



PATIENT PRESENTING CLINICAL SIGNS

Bailey Babbitt
History: acute vomiting, weight loss
Abnormal PE/Chem/CBC/UA Results: wnl

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
Bernedoodle
The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

SEX
Spayed female
There is a small, hypoechoic structure in the caudal/pelvic abdomen that is dorsal to the neck of the bladder and urethra and measures 0.53 cm in width x 2.0 cm long and suspected to be the uterine stump. The tissue around the structure is not hyperechoic. The structure looks quiescent. The cranial border of the structure is slightly irregular. This is consistent with the prior surgery.

AGE
2 ½ years
The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.8 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT
50 lbs
The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.14 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.56 cm, caudal pole 0.44 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is normal in size at 0.78 cm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Hollo

INVOICE

43264

DATE

3/10/23



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Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness (0.28 cm) with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering (0.3 cm). Most of the jejunum measured normal; however, there were a few loops that measured mildly thick at 0.45 cm (normal is up to 0.44 cm). The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The section of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There was a cluster of jejunal lymph nodes that were enlarged. The largest measured 1.0 cm in width x 2.5 cm in length. The lymph nodes were mildly hypoechoic to the surrounding tissue and appeared reactive. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Small intestinal thickening with reactive jejunal lymphadenopathy, consistent with either acute gastroenteritis or chronic enteropathy.

Secondary Findings

1. Uterine stump.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This sonographic exam is largely normal. A few loops of jejunum measure slightly thick though many measure normal. There were mildly enlarged jejunal lymph nodes that appear reactive. Given the history this exam has subtle changes that would support acute gastroenteritis and chronic enteropathy may look similar. Consider ongoing treatment for acute vomiting with anti-emetics and a bland diet. If weight loss and vomiting continue then a chronic enteropathy work-up should be considered such as testing for hypoadrenocorticism, GI panel and diet trial with a hypoallergenic alimental or novel protein diet. The small, hypoechoic structure in the caudal/pelvic abdomen that is dorsal to the neck of the bladder and urethra is considered likely to be the uterine stump given the prior pyometra. This structure



looks quiescent and there are no indications of inflammation surrounding the structure, so it is considered incidental. However, a recheck ultrasound in the future can be considered to monitor.

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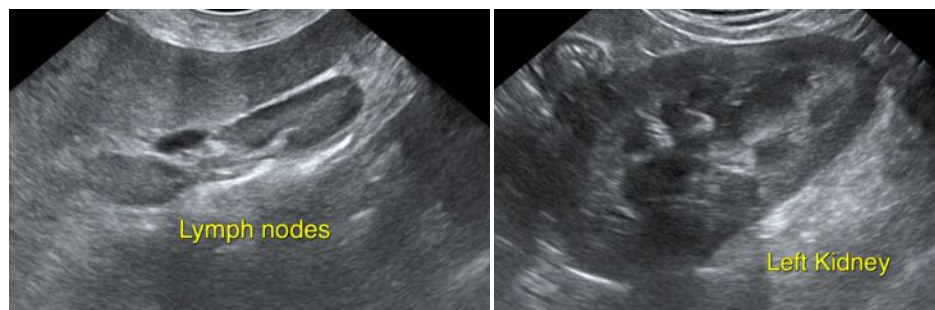
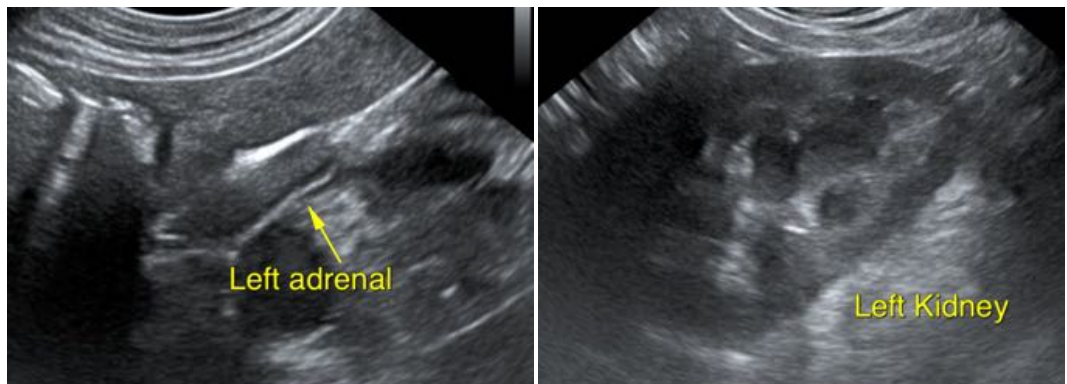
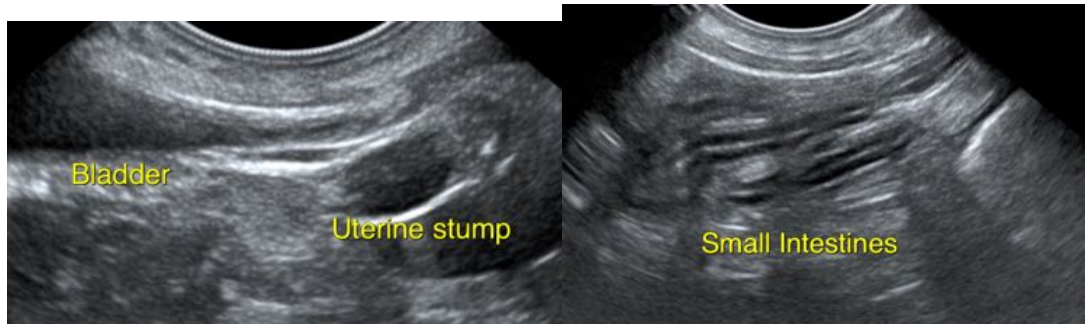
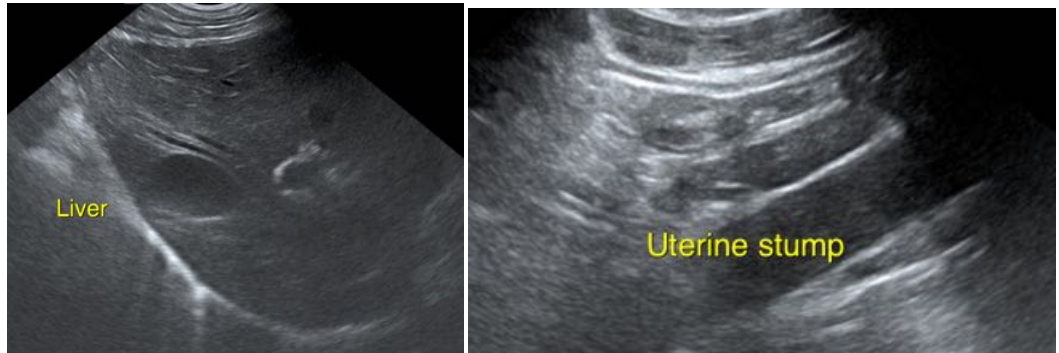
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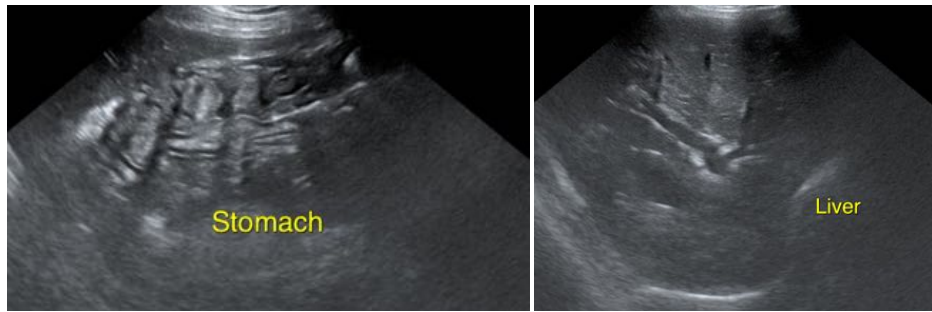
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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