



PATIENT

Spunky Bircher

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

11 years

WEIGHT

14.24 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Cameron Johnson,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Johnson

INVOICE

69573

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: P is a 11yr old MN Chihuahua Mix presenting for vaccines and to perform some senior BW today. O states they noted an increase in P having occasional vomiting episodes and that P is becoming more picky with our food. Drinking, defecating, and urinating within normal limits. No coughing, sneezing, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history. Current medications: None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is poorly distended, and the urinary bladder wall measures 1.46 mm; however, due to underdistension, this measurement may be overestimated. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.21 × 2.02 cm, and the cortical thickness is 0.33 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size, measuring 4.36 × 2.34 cm, and the cortical thickness is 0.38 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland measures 0.56 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measures 0.55 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

Splenic thickness is 1.33 cm, with mildly rounded margins (possibly related to medetomidine sedation). The 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 edges and a regular contour. The liver parenchyma appears uniform and isoechoic 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 include a moderate amount of biliary sludge. 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 a gas pattern, mural thickness of 2.99 mm, and preserved wall layering. The pylorus measures 4.28 mm, with a muscularis thickness of 2.45 mm. Duodenum measures 4.06 mm (mucosa: 2.78 mm; submucosa: 0.68 mm; muscularis propria: 0.36 mm). Jejunum measures 3.41 mm (mucosa: 2.06 mm; submucosa: 0.72 mm; muscularis propria: 0.61 mm), with normal wall layering. The transverse colon measures 1.89 mm and contains gas. The descending colon measures 1.79 mm and appears empty.

Pancreas

The right pancreatic limb appears normal. The pancreatic parenchyma is isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

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

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Moderate amount of biliary sludge within the gallbladder, without wall thickening or biliary duct dilation.

SECONDARY FINDINGS

- Mild splenic rounding, most consistent with a physiologic change (likely sedation-related).
- The pyloric region and the duodenum appear subjectively thicker than expected; however, measured wall thickness values remain within normal reference ranges.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography does not reveal evidence of overt structural gastrointestinal disease. All measured gastrointestinal segments, including stomach, pylorus, duodenum, jejunum, and colon, demonstrate wall thicknesses within accepted reference ranges for a small-breed dog, with preserved wall layering throughout.

- Gastric wall thickness (2.99 mm), duodenal wall thickness (4.06 mm), and jejunal wall thickness (3.41 mm) are appropriate for body size, and no focal mural masses, loss of stratification, or obstructive patterns are identified.
- The pyloric muscularis thickness (2.45 mm) is within normal limits for a small dog and does not support pyloric hypertrophy or outflow obstruction.



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- Colonic wall thickness measurements are also within normal limits, with intraluminal gas explaining mild segmental variability.

Overall, the gastrointestinal findings do not support ultrasonographic evidence of inflammatory bowel disease, infiltrative neoplasia, or mechanical obstruction at the time of examination. However, it is recognized that functional or microscopic gastrointestinal disease may be present despite a normal ultrasonographic appearance, particularly in cases of intermittent vomiting.

The pancreas appears normal in size and echogenicity, without structural abnormalities detected on ultrasound. These findings should be interpreted in conjunction with pancreatic laboratory markers, recognizing the limited sensitivity of ultrasonography for detecting mild pancreatitis in dogs.

The gallbladder contains a moderate amount of biliary sludge, without wall thickening or biliary duct dilation. This finding is common in older, small-breed dogs and may represent cholestasis or hepatobiliary stasis, potentially associated with hyperlipidemia, fasting, or mild hepatobiliary dysfunction. No evidence of cholecystitis or biliary obstruction is identified.

Both adrenal glands are symmetrical and within the upper limits for a small-breed dog.

Recommendations

- Correlate gallbladder biliary sludge with clinical signs and laboratory findings, particularly hypertriglyceridemia and mild ALT elevation.
- Dietary management and further evaluation of hyperlipidemia are recommended, as this may contribute to gastrointestinal signs and hepatobiliary changes.
- Clinical monitoring for recurrence or progression of vomiting, appetite changes, or abdominal discomfort is advised.





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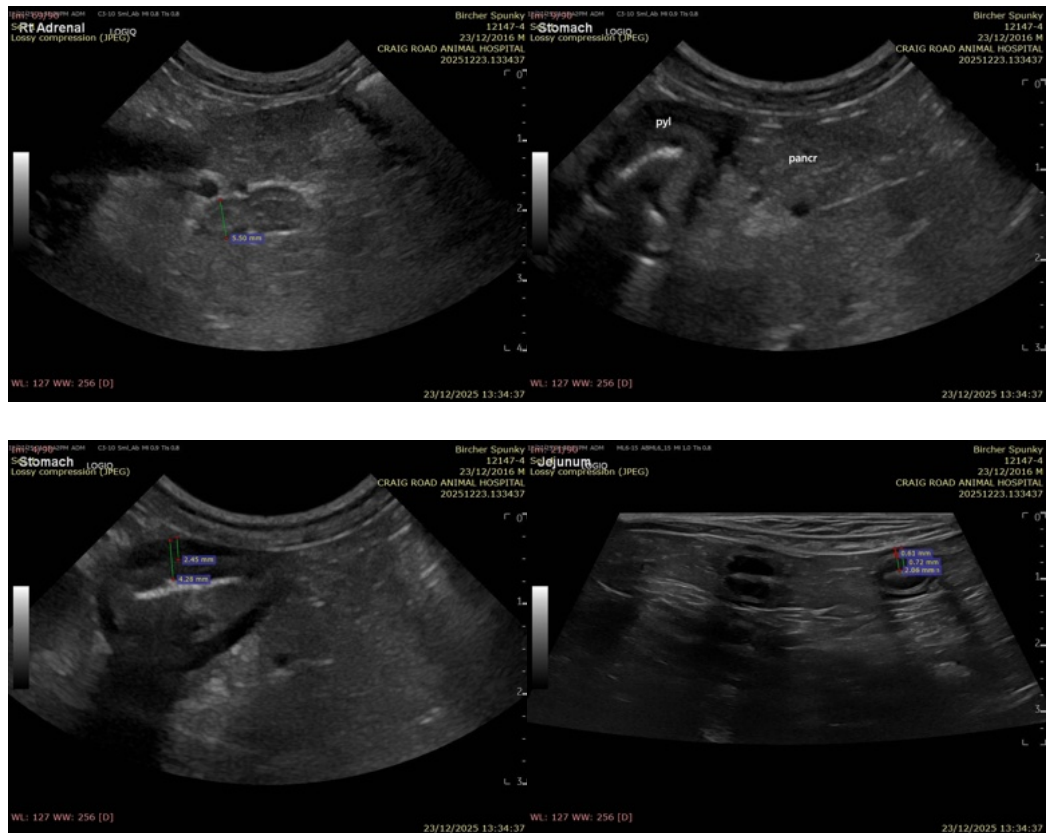
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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