



PATIENT

Jax Stamper

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

14 years

WEIGHT

8.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Ashley Bowers

HOSPITAL NAME

Bowling Green VC

REFERRING VET

Dr. Bowers

INVOICE

73573

DATE

3/18/26

PRESENTING CLINICAL SIGNS

- History of chronic diarrhea, comes and goes
- persistently elevated liver enzymes
- persistent weight loss
- BCS 3/9 Alanine Aminotransferase 157 * 10.0 - 118.0 U/L HIGH H Alkaline Phosphatase 53 20.0 - 150.0 U/L Aspartate Aminotransferase 58 * 14.0 - 45.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is underdistended, and the wall cannot be accurately evaluated due to apparent thickening secondary to inadequate distension. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.94×1.87 cm, with a cortical thickness of 0.28 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. A cyst measuring 3.15×1.63 mm is identified. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size, measuring 3.23×1.93 cm, with a cortical thickness of 0.32 cm in the sagittal plane. The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.44 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

The spleen is partially visualized. The body of the spleen demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The dorsal and ventral extremities are not visualized for complete evaluation.

Liver

The liver is subjectively small, with an irregular contour. The hepatic parenchyma is isoechoic relative to the falciform fat and moderately heterogeneous, with multiple small hyperechoic areas (<1 cm) suggestive of nodular change. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The wall is thin, and the contents are predominantly anechoic with a mild to moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mild intraluminal gas. Gastric wall thickness is 1.45 mm, with preserved layering.

Duodenum: 2.86 mm. Jejunum: 2.67 mm, with mucosa 1.83 mm and submucosa 0.74 mm (muscularis not measured). Wall layering is preserved. No signs of inflammation, ileus, or foreign material are identified.

Colon: 0.71 mm, with small amounts of formed feces in the descending segment.

Pancreas

The pancreatic parenchyma appears mildly hyperechoic relative to the adjacent omental fat. No focal lesions or peripancreatic fat inflammation are identified.

Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Subjectively small liver with irregular contour and heterogeneous parenchyma.
- Multiple small hyperechoic hepatic nodules (<1 cm).
- Mild to moderate biliary sludge.
- Mild pancreatic hyperechogenicity.

SECONDARY FINDINGS

- Small incidental left renal cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is subjectively small with an irregular contour and heterogeneous parenchyma containing multiple small hyperechoic nodules. This pattern is most consistent with chronic hepatopathy with nodular regeneration, and raises concern for chronic hepatitis and/or fibrosis. In dogs, a reduced liver



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size with contour irregularity is a significant finding and supports chronicity rather than acute disease. The hyperechoic nodules likely represent regenerative nodules or nodular hyperplasia. This pattern is not typical of vacuolar hepatopathy (which would usually present with hepatomegaly and diffuse hyperechogenicity), and the normal ALP further supports a non-steroid, hepatocellular process.

The gastrointestinal tract is within normal limits in thickness and layering. There are no ultrasonographic features to support moderate or severe inflammatory or infiltrative enteropathy. However, ultrasound cannot exclude mild chronic enteropathy, which may still contribute to the clinical signs.

The pancreas is mildly hyperechoic, which is a nonspecific finding and most commonly associated with fat infiltration or chronic change, particularly in geriatric patients. There is no evidence of active pancreatitis.

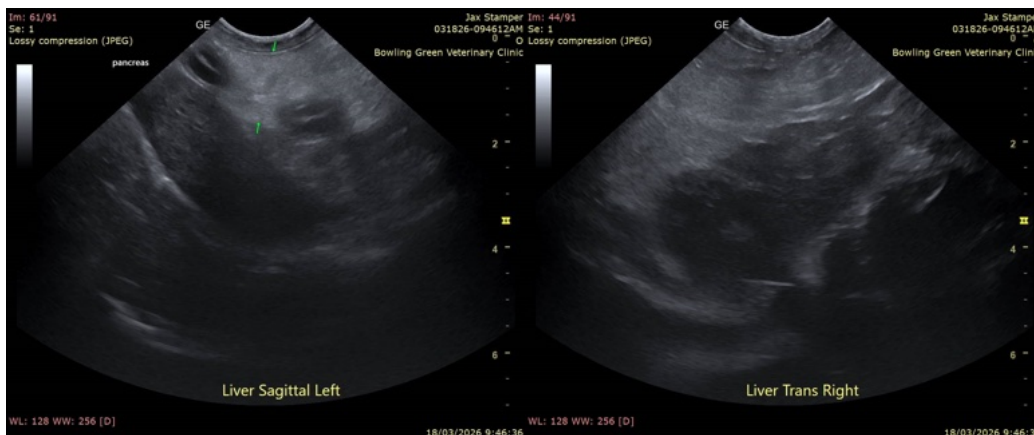
Adrenal glands are within normal limits for size and morphology, with no evidence of adrenal-dependent disease.

Overall, this is a case where the primary ultrasonographic abnormality is hepatic, and the imaging findings support a chronic hepatocellular disease process rather than endocrine or obstructive hepatobiliary disease. The gastrointestinal signs may be concurrent but are not strongly supported by structural abnormalities on ultrasound.

Recommendations

- Further evaluation of hepatic disease is warranted; liver function testing (bile acids if not already performed) and consideration of hepatic sampling (biopsy) may be indicated to differentiate chronic hepatitis, early cirrhosis, and nodular processes.
- Medical management with hepatoprotective therapy may be considered.
- The gastrointestinal signs may be managed empirically (dietary trial ± medical therapy), recognizing that ultrasound does not exclude mild chronic enteropathy.
- Monitor progression clinically and with follow-up imaging if indicated.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.





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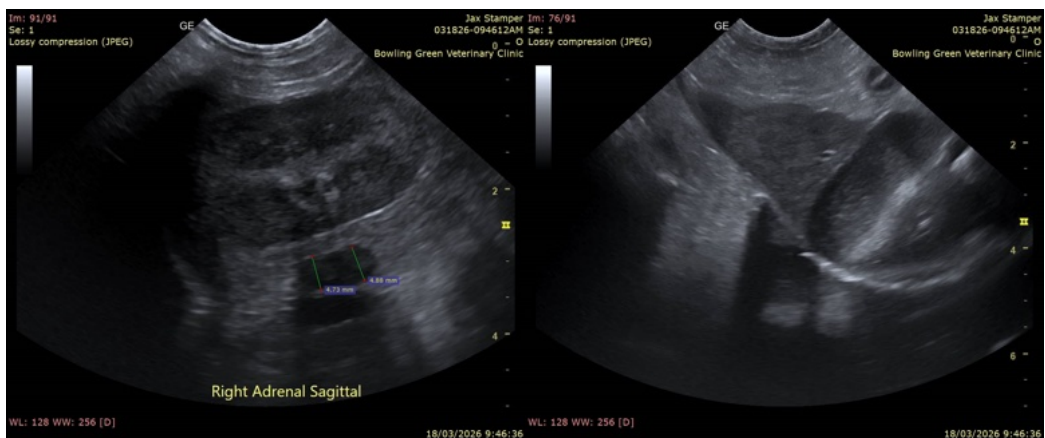
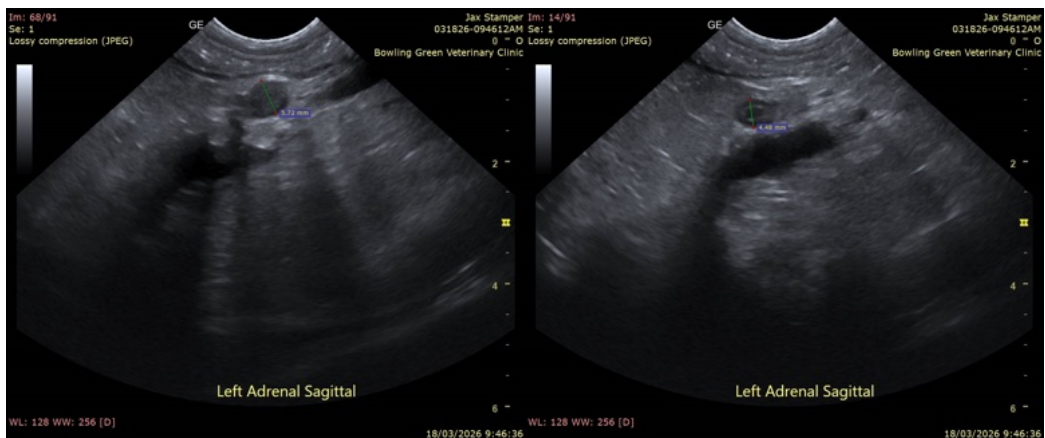
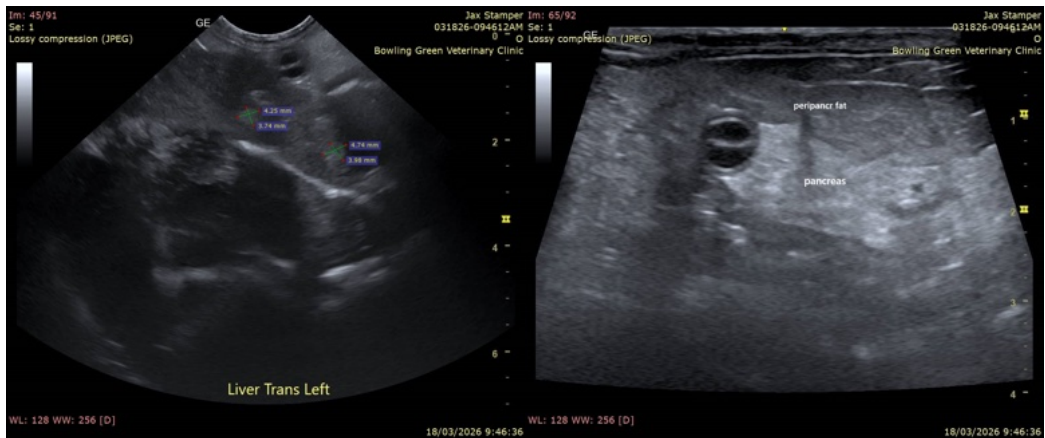
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Alicia Angosto Guerrero, DMV, PgDip, MSc.

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MV Esp Ultrasound in Domestic and Wild Animals

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