



## PATIENT

Kona Mueller

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

6.08 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Kari Wilson, DVM

## HOSPITAL NAME

AEH Deland

## REFERRING VET

Kari Wilson, DVM

## INVOICE

35197

## DATE

1/4/26

## PRESENTING CLINICAL SIGNS

History: Kona is a 13 YO MN DSH who was presented for not drinking and being lethargic for about 1 week. P was seen at pDVM on Wednesday for symptoms. P had a fever at pDVM and was given SQ fluids, antibiotic injection, and a steroid injection. Bloodwork came back on Friday, showing elevated WBC count and p being pre-diabetic. It was recommended he have fructosamine test done this week. P is not improving. No vomiting or diarrhea. O did give advantage II prior to symptoms starting which he has never had before. P was diagnosed with heart murmur at last visit.

Abnormal PE/Chem/CBC/UA Results: Values (normal Ranges) HCT 24% (28-50) GLU 301 (63-133) Na 142 (148-163) PCV 22% Ca 8.1 (8.8-11.9) ALT 116 (0-100) WBC 24.92 (3.46-17.5) NEU 22.13 (1.95-11.5) MON 1.15 (0.06-0.98) HGB 8.7 (9-16).

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The kidneys measured 4.5 cm each.

### *Adrenal Glands*

The regions of the **adrenal glands** revealed no evident pathology.

### *Spleen*

The **spleen** was mildly enlarged, measuring 1.0 cm, with subtle micronodular changes. Trace amounts of free fluid were noted at the splenic fold.

### *Liver*

The **liver** revealed minor uniform enlargement. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume, and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*



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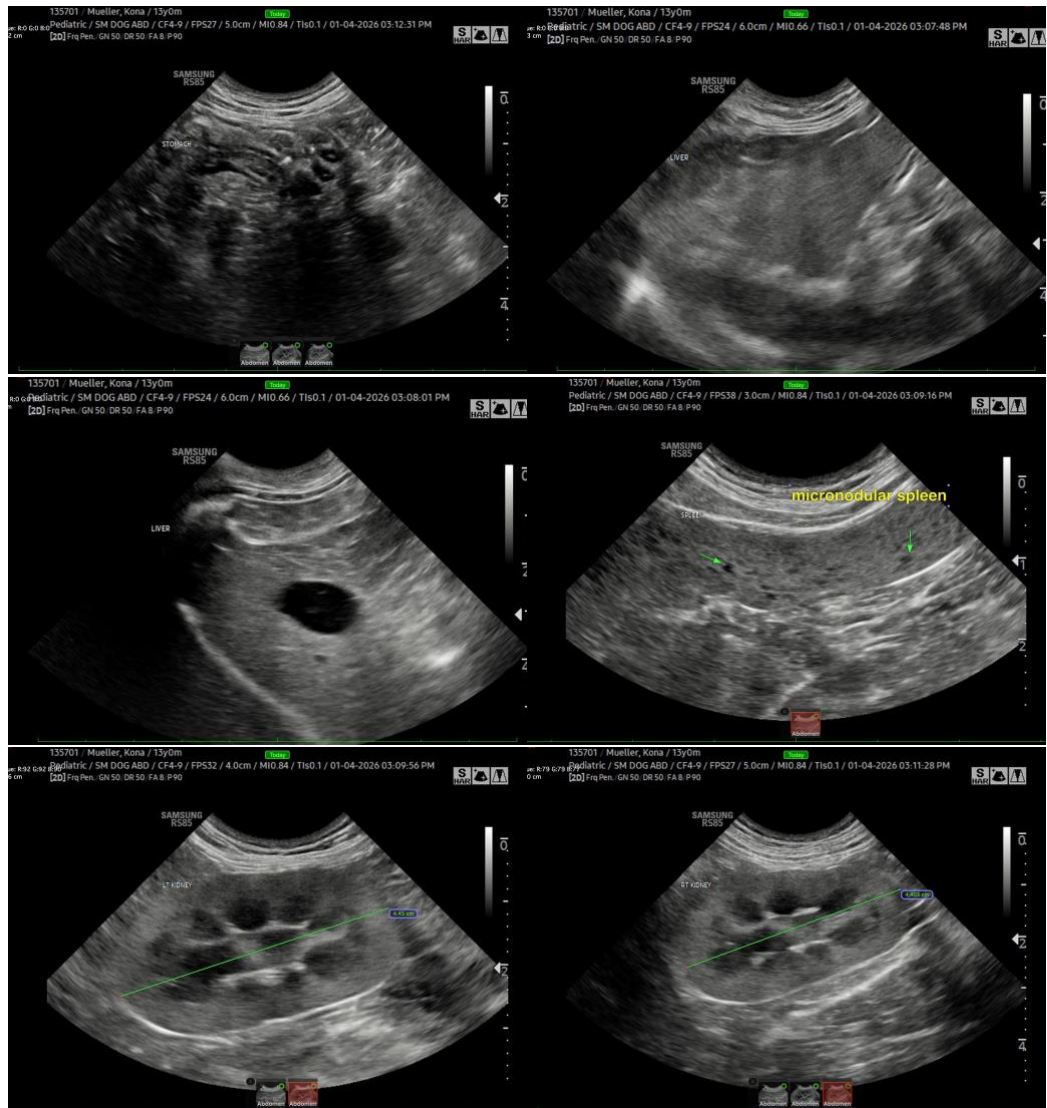
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

- Geriatric abdomen with micronodular spleen
- Minor uniform hepatic enlargement

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient history 25-gauge FNA of the spleen, CBC path review, and bone marrow aspirates are all indicated. Bone marrow disease and/or round cell neoplasia is a potential. Prognosis is guarded.





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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(CFM), Cert. IVUSS,  
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[info@SonoPath.com](mailto:info@SonoPath.com)