



PATIENT

Fifi Le Meu Johnson

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

2 Years 8 Months

WEIGHT

3.47 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Laura

INVOICE

13921

DATE

02/23/26

PRESENTING CLINICAL SIGNS

- Fifi presented for recurrent vomiting, dehydration, and suspected weight loss, with a history of similar gastrointestinal issues.
- The current clinical concern is vomiting that began three to four days prior to presentation. Fifi has been vomiting food and water at least three times a day, typically several hours after eating. While his energy levels are described as normal, he has been less interested in playing with other cats and appears grumpy. No diarrhea has been observed, and the owner found a formed bowel movement in the litter box, believed to be Fifi's.
- This episode is similar to a previous GI upset in August 2025, when Fifi was evaluated at ER. Radiographs performed at that time did not reveal any foreign material, and he was treated supportively with pain medication, a gastrointestinal diet (PBD and Gastrocant), and Fortiflora. The owner notes that Fifi can be a finicky eater and had been mixing other commercial kibble into his food to encourage him to eat, but stopped this practice a few days ago, suspecting it might be the cause of the current vomiting. A hairball was reportedly vomited up after the August 2025 visit.
- The owner suspects Fifi has lost weight since last year. He is primarily an indoor cat who does not typically engage in dietary indiscretion. A physical exam noted that the patient was dehydrated.

Abnormal PE/Chem/CBC/UA Results: Feb 22nd: 3 view abdominal radiographs revealed gas in the stomach with no visible foreign material. There was multiple pockets of gas throughout the small intestines, which do not appear to be an obstructive pattern. There were gas and feces in the colon. CBC revealed hemoconcentration HCT 49.3. Chemistry revealed mild hypocalcemia 1.93.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 change were noted.

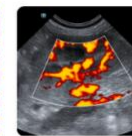
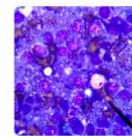
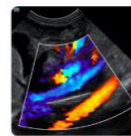
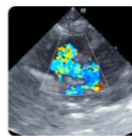
The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.



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Spleen

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.

Liver & Gallbladder

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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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 small intestine presented overall intact wall layering with primarily maintained wall layer ratio. Subjective mildly thickened yet nonobstructive upper duodenum wall just distal to the pyloroduodenal junction measuring 0.32 cm upper duodenal width. Mid descending duodenum measured 0.26 cm wall width. Segmental borderline to mild thickened jejunum exhibiting maintained wall layer ratio measuring up to 0.26 cm wall width. Mildly thickened segmental ileum mucosa with ileum wall measuring 0.42 cm wall width. The ileocolic wall measured 0.32 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent mildly enlarged to swollen gastric and jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.2 cm x 0.49 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically normal empty stomach.
- Borderline to mild thickened upper duodenum and segmental jejunum wall, segmental mild thickened ileum mucosa.
- Multiple mildly swollen to hypoechoic gastric and jejunocolic lymph nodes.
- Normal area of pancreas.



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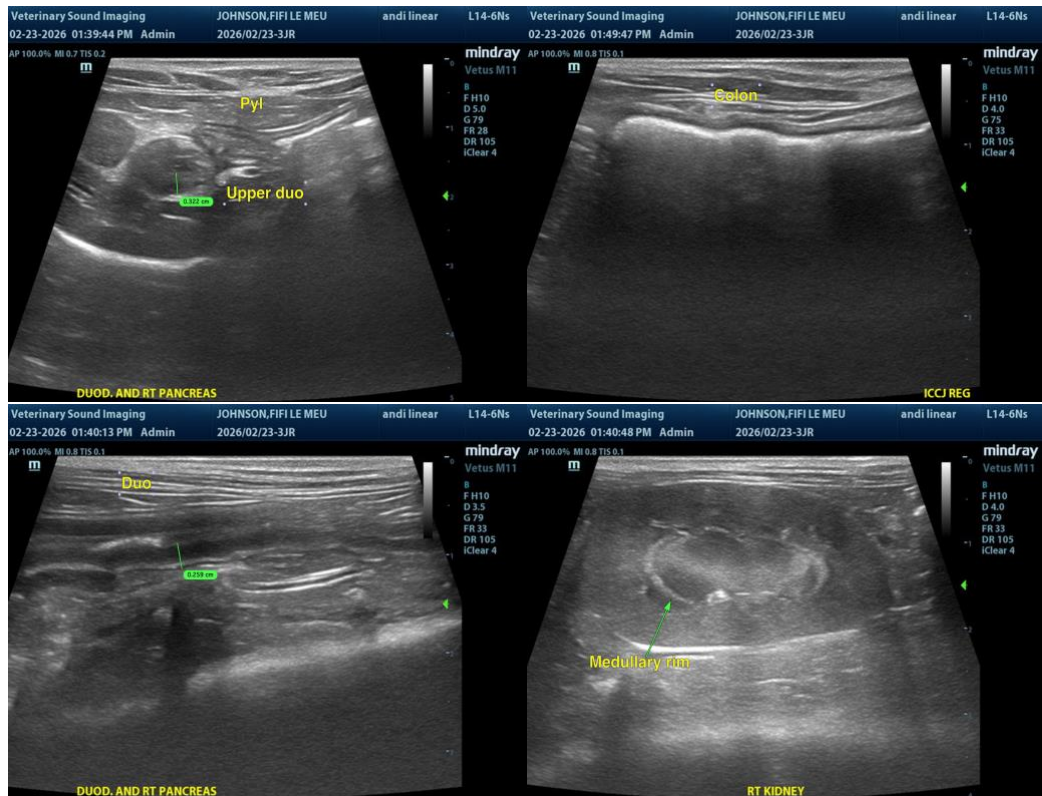
Secondary Findings

- Bilateral nonspecific renal medullary rim.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal and lymph node findings are nonspecific yet may suggest mild inflammatory criteria i.e. inflammatory bowel disease with associated lymphatic reactive hyperplasia or mild lymphadenitis, emerging segmental intestinal and lymphatic neoplastic criteria is thought less likely yet not technically excluded. Mild pancreatitis at times may present sonographically normal.

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of accessible lymph node +/- culture and sensitivity is warranted for initial clarification. Definitive diagnosis with intestinal and lymphatic biopsies with potential intraoperative ultrasound guidance given relatively subtle intestinal mural changes is likely required. Dietary trial i.e. hydrolyzed diet with possible long-term dietary therapy, cobalamin supplementation and as needed gastroprotectants with clinical and as needed sonographic monitoring would be reasonable.





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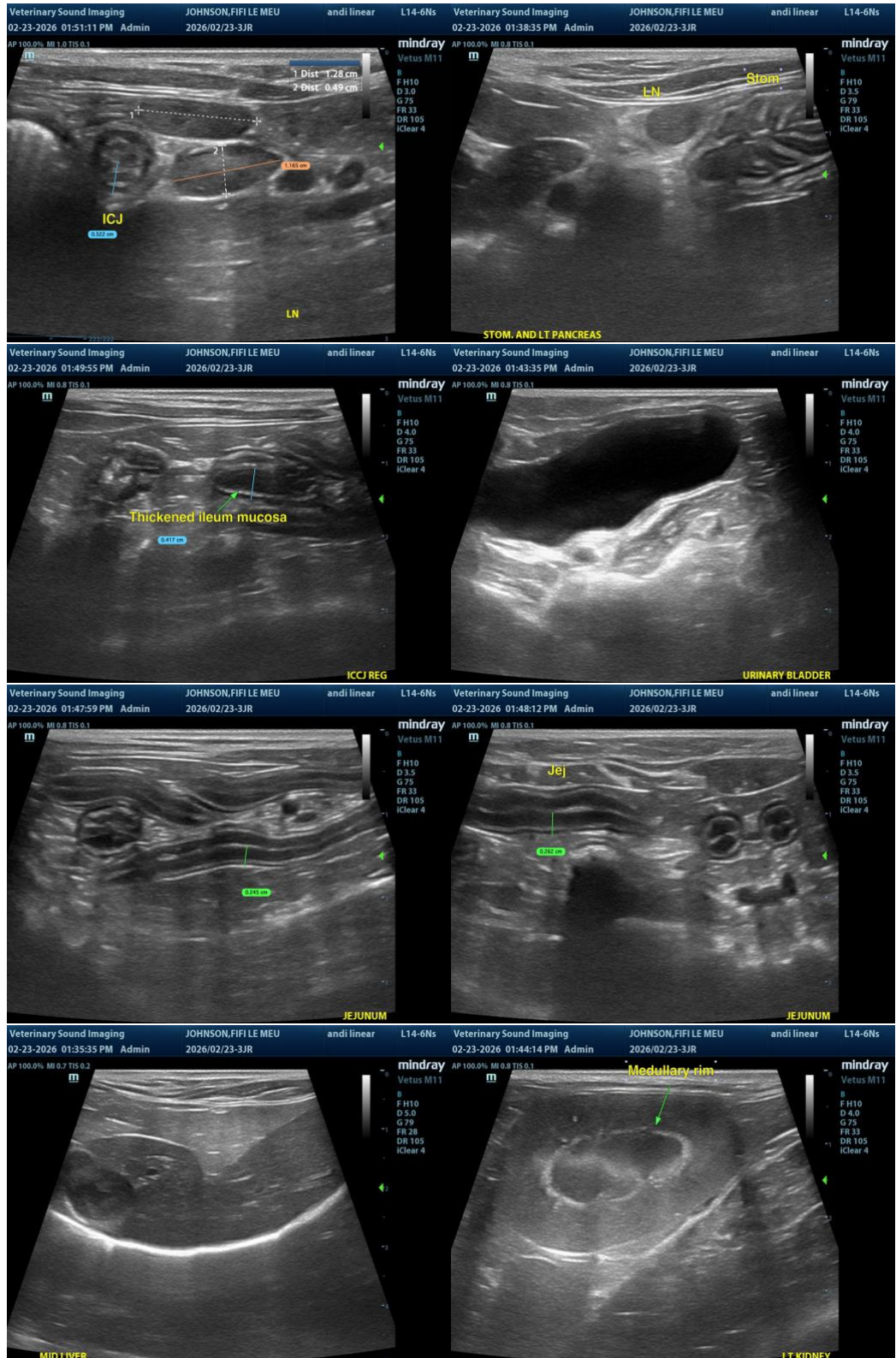
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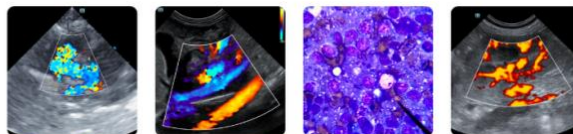
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com