

**PATIENT PRESENTING CLINICAL SIGNS**

Ash Chan History: Decreased appetite and water intake. Weight loss.

**SPECIES** Physical Examination: Icterus.

Mustela Urinalysis: SG 1.03, pH 6.

CBC: Leukopenia, low hemoglobin and McHc.

**BREED** Serum Biochemistry: Mildly elevated urea.

Ferret Radiographic Findings: N/A.

**SEX**

MN

**AGE**

4 years

**WEIGHT**

1.6 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
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**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

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

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule, and pelvis. Two medullary cysts in the right kidney.

**Reproductive System**

N/A

**IMAGING PERFORMED BY**

Dr Paul Kim

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.84 x 0.33 cm, right 1.2 cm.

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**Spleen**

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.

**REFERRING VET**

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**Liver**

Enlarged with a diffuse mottled echogenic appearance, and loss of portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal appearance and thickness of the gall bladder wall. Dilated bile duct.

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**Gastrointestinal**

**DATE**

9/29/21

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.



**PATIENT** *Pancreas*

Ash Chan 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.
- Ascites.
- Dilated bile duct.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

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

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

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As the gall bladder is small, the dilated bile duct can be considered an incidental finding.

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

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Specific therapy would be dependent on an etiological diagnosis.

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**SPECIES**

Mustela

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**IMAGES**

**Spleen**



**Mesenteric lymph node**





**PATIENT**

Ash Chan

**SPECIES**

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**Kidney**



**Liver**



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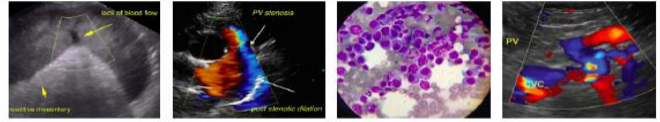
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)**



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Ash Chan

**SPECIES**

Mustela

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Ferret

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