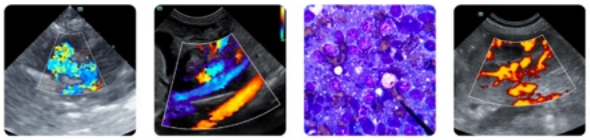


PATIENT

Quita Smith

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

11 years

WEIGHT

10.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Matt

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Hopp

INVOICE

69646

DATE

12/29/25

PRESENTING CLINICAL SIGNS

History: P referred for abdominal ultrasound rDVM found gallbladder stone on previous radiograph

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.12 × 2.01 cm, with a cortical thickness of 0.37 cm in the sagittal plane. The renal 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 3.22 x 1.83 cm, with a cortical thickness of 0.33 cm in the sagittal plane. The renal 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 0.29 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland could not be clearly visualized for evaluation.

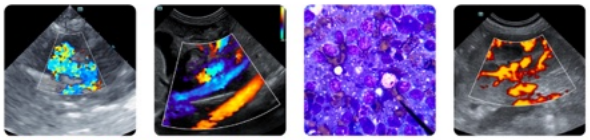
Spleen

Splenic thickness is 1.03 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 appears uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 2.53 mm and preserved wall layering. The pylorus measures 3.87 mm.

The duodenum measures 2.43 mm. The jejunum measures 1.63 mm, with preserved wall layering. The ileum measures 1.48 mm, with preserved wall layering. The ileocecal junction is not visualized.
No evidence of obstruction, ileus, or foreign material is identified.

The colonic wall measures approximately 0.51 mm, with formed feces present in the descending colon.

Pancreas

The right pancreatic limb appears normal in size, and the pancreatic parenchyma is isoechoic to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

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

- Mild biliary sludge within a normally distended gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The videos provided does not confirm the presence of cholelithiasis previously suspected on radiographs. The gallbladder is normally distended and contains a small amount of biliary sludge, but no discrete hyperechoic, shadowing structures consistent with gallstones are identified (However, complete visualization of the gallbladder fundus was limited, and small choleliths within this region cannot be entirely excluded). The gallbladder wall is thin, and there is no evidence of cystic duct or common bile duct dilation, making extrahepatic biliary obstruction unlikely at this time.

The liver appears normal in size, contour, and echotexture, with no focal lesions or hepatic lymphadenopathy detected. These findings suggest that there is no sonographic evidence of clinically significant hepatobiliary obstruction or advanced gallbladder disease.

Overall, the ultrasonographic findings are most consistent with incidental or mild biliary sludge. In the absence of biliary obstruction, gallbladder wall thickening, or compatible clinical signs, this finding is currently considered of low clinical significance.

Recommendations

- Clinical monitoring is recommended, with attention to the development of signs consistent with hepatobiliary disease (vomiting, abdominal pain, jaundice, lethargy).

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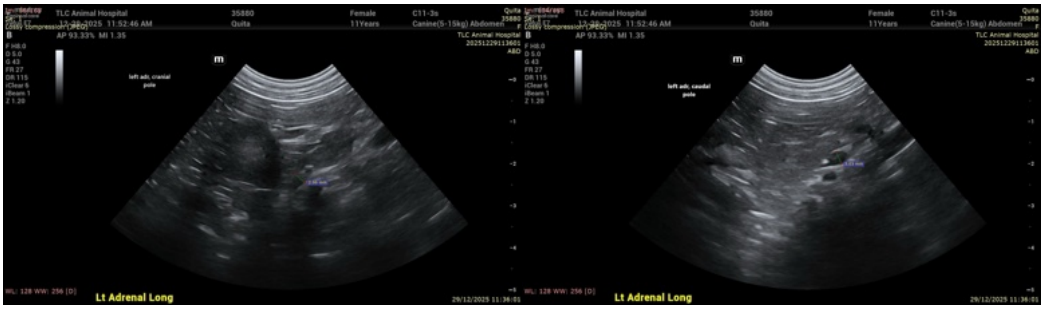
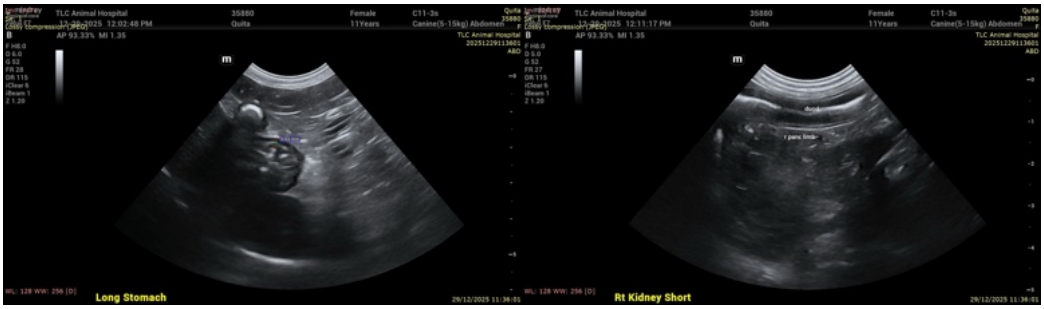
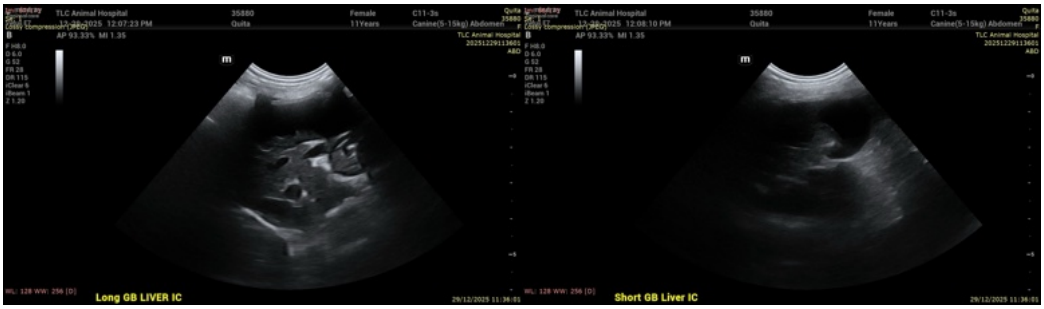
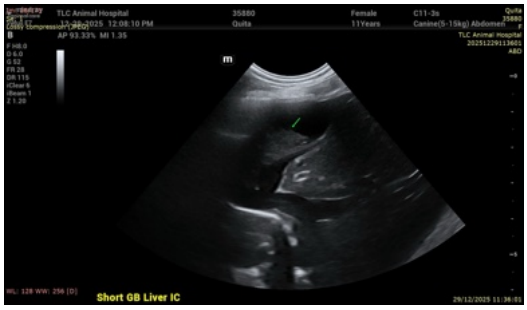
- Periodic serum liver enzyme and bilirubin monitoring may be considered.
- Follow-up abdominal ultrasonography is only recommended if clinical signs develop or if there is progression of laboratory abnormalities suggesting hepatobiliary disease.

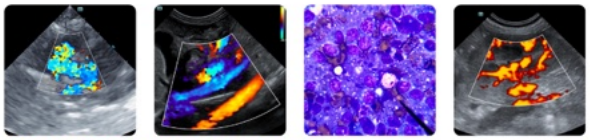








The information and recommendations provided are based on the images presented by the



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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