



PATIENT PRESENTING CLINICAL SIGNS

Luna Dunn History: Newly adopted – good appetite but appears dizzy, weak on hindlimbs, and lethargic.

SPECIES Physical Examination: N/A.

Mustela Urinalysis: N/A.

BREED CBC: Lymphopenia.

Ferret Serum Biochemistry: Elevated urea and ALT activity, hypoproteinemia.

Radiographic Findings: N/A.

SEX

Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE *Urinary System*

5 years Small urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

WEIGHT Normal trigone area, proximal urethra, and iliac blood vessels.

1.4 # Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Normal renal size with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule, and pelvis. Focal medullary cyst (0.4 x 0.3 cm) in the right kidney.

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Dipl. ECVIM

Reproductive System

N/A

IMAGING PERFORMED BY *Adrenal Glands*

Dallas Ramberg Normal shape, echogenic appearance, size, and position.

HOSPITAL NAME *Spleen*

Lone Mountain Animal Hospital Enlarged with a diffuse mottled echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Focal hyperechogenic parenchymal nodule (0.5 x 0.3 cm) in the body of the spleen.

REFERRING VET *Liver*

Dr Tiffany Moore, DVM Enlarged with a diffuse mottled echogenic appearance, and loss of portal markings. Focal mottled echogenic round parenchymal nodule (0.9 x 0.8 cm). Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Normal bile duct.

INVOICE *Gastrointestinal*

302633

DATE Normal appearance of the stomach, small intestine, and colon with no loss of layering, normal wall thickness, and no loss of layering or distension of the lumen. Ingesta within the small intestine.

11/15/21



PATIENT *Pancreas*

Luna Dunn Poorly visualized.

SPECIES *Free Abdomen*

Mustela Mesenteric lymphadenomegaly with increased echogenic appearance and abnormal shape. Acellular ascites.

BREED **ULTRASONOGRAPHIC FINDINGS**

Ferret

- Splenomegaly.
- Lymphadenomegaly
- Hepatopathy.
- Renal disease.
- Hepatic nodule.
- Splenic nodule.
- Ascites.

SEX

Female

AGE

5 years

WEIGHT **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1.4 #

With the presenting clinical presentation, splenomegaly, lymphadenomegaly, and hepatopathy, the most likely etiology would be lymphoma with granulomatous disease and bacterial infections, less likely differential diagnosis.

INTERPRETED BY

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Although the renal disease may also be associated with the above possible etiologies, primary renal disease should be considered.

IMAGING PERFORMED BY

Dallas Ramberg

Etiologies for hepatic nodule would be neoplasia, abscess, granuloma, organized hematoma. The most likely etiology for the splenic nodule would be an incidental myelolipoma.

HOSPITAL NAME

Lone Mountain Animal
Hospital

The ascites can be ascribed to the intra-abdominal pathology.

Further assessment would be FNA cytology of the liver, spleen, and lymph nodes.

REFERRING VET

Dr Tiffany Moore, DVM

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Luna Dunn

SPECIES

Mustela

BREED

Ferret

SEX

Female

AGE

5 years

WEIGHT

1.4 #

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HOSPITAL NAME

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IMAGES

Liver





PATIENT Mesentery/lymph nodes

Luna Dunn

SPECIES

Mustela

BREED

Ferret

SEX

Female

AGE

5 years

WEIGHT

1.4 #

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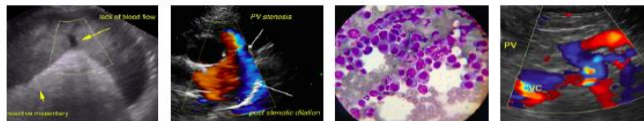
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PATIENT Spleen

Luna Dunn

SPECIES

Mustela

BREED

Ferret

SEX

Female

AGE

5 years

WEIGHT

1.4 #

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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