The pancreas is not clearly visualized. The pancreatic regions evaluated do not demonstrate definitive sonographic evidence of active inflammation.

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Peritoneal Cavity

No abdominal effusion or signs of peritonitis are identified. Cranial mesenteric lymph nodes are not visualized; the surrounding mesentery appears unremarkable. The iliac trifurcation is normal.

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Amy Jagger, DVM

ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS

- Mild, nonspecific gastric and small intestinal wall thickness at the upper end of normal, with preserved layering.
- Hyperechoic liver parenchyma with few small, hypoechoic hepatic foci.

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SECONDARY FINDINGS

- Small left renal cortical cyst (9.3 mm), incidental.
- Small gallbladder polypoid lesion (≈3.6–4.0 mm), without biliary obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography identifies no overt obstructive, infiltrative, or mass-forming gastrointestinal disease to account for the patient's chronic intermittent vomiting, diarrhea, and inappetence.

The gastrointestinal tract demonstrates mildly increased wall thickness at the upper end of normal for a small-breed dog, with preserved wall layering throughout and no ultrasonographic features suggestive of infiltrative neoplasia, mechanical obstruction, or severe inflammatory disease. These findings are nonspecific and most consistent with a functional or inflammatory gastrointestinal disorder, such as chronic inflammatory enteropathy, dietary intolerance, or motility-related disease, rather than structural pathology detectable by ultrasound.

The gallbladder polypoid lesion is small (<5 mm), without associated gallbladder wall thickening, biliary sludge accumulation, or bile duct dilation. In the absence of biochemical cholestasis or biliary clinical signs, this finding is most consistent with an incidental benign gallbladder polyp and is unlikely to be contributing to the patient's gastrointestinal signs at this time.

The mild, diffuse increase in hepatic echogenicity is a nonspecific finding and is most consistent with mild reactive or metabolic hepatic change rather than primary clinically significant hepatopathy. This finding may be secondary to chronic gastrointestinal disease or other systemic processes and is unlikely to be the primary driver of the patient's clinical signs. The small hypoechoic hepatic foci are nonspecific and may represent benign changes such as nodular hyperplasia or focal benign parenchymal variation.

The left renal cortical cyst is a common incidental finding in older dogs and, in the absence of renal pelvic dilation or clinical signs of renal dysfunction, is considered of no immediate clinical significance.

Pancreatic visualization is limited; however, there are no secondary ultrasonographic signs of pancreatitis (no peripancreatic fat reactivity, focal effusion, or pancreatic enlargement). Mild or chronic pancreatitis cannot be definitively excluded in dogs by ultrasound alone, but there is no strong imaging evidence to support it as the primary cause of the clinical signs in this case.

Recommendations

- Initiate or continue a strict, controlled dietary trial (novel protein or hydrolyzed diet) with careful owner compliance, given the absence of structural disease on ultrasound.
- If not already performed, baseline CBC, serum biochemistry, and urinalysis are recommended to assess for metabolic, inflammatory, or hepatic contributors that may not be evident sonographically.
- Correlation with serum liver enzyme activity is recommended to determine whether the mild increase in hepatic echogenicity is clinically relevant or reactive in nature.
- Gastrointestinal panel testing (including cobalamin/folate and pancreatic-specific lipase) should be considered as a noninvasive next step.
- Endoscopic or surgical biopsies are not indicated at this stage based on the current ultrasonographic findings and should be reserved for cases with progression, weight loss, or failure of medical management.



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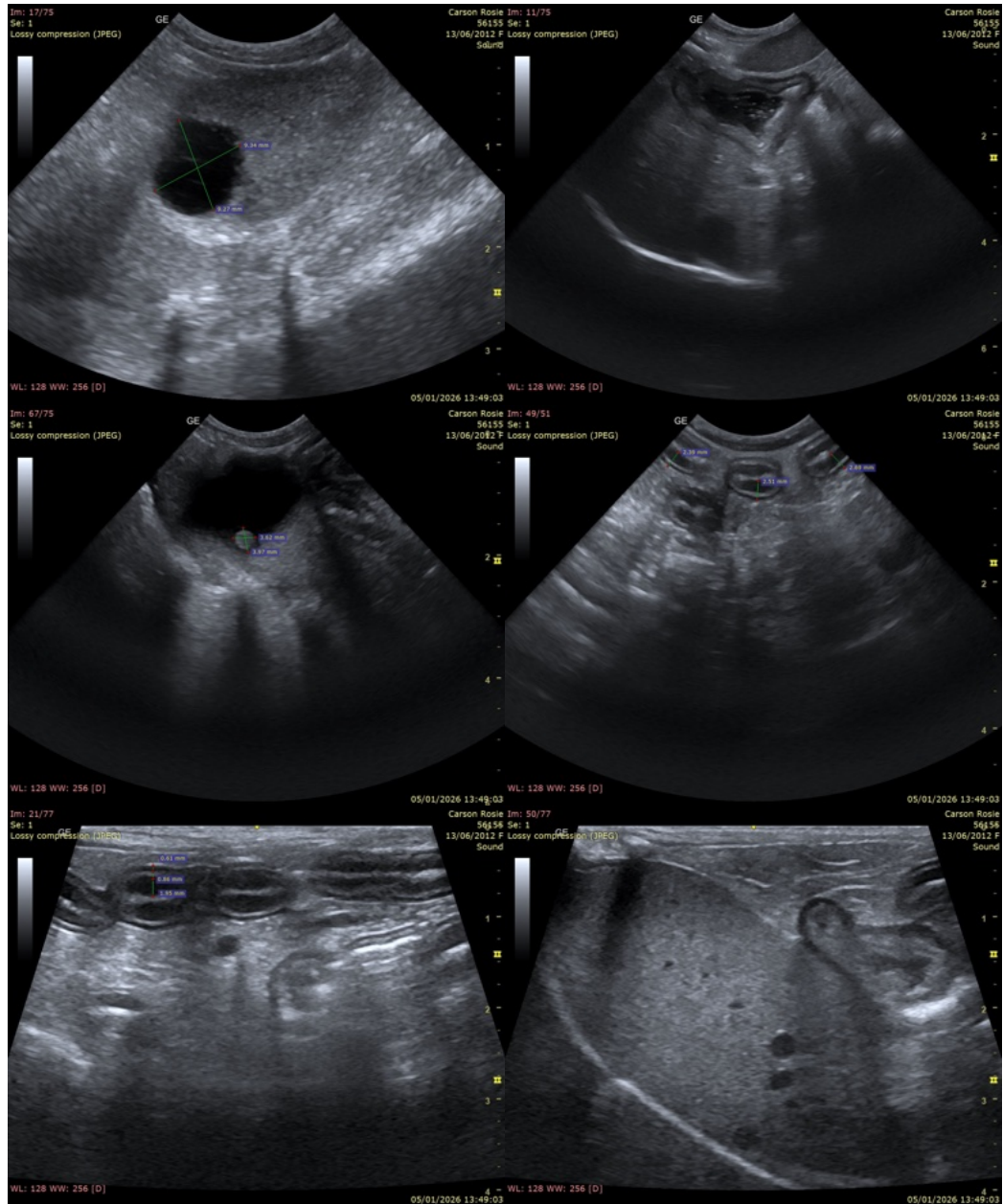
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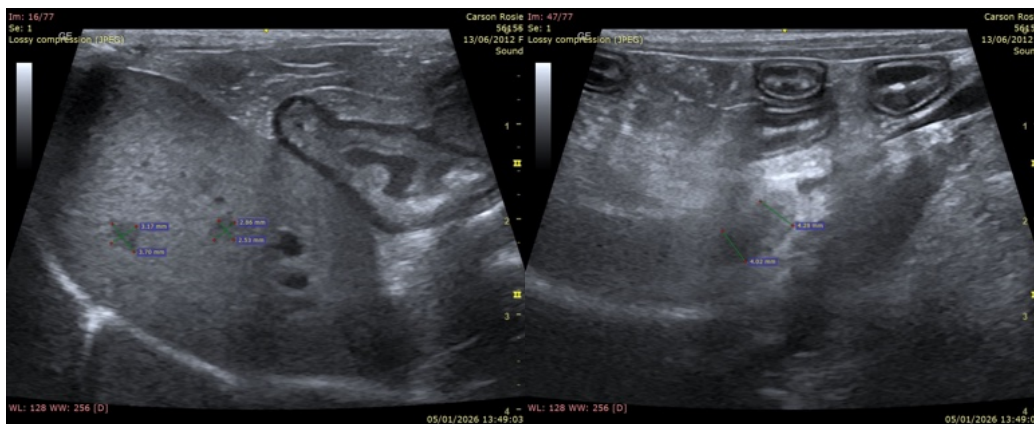
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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