**PATIENT**

Fynlee Seese

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

3 Years 10 Months

WEIGHT

11.8 kg

INTERPRETED BYLisa Carioto, DVM,
DVSc, Diplomate
ACVIM**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Bianco

INVOICE

37464

DATE

5/6/11

PRESENTING CLINICAL SIGNS

2 weeks ago mild vomiting and diarrhea, treated with panacur as other animals in home had giardia. Has been vomiting intermittently since, then progressed to anorexia. PC fever, neutropenia
 Abnormal PE/Chem/CBC/UA Results: Severe gastric distention on AXR, CXR NSF. NGT placed and removed large volume malodorous brown fluid. Neutropenia, thrombocytopenia with secondary fever. Suspect bone marrow suppression with secondary sepsis, possibly associated with panacur administration. R/o pyloric outflow obstruction vs. ileus secondary to systemic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 5.24 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 5.29 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.54 cm at the cranial pole and 0.50 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.58 cm at the cranial pole and 0.50 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified. The mesentery surrounding the spleen is hyperechoic, despite the absence of abnormalities..

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. However, the liver is hyperechoic compared to normal, i.e. it is isoechoic to the spleen. The liver's echotexture is homogeneous. Focal lesions are not noted. No abnormalities are observed with the hepatic vessels visualized.

The gallbladder wall is within normal limits in thickness, but is mildly hyperechoic. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic

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and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

Gastrointestinal**SPECIES**

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The gastric wall is within normal limits in thickness and the wall layers are well defined. However, the mucosa, submucosa and muscularis layers are more prominent than normal. No obvious abnormalities are observed with its peristalsis.

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The majority of the small intestines are within normal limits in wall thickness, including the duodenum (0.46 cm), and the definition of the wall layers is preserved. However, a few loops of jejunum are noted in the mid to caudal abdomen in which they appear "aggregated" with one another. An intussusception is not observed, and the loops of bowel are not abnormally dilated, and there are no signs of an obstruction. The "aggregated loops of bowel" measure 2.41 cm. The area should be monitored.

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The colonic wall is not thickened (0.13 cm) and mural detail is considered normal.

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The **body** and **right limb** are diffusely hypoechoic, but maintains relatively smooth contours. The surrounding mesenteric fat is mildly hyperechoic, suggestive of saponification. These findings are suggestive of active pancreatitis.

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No overt abnormalities are observed with the echogenicity or echotexture of the left limb, however, the mesentery surrounding the area is hyperechoic.

Other**INTERPRETED BY**Lisa Carioto, DVM,
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ACVIM**Lymph nodes (LN)**

Right medial iliac LN: 0.50 cm in diameter x 1.97 cm in length. It is mildly hypoechoic.

Left medial iliac LN: 0.48 cm in diameter x 1.59 cm in length. It is mildly hypoechoic.

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

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- The mucosa, submucosa and muscularis layers of the gastric wall are more prominent than normal. These findings are likely secondary to Fynlee's vomiting episodes.
- No abnormalities are observed with the gastrointestinal (GI) tract, however, a few loops of jejunum are noted in the mid to caudal abdomen in which they appear "aggregated" with one another. An intussusception is not observed, and the loops of bowel are not abnormally dilated, and there are no signs of an obstruction. The "aggregated loops of bowel" measure 2.41 cm. The area should be monitored.
- The diffuse hyperechogenicity of the liver may be due to hepatitis, which may be primary (immune-mediated) or secondary in origin. Examples of secondary causes include, toxins, including medications and natural supplements, infectious agents, such as, parasites, viruses, or bacteria. A vacuolar hepatopathy may also be contributing to the diffuse hyperechogenicity of the liver, secondary to stress or chronic illness.
- Cholecystitis may be present based on the mildly hyperechoic gallbladder. This may occur secondary to a bacterial infection, which ascends from the gastrointestinal tract.

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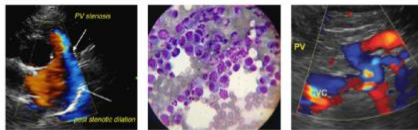
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- Pancreatitis is suspected based on the hypoechoic body and right limb and hyperechoic mesentery. Although no overt abnormalities are observed with the left limb, the surrounding mesentery is hyperechoic.

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- The prominent lymph nodes are attributed to reactive hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An adverse reaction to the fenbendazole is suspected based on the neutropenia and thrombocytopenia, as well as the subtle hepatic changes observed on today's sonogram. The company should be contacted to inform them of the adverse reaction.

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Treatment for sepsis is strongly recommended with intravenous antibiotics, including enrofloxacin and ampicillin.

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A proton pump inhibitor, such as pantoprazole, administered intravenously, is suggested, followed by omeprazole PO for 10-14 days at a dose of 0.5-0.7 mg/kg PO BID due to hepatic metabolism.

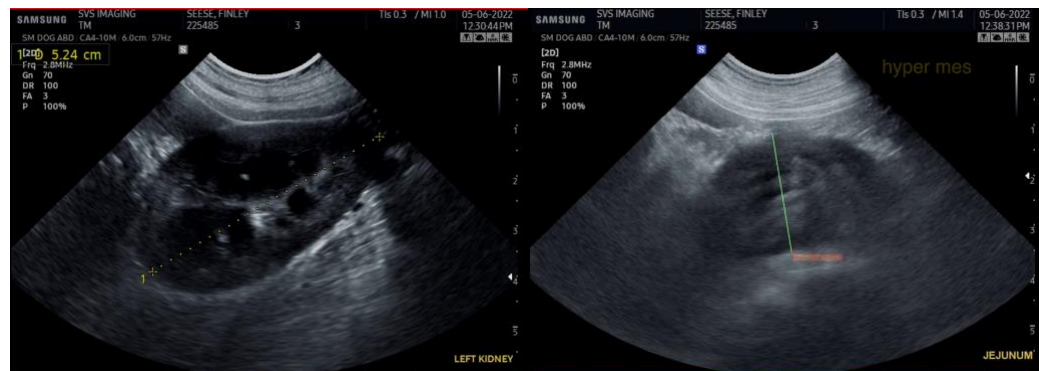
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Treatment for pancreatitis is suggested, including analgesics.

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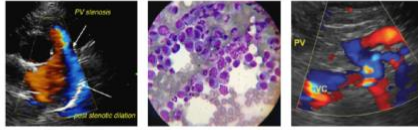
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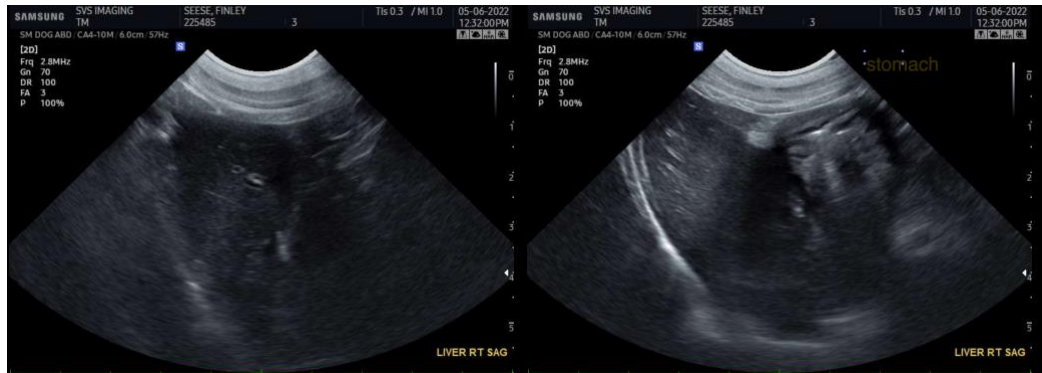
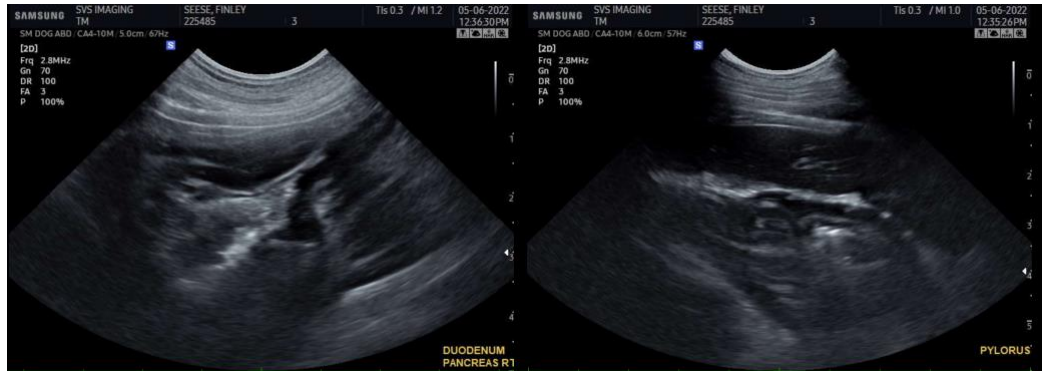
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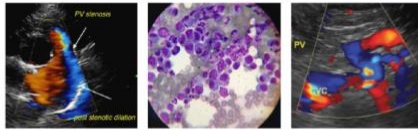
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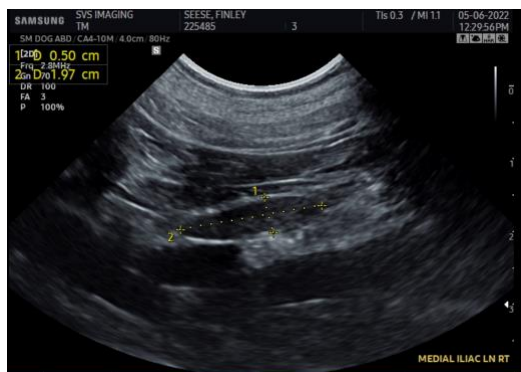
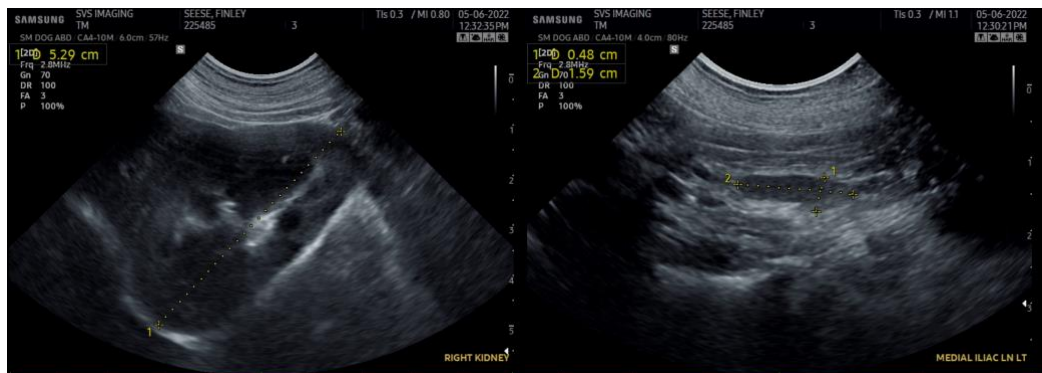
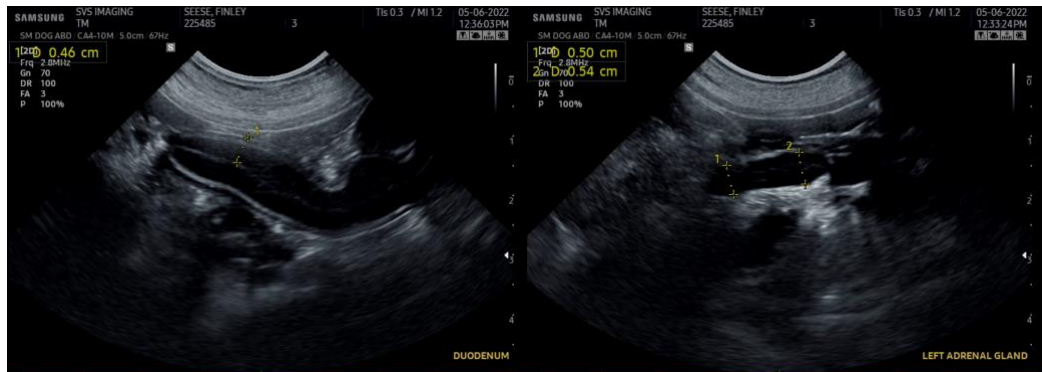
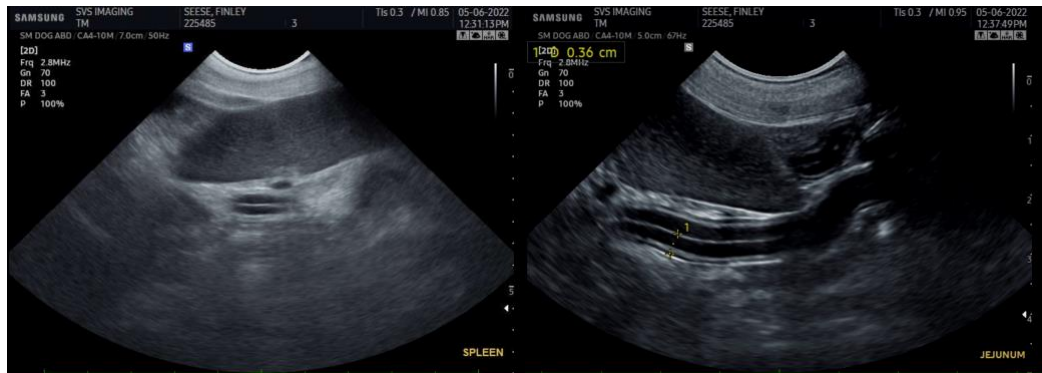
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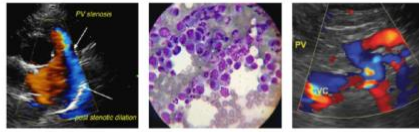
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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