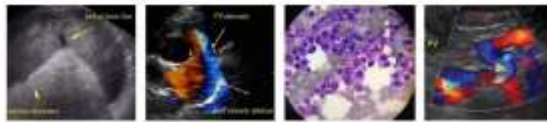




PATIENT	PRESENTING CLINICAL SIGNS
Cheetah Fournie	weight loss, chronic diarrhea for several months Diagnosed with IBD in 2018 - has been on prednisolone since hx of herpes keratitis flank alopecia/barbering hx of pancreatitis - waxes and wanes meds: B12 weekly injection; Tylosan 50 mg BID; Gabapentin 25 mg SID; Fortiflora daily; Prednisolone 1/2 tab SID; Cerenia 4 mg EOD; amitrytilline 10 mg transdermal EOD
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC: M1 increased retics, increase in neutrophils (15.9); platelet clumping observed, morphology of all cells normal Chemistry: all WNL other then slightly low Crea (73), T4 normal fPL: 27.8 ug/L (High)
Feline	
BREED	
Bengal	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN	Urinary System
AGE	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
12 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.
3.5 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The bilateral adrenal glands were indistinctly visualized likely owing to subnormal size secondary to Prednisolone. The left adrenal gland measured 0.16 cm width. The right adrenal gland measured 0.24 cm width.
IMAGING PERFORMED BY	Spleen
Kelly Reschny	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
HOSPITAL NAME	Liver/ Gallbladder
Oxford County VC	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Halfon	
INVOICE	
13427	
DATE	
2/25/22	



PATIENT	<i>Gastrointestinal</i>
Cheetah Fournie	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.
SPECIES	
Feline	The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent segmental muscularis layer. The jejunum wall width measured 0.25-0.27 cm.
BREED	
Bengal	The colon was sonographically unremarkable with proximal to transverse colonic distention with non-formed feces and descending colon gas.
SEX	<i>Pancreas</i>
MN	The pancreas was normal in size and contour with subtle hypoechoic to heterogeneous parenchyma present in the left pancreatic limb compared to adjacent omentum.
AGE	<i>Free Abdomen</i>
12 years	No evidence of significant lymphadenopathy was present. Subtle evidence of peri intestinal and pericolic reactive mesentery was noted. No effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
3.5 kg	<ul style="list-style-type: none"> • Chronic enteropathy • Suspect low-grade to mild chronic active pancreatitis • Segmental colon distention with nonformed feces • Mild chronic renal changes
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	Overt evidence of significant gastroenterocolic mural changes was not present yet mural changes may potentially be suppressed owing to Prednisolone therapy. Diarrhea PCR panel including Tritrichomonas is recommended given the breed, as well as continued gastrointestinal signs and weight loss despite current therapy. Likewise, even though cobalamin is being supplemented, recheck GI panel to include PLI/TLI/Cobalamin/Folate may be considered.
IMAGING PERFORMED BY	
Kelly Reschny	
HOSPITAL NAME	
Oxford County VC	
REFERRING VET	If not currently instituted, a hydrolyzed diet trial and / or higher fiber diet trial may prove beneficial. Recheck retroviral status may be considered. Broad-spectrum deworming is suggested even if fecal flotation is negative.
Dr. Halfon	
INVOICE	For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .
13427	
DATE	
2/25/22	



PATIENT

Cheetah Fournie

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

12 years

WEIGHT

3.5 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

INVOICE

13427

DATE

2/25/22





PATIENT

Cheetah Fournie

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

12 years

WEIGHT

3.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Halfon

INVOICE

13427

DATE

2/25/22

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com