



**PATIENT**

Luna Baldwin

**SPECIES**

Canine

**BREED**

American Eskimo

**SEX**

Intact Female

**AGE**

7 Years

**WEIGHT**

11.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP (Canine &  
 Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Beatties SC

**REFERRING VET**

Dr. Watson

**INVOICE**

35014

**DATE**

12/22/25

**PRESENTING CLINICAL SIGNS**

History: Findings: Inflammatory Enteropathy with suspected Protein-Losing Enteropathy - DDx: Inflammatory bowel disease, adverse food reaction (food allergy), infectious enteritis, metabolic disease. The combination of vomiting, profound intestinal inflammation on ultrasound, hypoproteinemia (specifically hypoalbuminemia), and anemia of chronic disease is highly suggestive of a significant inflammatory process within the gastrointestinal tract leading to protein loss. 2. PD and Hyposthenuria - DDx: Hyperadrenocorticism (Cushing's disease), early renal insufficiency, psychogenic PD. The patient's increased thirst and very dilute urine (urine specific gravity 1.002) are not typical for primary gastrointestinal disease alone. The mildly elevated alkaline phosphatase could be consistent with hyperadrenocort Current Medications Entero-aid, Sulcrate, Cerenia.

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Reason for clinical signs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left ovary** was uniform, measuring 1.16 cm x 0.53 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.43 cm. The right kidney measured 4.23 cm.

**Adrenal Glands**

The **right adrenal gland** was 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 1.77 cm x 1.15 cm at the cranial pole and 0.6 cm at the caudal pole.

The **left adrenal gland** was slightly enlarged at the cranial pole, measuring 0.9 cm at the cranial pole, 0.56 cm at the caudal pole x 2.56 cm in length. The left adrenal nodule was expansive with regional inflammation and loss of structural detail.

**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 were noted.



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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The mid to distal small intestine revealed an annular mass, measuring up to 4.5 cm. Regional omental extension was noted. Ultrasound guided FNA is indicated. Areas of small intestine revealed mucosal fogging, as well as variable intestinal thickening. This is likely a multicentric process. The mucosal fogging would fit with protein losing enteropathy/lymphangiectasia. The colon was unremarkable.

**Pancreas**

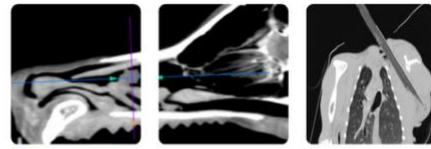
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Intestinal mass with lymphangiectasia pattern- Intestinal lymphoma versus carcinoma are primary concerns. Granulomatous disease is unlikely.
- Swollen, irregular and regionally inflamed left adrenal gland- Differentials include pheochromocytoma, carcinoma, adenitis, and metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for a multicentric process. I do not believe there is a surgical solution in this patient. Some extension into the omentum was noted. Ultrasound guided FNA of the intestinal mass, management for protein losing enteropathy, and adrenal work up are indicated. Serial blood pressures are warranted. Chest radiographs are warranted to assess for metastatic disease. Prognosis is guarded. Oncological intervention is necessary.



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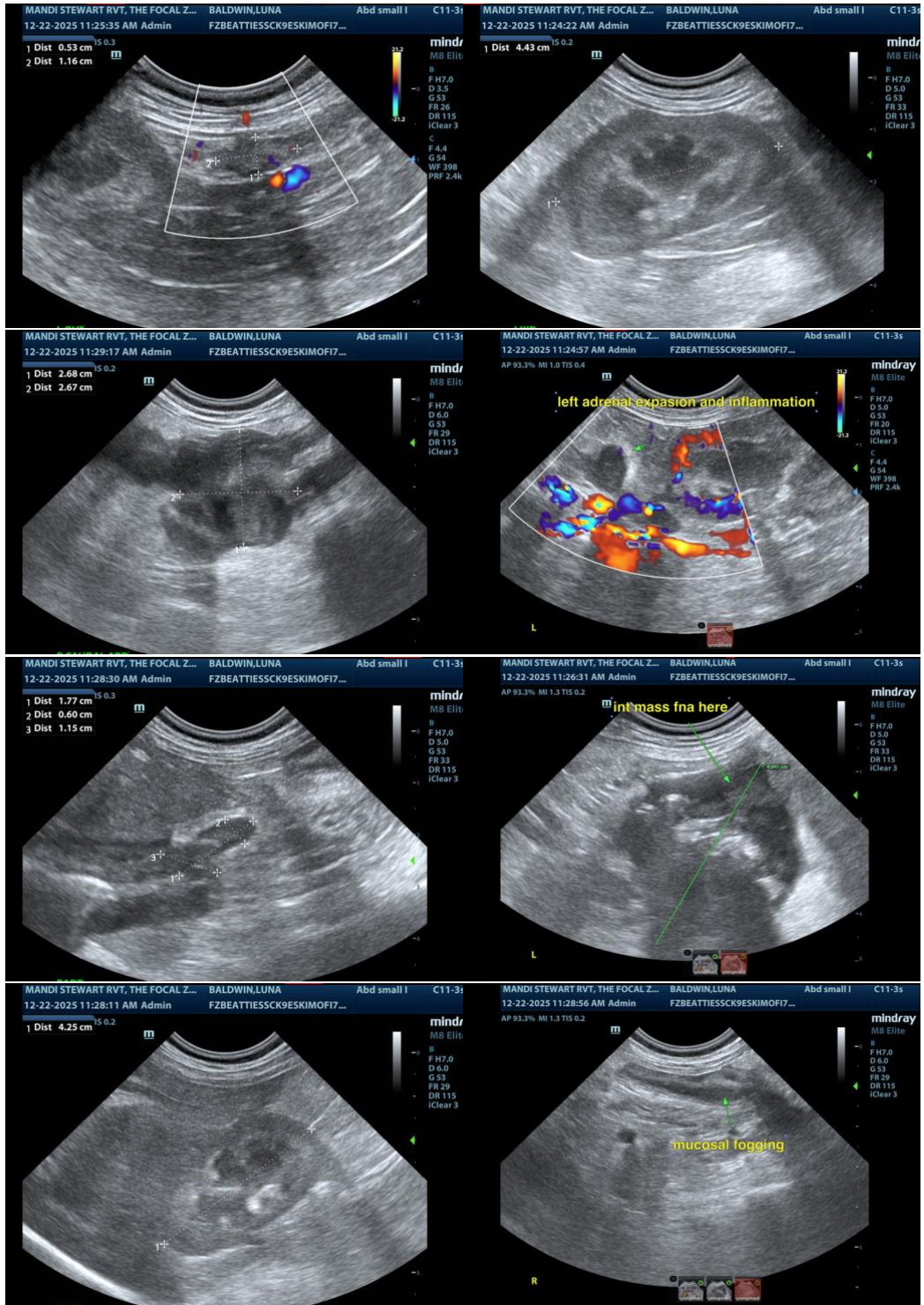
Dr. Watson

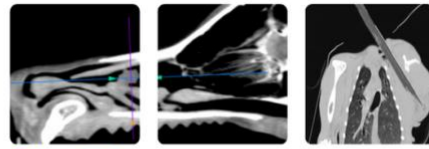
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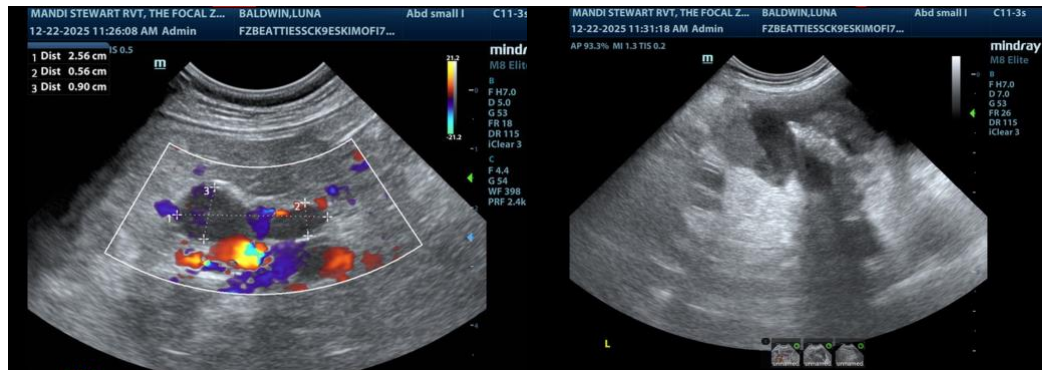
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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