



## PATIENT

Nacho Cheese  
Krentzman

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered male

## AGE

8 years

## WEIGHT

11.1 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Striano Kaplan

## HOSPITAL NAME

Ramsey VH

## REFERRING VET

Dr. Striano Kaplan

## INVOICE

68955

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

History: 3/6 heart murmur, no daily meds  
Abnormal PE/Chem/CBC/UA Results: redundant tracheal membrane, collapsing trachea, cholelithiasis pending labs cardiac workup 5/1/25-Overtly normal cardiac structure and function with no cause of a murmur identified

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.48 x 2.02 cm, and the thickness of the cortex is 0.36 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney appears more irregular: 3.58 x 1.98 cm, and the thickness of the cortex is 0.34 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

### *Adrenal Glands*

The left adrenal gland measures 0.49 cm at the cranial pole and 0.48 cm at the caudal pole. No videos or images of the right adrenal gland were provided.

### *Spleen*

Splenic thickness is 1.42 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechogenic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents contain a moderate amount of biliary sludge and a cholelith approximately 1.20 cm in size. No evident dilation of the cystic duct or common bile duct is observed.



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## ***Gastrointestinal***

The stomach is empty and folded, with mural thickness (3.28 mm) and preserved wall layering. The pylorus (4.16 mm), with small amounts of food debris in the lumen. Duodenum: 3.25 mm. Jejunum: 2.71 mm, normal wall layering. No signs of obstruction, ileus, or foreign material are identified. Colon: 1.39 mm, with formed feces in the descending segment.

## ***Pancreas***

The pancreatic regions evaluated did not show any evident signs of inflammation.

## ***Peritoneal Cavity***

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

## **ULTRASONOGRAPHIC FINDINGS**

- Gallbladder with moderate biliary sludge.
- Cholelith measuring approximately 1.20 cm.

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

The most clinically relevant finding is the presence of a 1.20 cm cholelith within the gallbladder, accompanied by moderate biliary sludge, but without gallbladder wall thickening, pericholecystic inflammation, or biliary duct dilation. These findings suggest non-obstructive cholelithiasis, currently without ultrasonographic evidence of cholecystitis or extrahepatic biliary obstruction.

Recommendations:

- Monitor for signs of obstruction (pain, jaundice, worsening vomiting).
- Periodically recheck liver enzymes, bilirubin, and perform follow-up ultrasounds.



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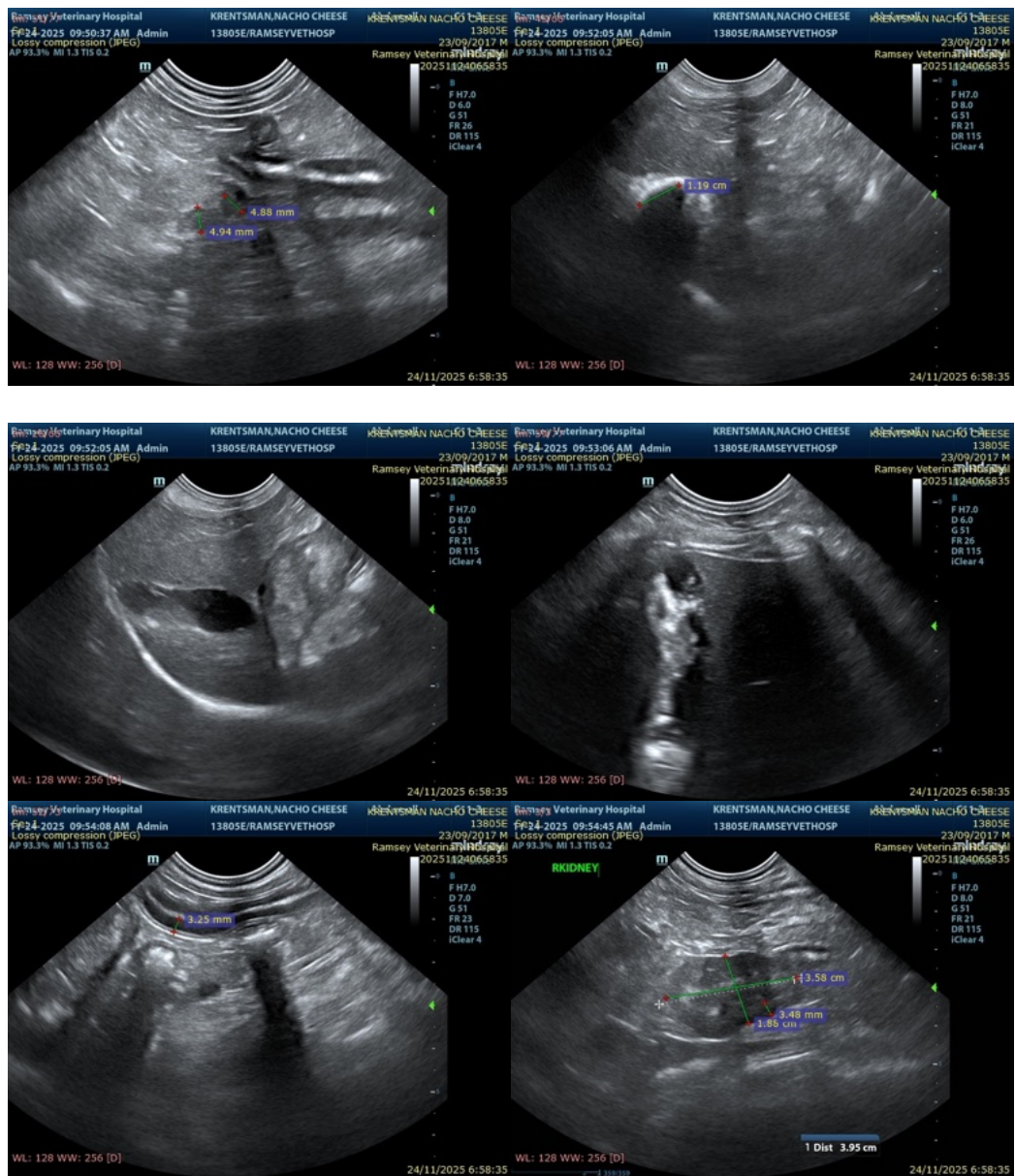
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)



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