



## PATIENT

Peanut Delgado

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Intact male

## AGE

5 years

## WEIGHT

6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

## REFERRING VET

Dr. Huff

## INVOICE

77711

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

History: Elevated ALT found on routine BW for neuter, no clinical signs of liver disease at home. Owner elected to hold on anesthesia. Bile acids were normal.

Abnormal PE/Chem/CBC/UA Results: ALT 348 Bile Acids: pre 1, post 19

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic, containing a small amount of dependent mineral sediment. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.49×1.72 cm, with a cortical thickness of 0.34 cm in the sagittal plane. The right kidney is normal in shape and size: 2.93×1.93 cm, with a cortical thickness of 0.30 cm in the sagittal plane. In both kidneys, the renal cortices are isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Multiple small echogenic mineral foci/sediment are present within the renal diverticula/pelvic recesses bilaterally, compatible with mineral sediment. There is no evidence of pyelectasia or hydronephrosis.

### *Prostate*

The prostate measures 2.56×1.49 cm and demonstrates a homogeneous mildly hyperechoic echotexture. Size and appearance are considered within normal limits for an intact dog of this size and age.

### *Adrenal Glands*

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.41 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measures 0.31 cm at the cranial pole and 0.33 cm at the caudal pole.

### *Spleen*

Splenic thickness is 0.83 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.



## PATIENT

Peanut Delgado

The gallbladder lumen is moderately distended. The wall is thin and smooth, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.

## SPECIES

Canine

### ***Gastrointestinal***

The stomach is empty, containing small amounts of fluid and gas, with preserved wall layering and a wall thickness of 1.69 mm.

## BREED

Chihuahua

The pyloric wall measures 3.76 mm. The duodenal wall measures 2.21 mm with preserved wall layering. The ileocecal junction is not confidently visualized. No obstructive pattern, foreign material, or gastrointestinal inflammatory changes are identified ultrasonographically.

## SEX

Intact male

The descending colonic wall measures 0.76 mm and the colon is largely empty, containing only small amounts of fecal material within the descending segment.

## AGE

5 years

### ***Pancreas***

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

## WEIGHT

6 lbs

### ***Free Abdomen***

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

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

### **PRIMARY FINDINGS**

- Mild bilateral renal mineral sediment/small developing nephroliths within the renal diverticula/pelvic recesses
- Small amount of dependent urinary bladder mineral sediment

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No definitive ultrasonographic explanation for the isolated ALT elevation is identified on the current examination. The liver is normal in size and echotexture, and the normal bile acids substantially reduce concern for clinically significant hepatic insufficiency or a hemodynamically important congenital portosystemic shunt at this time.

## REFERRING VET

Dr. Huff

## INVOICE

77711

Although the current examination is largely unremarkable, early or mild hepatocellular disease, reactive hepatopathy, microvascular dysplasia/portal vein hypoplasia without portal hypertension, mild chronic hepatitis, or subclinical metabolic/vacuolar hepatopathy cannot be completely excluded ultrasonographically.

## DATE

5/19/26

Mild bilateral renal mineral sediment/small developing nephroliths are present within the renal diverticula/pelvic recesses. No evidence of obstructive uropathy, hydronephrosis, or clinically



## PATIENT

Peanut Delgado

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Intact male

## AGE

5 years

## WEIGHT

6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

## REFERRING VET

Dr. Huff

## INVOICE

77711

## DATE

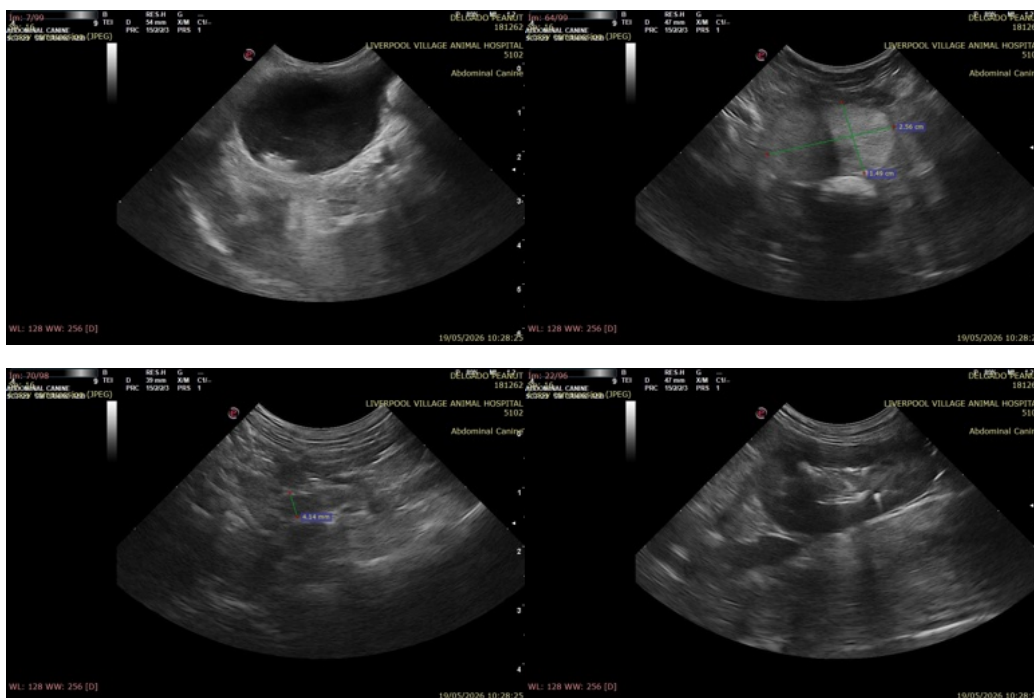
5/19/26

significant nephrolithiasis is identified at this time. The small amount of dependent urinary bladder mineral sediment is nonspecific and may reflect crystalluria/mineral precipitation.

### Recommendations

- Supportive hepatobiliary therapy (such as SAME/silybin) could be considered while monitoring serial liver enzyme trends, although no definitive ultrasonographic evidence of advanced hepatobiliary disease is identified at this time.
- Periodic re-evaluation of liver values and repeat abdominal ultrasound may be considered if ALT elevation progresses or clinical signs develop.
- Correlation with urinalysis/crystalluria evaluation is recommended given the renal and urinary mineral sediment.
- If liver enzyme abnormalities persist or worsen, additional hepatobiliary investigation (including repeat bile acids, coagulation profile, ammonia testing, advanced imaging, or liver sampling) could be considered as clinically appropriate.

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





## PATIENT

Peanut Delgado

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Intact male

## AGE

5 years

## WEIGHT

6 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village AH

## REFERRING VET

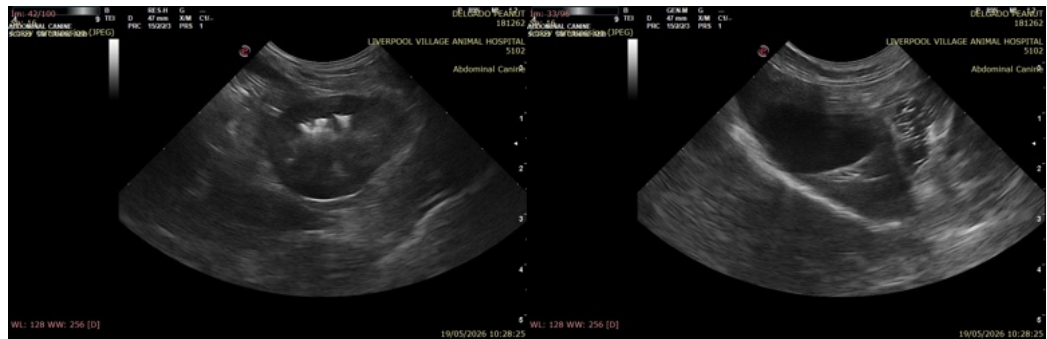
Dr. Huff

## INVOICE

77711

## DATE

5/19/26



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](mailto:info@SonoPath.com)