



PATIENT

Kim Lee

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

9 years

WEIGHT

18.08 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Cory Bassett

HOSPITAL NAME

All Creatures Great
and Small

REFERRING VET

Bassett

INVOICE

74040

DATE

4/1/26

PRESENTING CLINICAL SIGNS

- Started with liquid diarrhea yesterday. Refused meal this AM for the 1st time in her life.
- Vomited once yesterday. Got a new treat a few days ago.
- Started on metronidazole PO post diagnostics.
- Hx of urinary issues, has been on Urinary SO for many years
- Hx of renal Calculi, spondylosis
- Blood work- mildly elevated ALT 131 radiographs: stomach is in normal position, liver is normal size with sharp margins, kidneys have renal opacities in the cortices, GIT is gas and fluid filled, no signs of FB or obstructions, the spleen is normal shape and size, bladder is moderately sized with no obvious calculi. Mild spondylosis in lumbar spine- conclusion renal calculi, spondylosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. Normal appearance of the bladder neck and proximal urethra. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 4.07×2.35 cm in the sagittal plane. Cortical thickness is 0.43 cm. The right kidney is normal in shape and size, measuring 4.60×2.81 cm in the sagittal plane. Cortical thickness is 0.47 cm.

Both kidneys show cortical echogenicity within normal limits (isoechoic relative to hepatic parenchyma). The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. Multiple small, early nephroliths are identified bilaterally. There is no evidence of pyelectasia or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland is partially visualized, measuring approximately 0.43 cm. The right adrenal gland measures 0.48 cm at the cranial pole and 0.40 cm at the caudal pole. No enlargement is identified.

Spleen

Splenic thickness is 1.19 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 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 are primarily anechoic. 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 wall thickness of 2.46 mm and preserved layering. The pylorus measures 4.41 mm.

Duodenum: 3.86 mm. Jejunum: 2.98 mm. Ileum: 2.03 mm. Wall layering is preserved throughout. No evidence of intestinal obstruction, foreign material, or focal mural abnormalities is identified.

The colon is mildly distended: ascending colon measures 1.74 mm with gas, transverse colon 1.47 mm with gas, and descending colon 2.01 mm with fluid. Wall layering is preserved throughout.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No abdominal effusion or signs of peritonitis are present. No lymphadenomegaly is identified. The region of the iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild colonic fluid and gas distension.
- Small bilateral non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract shows mild fluid and gas distension within the colon, with preserved wall layering and no evidence of obstruction or focal pathology. These findings are most consistent with acute gastrointestinal upset, such as dietary indiscretion or acute enterocolitis.

No ultrasonographic evidence of pancreatitis, mechanical obstruction, or significant intestinal disease is identified.

The presence of small bilateral nephroliths is noted and correlates with the patient's history. These are non-obstructive and incidental in this context.

Recommendations

- Supportive gastrointestinal management.
- Monitoring.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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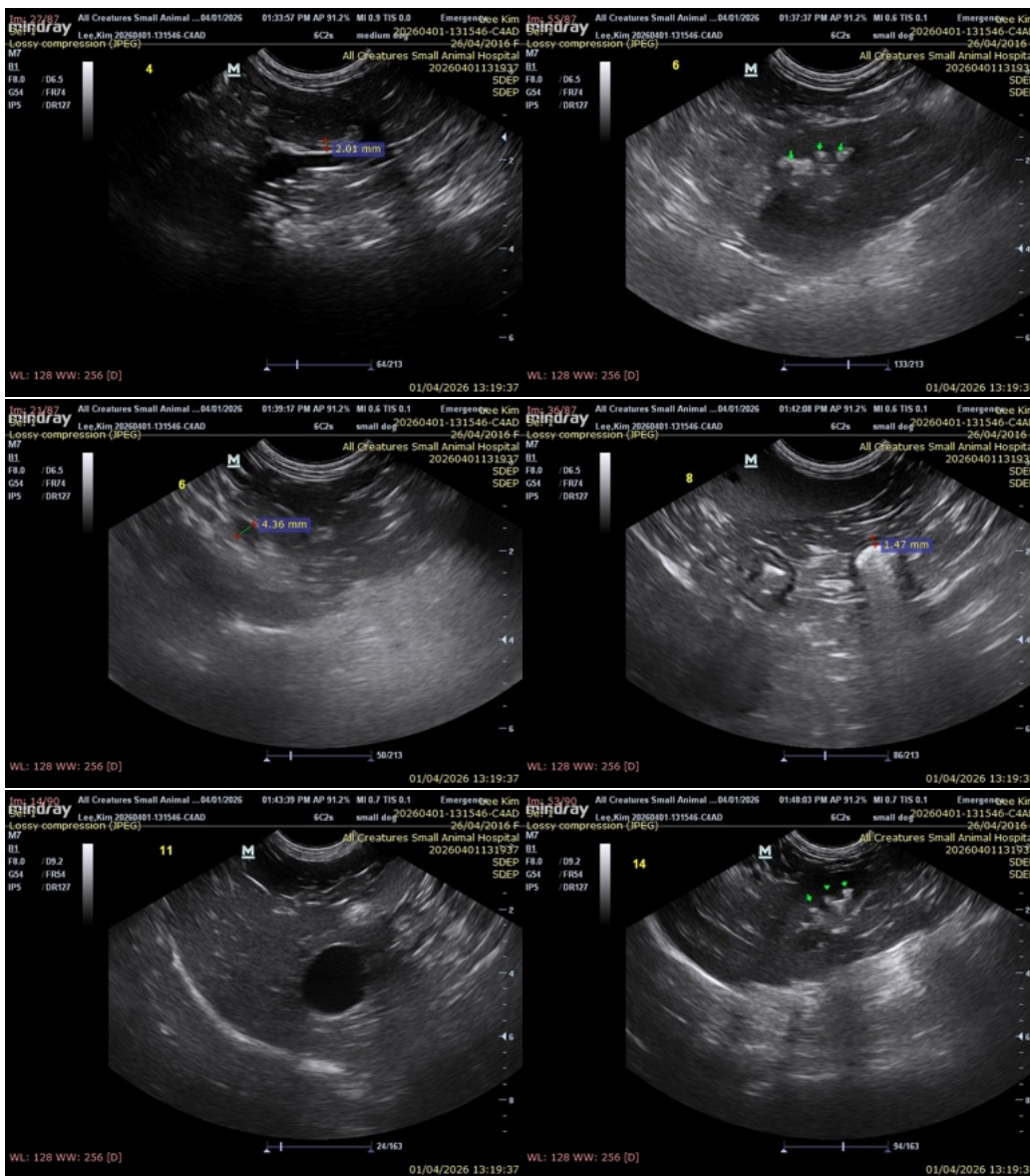
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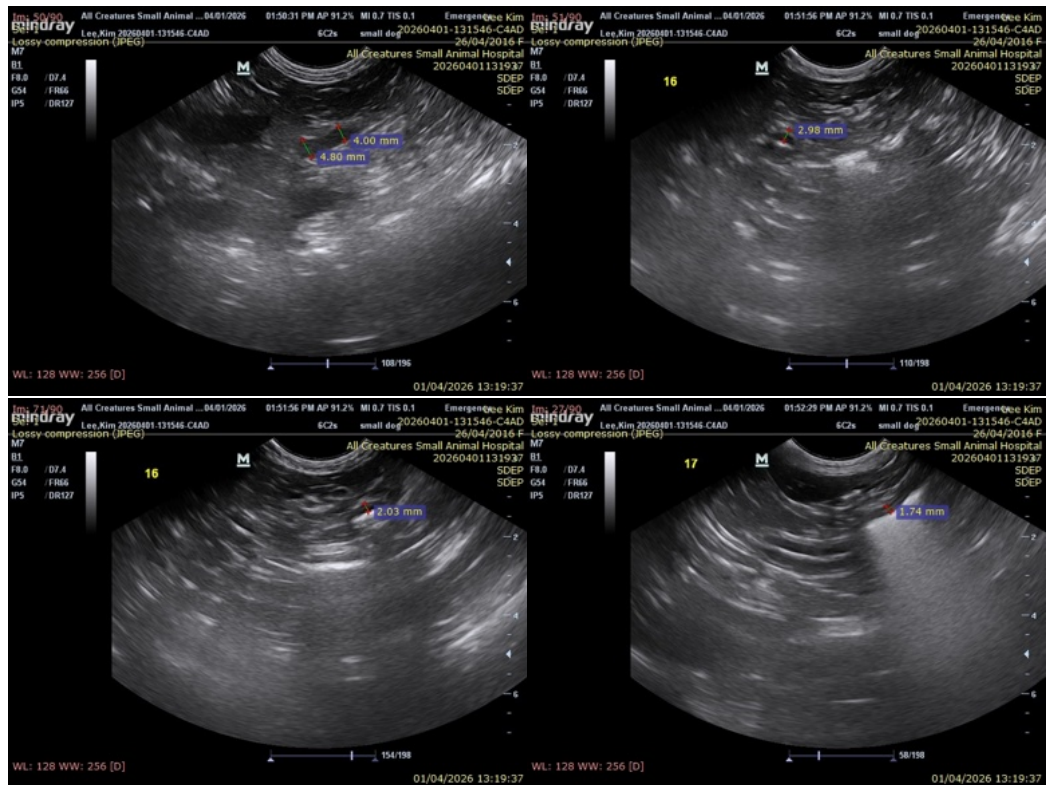
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com