



PATIENT

Purril Danielson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

13 Years

WEIGHT

2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

16546

DATE

05/28/26

PRESENTING CLINICAL SIGNS

3 week hx of decreased appetite. Lethargic. Lost 6.7 lbs since October. Not improving with outpatient care. Oral Cavity: Mucous membranes light pink/tacky, CRT <2s, significant tartar/gingival erythema of the molars/premolars with halitosis, sublingual clear. Musculoskeletal: Ambulatory x 4 limbs, no lameness, PROM x 4 limbs WNL, marked generalized muscle atrophy and under conditioning.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 NSF in April. O declined repeat blood work.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 were noted. Ureteral papillae were normal.

The **right kidney** presented enlarged in size and irregular with cortical infarcts and pyelectasia. The right kidney measured 4.0 cm in length.

The **left kidney** revealed dystrophic changes, cortical infarcts, mineralizations and subnormal size measuring 2.68 cm in length. The largest calculus measured 0.42 cm. Power Doppler assessment of the left kidney revealed subnormal signals consistent with degenerative disease.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.37 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen measured 0.89 cm width.

Liver

The **liver** presented mildly enlarged and heterogenous with hypoechoic micronodular changes in the midst of hyperechogenicity. The gallbladder w=and common bile duct were unremarkable.

Gastrointestinal

The **stomach** in this patient revealed a concentric gastric mass with loss of mural detail and wall thickness measuring up to 0.9 cm. The mass appears nonresectable and concentric. The gastric mass appears to enter into the pyloric outflow. The small intestine was mildly thickened yet curvilinear patterns were maintained.



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Pancreas

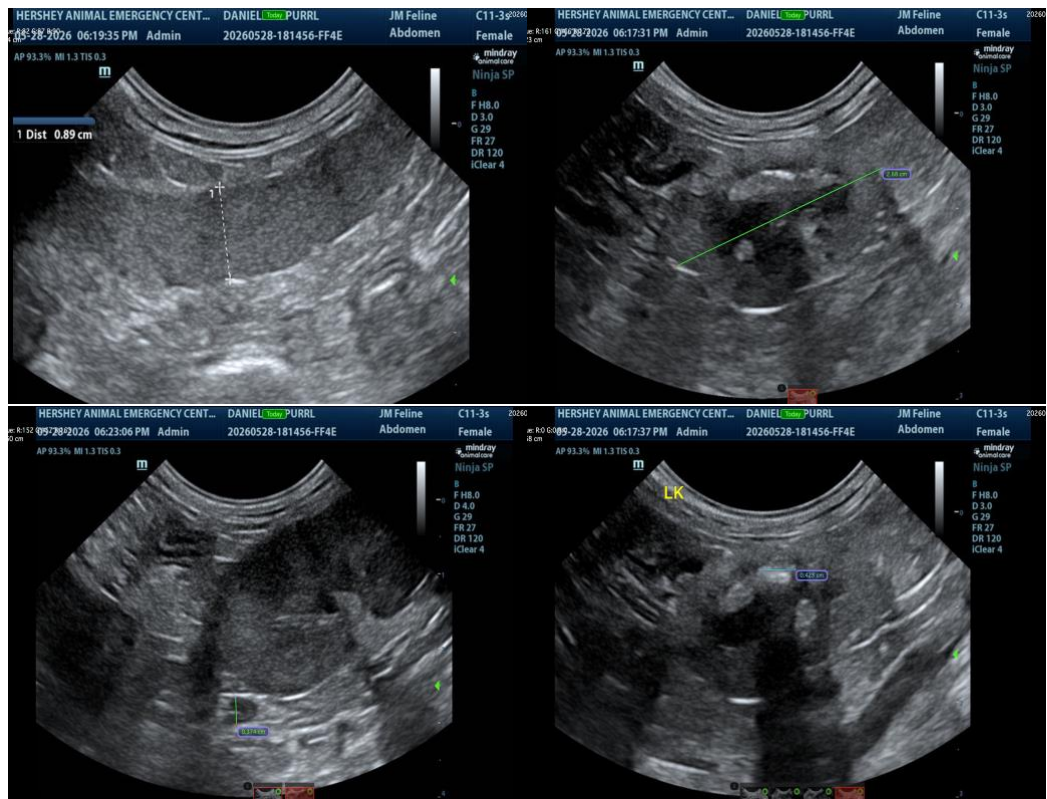
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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

- Gastric mass- likely lymphoma with potential hepatic involvement.
- Mild to moderate degenerative right renal changes with dystrophic left kidney.
- Hepatic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the gastric mass and liver are indicated for further definition.





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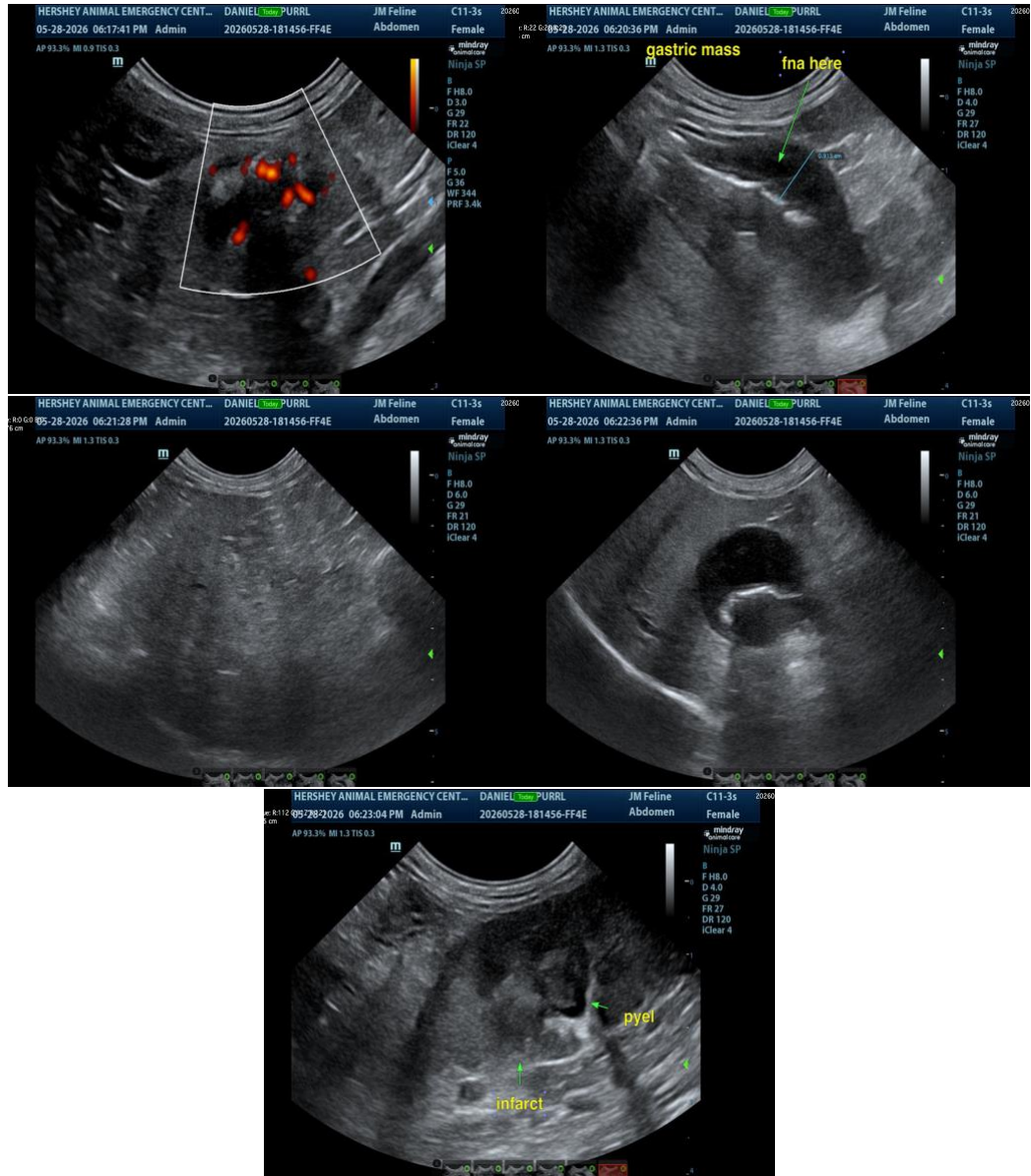
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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info@SonoPath.com



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