



## PATIENT

Rere Bumpas

## SPECIES

Canine

## BREED

Chihuahua

## SEX

MN

## AGE

15 years 8 months

## WEIGHT

17.45

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Celia Galanti, DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Celia Galanti, DVM

## INVOICE

11692

## DATE

4/10/2026

## PRESENTING CLINICAL SIGNS

Presenting for blood pressure. In the last two weeks P still drinking and urinating more. P has also been more finicky about food in the last two weeks but better in the last few days. Defecating, and urinating within normal limits. No coughing, sneezing, vomiting, or diarrhea noted by owner. No known allergies to vaccines/ medication. Currently receiving gabapentin, ursodiol, famotidine and hydrocodone PRN. P has a history of liver elevations and collapsing trachea.

## 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 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: 4.02×2.67 cm, and the thickness of the cortex is 0.45 cm in the sagittal plane. A well-defined cortical cyst measuring 1.06×0.73 cm is identified, along with additional smaller cortical cysts measuring a few millimeters.

The right kidney is normal in shape and size: 4.26×2.80 cm, and the thickness of the cortex is 0.46 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the liver parenchyma, and multiple small cortical cysts are observed. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show a mildly globose shape and normal echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of three measurements): the left adrenal gland measures 0.64 cm at the cranial pole and 0.59 cm at the caudal pole, and the right adrenal gland measures 0.63 cm at the cranial pole and 0.56 cm at the caudal pole.

### Spleen

Splenic thickness is 0.65 cm. The parenchyma demonstrates multiple hyperechoic nodules consistent with myelolipomas. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively increased in size, with rounded edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with small hyperechoic foci measuring 4.1×4.4 mm and small hypoechoic foci measuring 5.1×5.4 mm. No hepatic lymphadenopathy is observed.

The gallbladder is moderately distended and contains echogenic, organized intraluminal material displaying a striated pattern, consistent with an incipient “kiwi-like” appearance. The contents appear partially structured, with some remaining less organized regions, indicating an intermediate stage of mucocele formation (approximately grade III–IV). The gallbladder wall appears normal, and no evidence of rupture is identified.

### Gastrointestinal



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The stomach is empty and folded, with mural thickness (1.87 mm) and preserved wall layering. The pylorus measures 3.61 mm. The duodenum measures 1.86 mm and the jejunum 2.96–3.50 mm, with normal wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 1.19 mm, with a small amount of fecal material in the lumen.

### *Pancreas*

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

### *Free Abdomen*

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

## PRIMARY FINDINGS

- Gallbladder mucocele (intermediate stage, grade III–IV).
- Bilateral adrenal enlargement (mild).
- Hepatomegaly with small multifocal hepatic nodules.

## SECONDARY FINDINGS

- Bilateral renal cortical cysts with mild cortical hyperechogenicity.
- Splenic myelolipomas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding in this study is a gallbladder mucocele in an intermediate stage of development, characterized by organized, striated intraluminal material (“kiwi-like” pattern). Although there is currently no evidence of rupture or cholecystitis, this represents a progressive condition with potential for biliary obstruction or rupture over time.

The presence of bilateral adrenal enlargement with a rounded morphology (measurements exceeding expected reference ranges for a dog of this size, typically <0.6 cm) may indicate bilateral adrenal hyperplasia.

The liver is mildly enlarged with rounded margins and contains small mixed echogenic nodules. In this context, these findings are most compatible with vacuolar hepatopathy secondary to hyperadrenocorticism, with the nodules most likely representing benign nodular hyperplasia.

The kidneys show multiple cortical cysts and mild cortical hyperechogenicity, which are common age-related or degenerative findings in geriatric patients and may be associated with early chronic kidney changes, although no structural evidence of advanced renal disease is identified.

The spleen contains multiple hyperechoic nodules consistent with myelolipomas (Bates bodies), a common incidental finding in older dogs without clinical significance.

### Recommendations

- Endocrine testing (LDDS preferred) is recommended to confirm hyperadrenocorticism, as ultrasonographic findings are supportive but not definitive.



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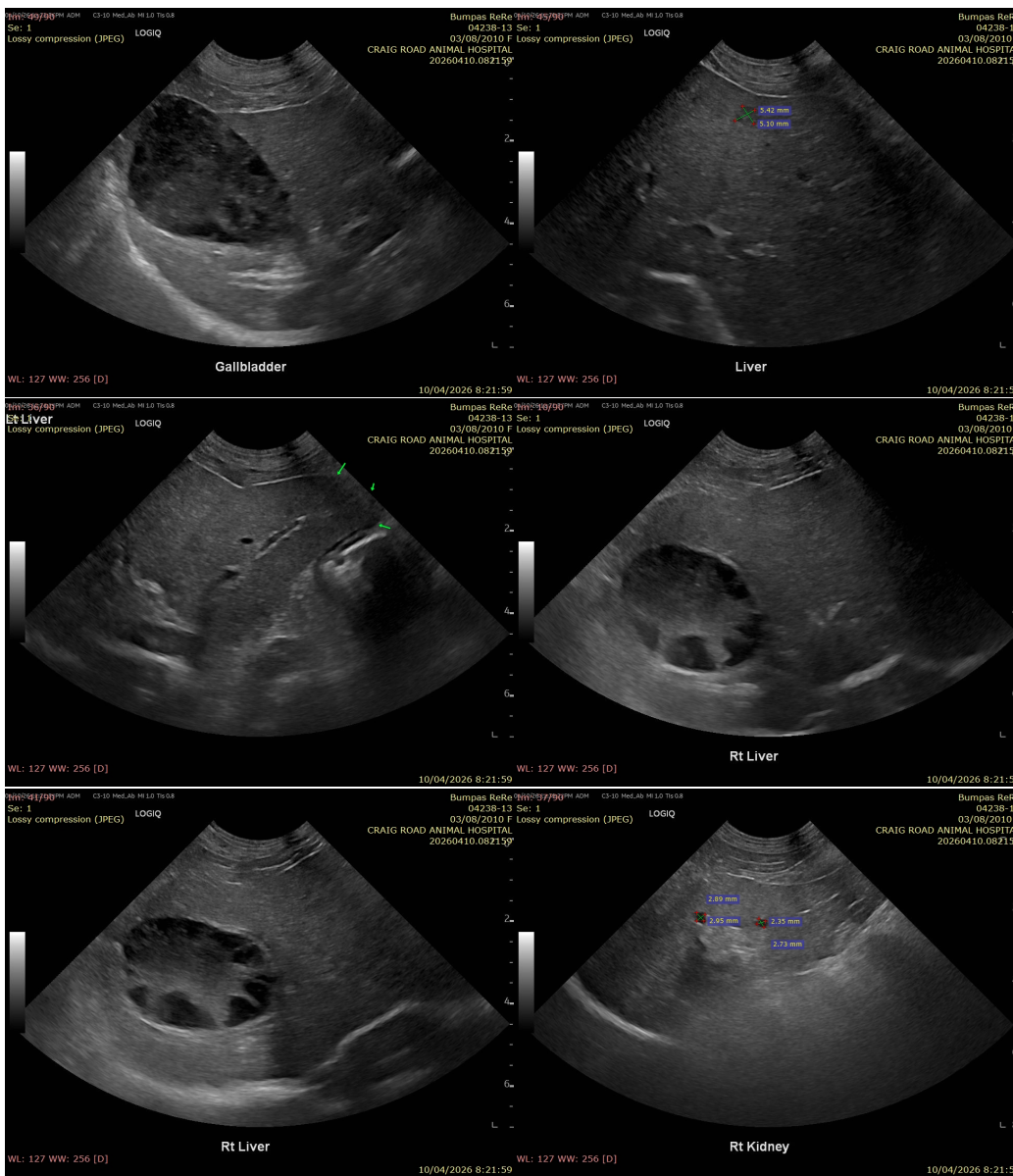
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- Medical management of the gallbladder mucocele should be considered, including continuation or adjustment of ursodiol, with close monitoring.
- Serial biochemical monitoring (liver enzymes, renal parameters) is recommended.

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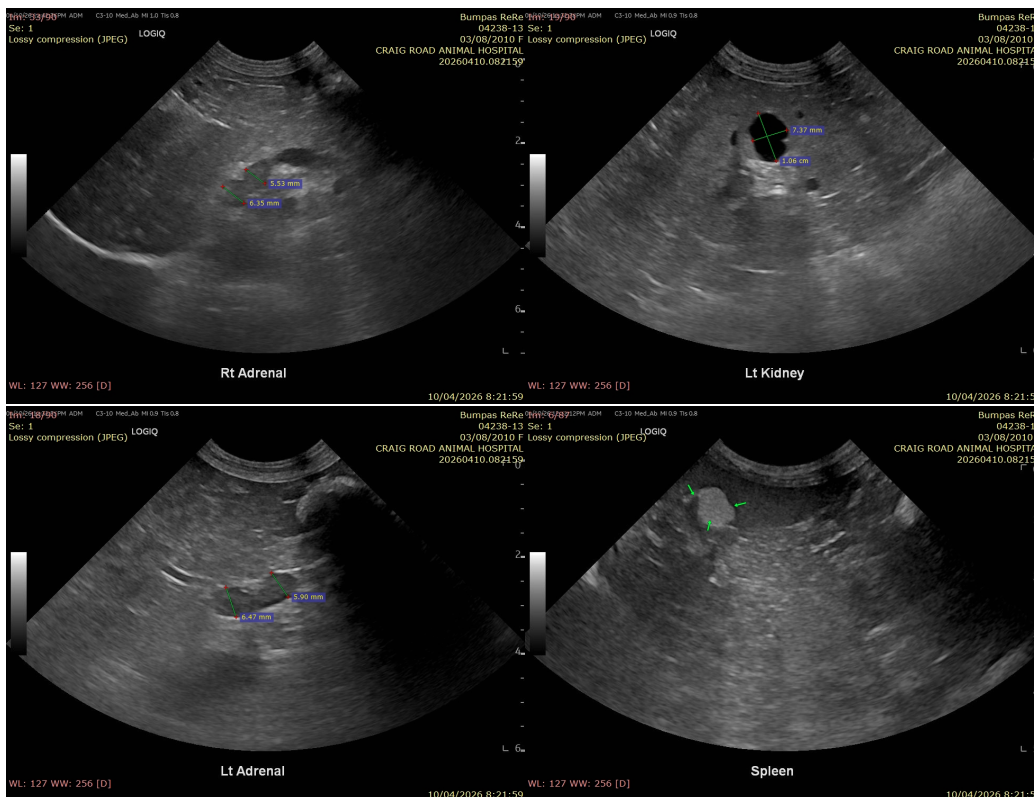
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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