



**PATIENT**

Lady Alexander

**SPECIES**

Canine

**BREED**

Chinese Crested

**SEX**

Female

**AGE**

12 years

**WEIGHT**

11.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Gabriel

**HOSPITAL NAME**

Central Jersey AH

**REFERRING VET**

Dr. Gabriel

**INVOICE**

43253

**DATE**

3/13/23

**PRESENTING CLINICAL SIGNS**

History: has hx of constant elevation of alp, alt enzyme doing well otherwise  
Abnormal PE/Chem/CBC/UA Results: chem : alt., alp elevation during pe : there is soft swelling around umbilical area which was aspirate and obtained grayish to black fluid

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a dorsal wall polyp or blood clot. The lesion measures 1.4 x 0.6 cm. Power Doppler assessment and further imaging of the bladder lesion is recommended.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The right kidney measured 4.27 cm. The left kidney measured 3.6 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.65 cm at the caudal pole and 0.45 cm at the cranial pole. The left adrenal gland measured 0.5 cm.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The hepatic lymph nodes were somewhat enlarged at 1.0 x 0.5 cm.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

Benign hepatopathy.

Age related hepatic, renal and pancreatic changes.

Coalesced, organized blood clot or bladder mass/polyp in the dorsal wall.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes were largely expected for this age and breed. FNA of the liver are indicated for further definition, yet subjectively the abdomen appears benign. Further imaging of the bladder is recommended for clarification and Power Doppler assessment. If this is an organized clot then it may resolve on its own and may not be present on a follow-up ultrasound. However, echotexture of an organized and adherent blood clot versus polyp can appear very similar.

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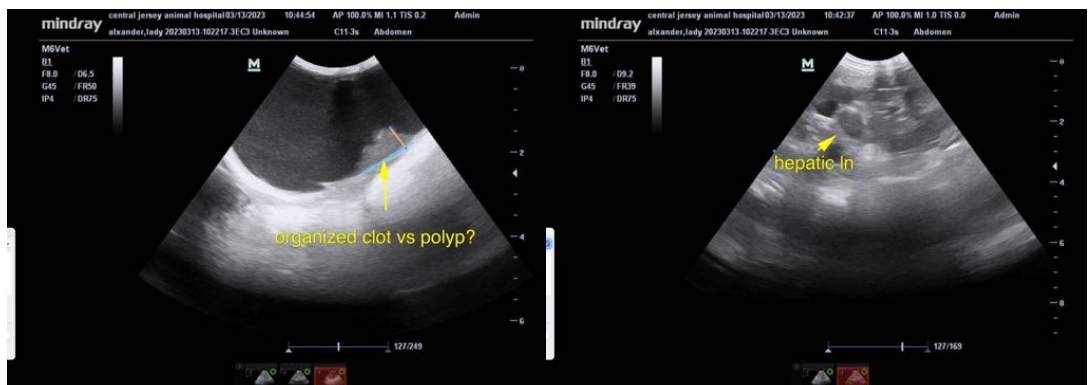
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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