



**PATIENT** **PRESENTING CLINICAL SIGNS**

Cujo Baldwin

History: unexplained weight loss; weight loss - muscle mass decrease - not on dose or duration of steroid to account for this - meds: apoquel 5.4mg SID, ciloxan TID, systane drops QID, Pred 1/4 SID - for managing allergies; a corneal ulcer, and aural hematoma

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem : increased ALT 338 (10-125 U/L) ALKP 230 (23-212 U/L) otherwise NSF

Canine

**BREED**

French Bulldog

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

9.7 kg

**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 **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 right kidney measured 4.68 cm. The left kidney measured 4.68 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 0.51 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 0.45 cm at the cranial pole and 0.38 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Trudeau

**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.

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Petworks VH

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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.

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**Gastrointestinal**

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia. Mesenteric lymph node was reactive and measured 0.74 x 0.41 cm. Other smaller lymph nodes were present.

**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.

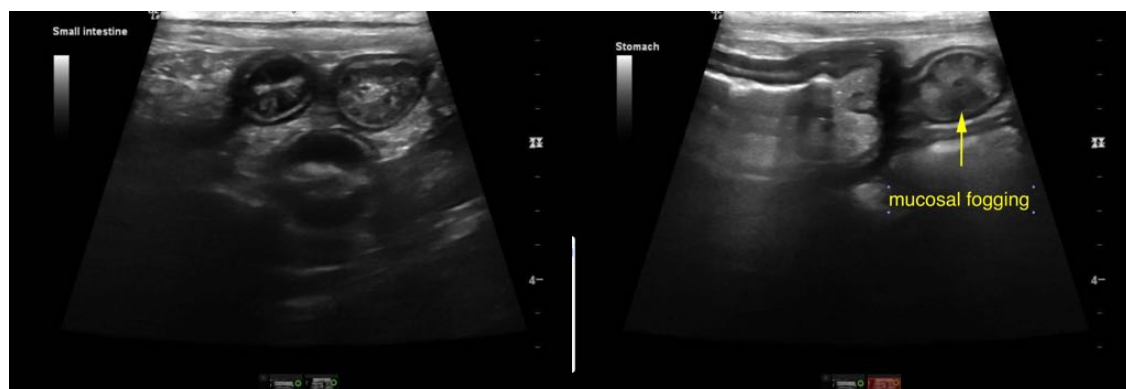
**ULTRASONOGRAPHIC FINDINGS**

Mucosal fogging, lymphangectasia GI pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Malassimilation/maldigestion is likely playing a role in the weight loss. The albumin levels should be monitored carefully for protein losing enteropathy. Purina HA or Royal Canin HP diet is warranted. Maldigestion panel with adjustment of supplementation based on maldigestion results. B12 supplementation may prove appropriate. Fecal exam is recommended along with anti-parasitic protocol. Other causes of weight loss should be considered.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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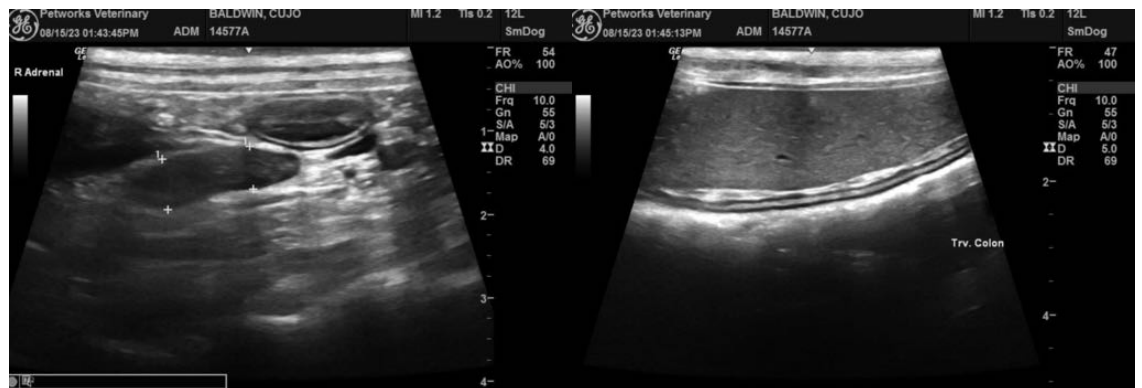
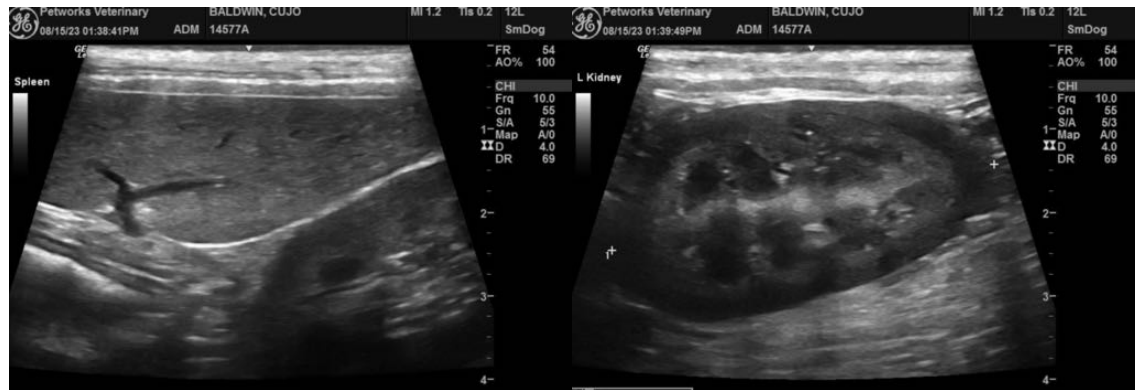
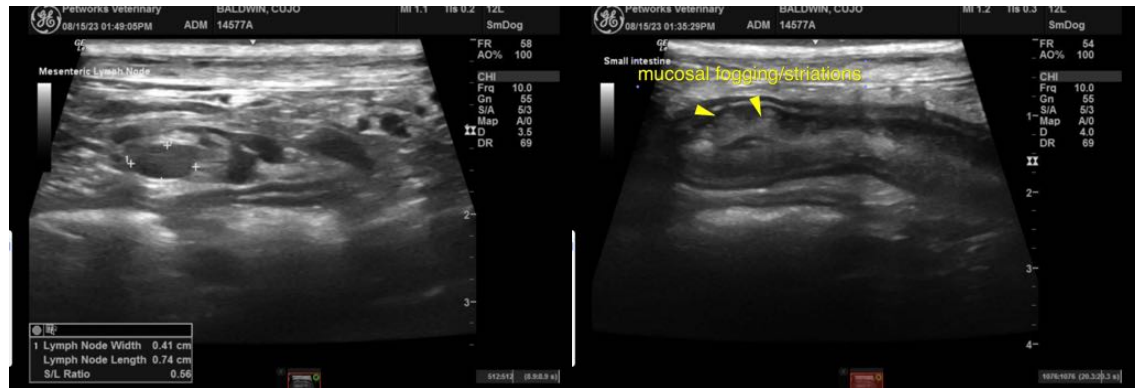
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com