



PATIENT

Felix Dill

SPECIES

Ferret

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

1.45 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Patrick Hennigan,
DVM

HOSPITAL NAME

Mattydale AH

REFERRING VET

Dr. Hennigan

INVOICE

71089

DATE

1/29/26

PRESENTING CLINICAL SIGNS

- Presented in January 26th for 1 day of being unable to use hind legs. owner gave Karo syrup and was wobbly for the night. PE at visit revealed splenomegaly. Spot BG - 161
- Has been acting normal since per owner. Weight stable.
- Mammalian metabolic panel revealed neutrophilia (8085), monocytosis (945) and ALP elevation (77).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is underdistended. Due to underdistension, wall thickness measurements may be mildly overestimated. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.39 x 1.79 cm, and the thickness of the cortex is 0.27 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 3.28 x 1.58 cm, and the thickness of the cortex is 0.30 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.27 cm at the cranial pole and 0.24 cm at the caudal pole. The right adrenal gland measures 0.21 cm at the cranial pole and 0.20 cm at the caudal pole. Measurements are within reported reference ranges for ferrets.

Spleen

Splenic thickness is 1.85 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. Although, in ferrets, the use of a high-frequency linear transducer may reveal a subtle multinodular pattern that is not always appreciable when using a microconvex probe.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. Immediately adjacent to the liver, a rounded anechoic structure with posterior acoustic enhancement and a thin wall is identified, consistent with a cystic lesion.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

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Gastrointestinal

The stomach is empty and mildly folded, with preserved wall layering and normal mural thickness (1.08 mm).

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- Duodenum: 0.96 mm. Jejunum: 0.59 mm.
- Colon: 0.31 mm, with a small amount of fecal material in the descending colon

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No ultrasonographic signs of inflammation, ileus, or foreign material are identified. Measured intestinal wall thicknesses are within reported reference ranges for ferrets.

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Pancreas

The pancreas measures 4.99 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is observed.

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Peritoneal Cavity

A small volume of abdominal effusion is present, localized within the splenorenal recess.

Lymph Nodes

Multiple abdominal lymph nodes are enlarged, including:

- Splenic lymph node: 1.15 × 0.73 cm, homogeneous and normoechoic. Left lumbar (sublumbar/aortic) lymph nodes: enlarged. Pancreaticoduodenal lymph node: 5.50 × 3.76 mm. Periportal lymph node: 6.79 × 6.35 mm. Mesenteric lymph node: 1.19 × 0.83 cm.

All lymph nodes appear homogeneous, except for one lymph node with a cystic appearance.

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ULTRASONOGRAPHIC FINDINGS

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- Generalized splenomegaly with preserved, predominantly homogeneous parenchymal echotexture.
- Multifocal abdominal lymphadenomegaly, with one lymph node showing a cystic appearance.
- Mild abdominal effusion, confined to the splenorenal recess.
- Incidental cystic lesion adjacent to the liver.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals generalized splenomegaly with a homogeneous parenchymal echotexture, a finding that is very common in ferrets and frequently reported as incidental. In this species, homogeneous splenomegaly is most often associated with extramedullary hematopoiesis, lymphoid hyperplasia, or idiopathic hypersplenism, and in isolation does not allow differentiation from neoplastic infiltration.

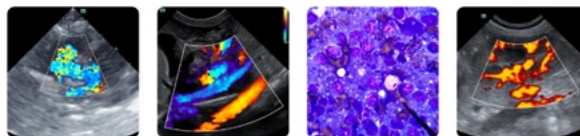
Multiple abdominal lymph nodes are mildly to moderately enlarged, including splenic, left lumbar (sublumbar/aortic), mesenteric, periportal, and pancreaticoduodenal lymph nodes. The majority of these nodes are homogeneous and maintain normal architecture, while one lymph node demonstrates a cystic appearance. Cystic or cavitated changes within abdominal lymph nodes are well described in ferrets and are considered a nonspecific finding, often attributed to lymphatic sinus ectasia, chronic lymphatic congestion, or prolonged antigenic stimulation, particularly in the setting of chronic gastrointestinal or systemic inflammatory processes.

Importantly, although lymphoma in ferrets may present with lymph node enlargement and, in some cases, cystic nodal changes, there is substantial overlap between benign reactive lymphadenopathy and neoplastic lymphoid disease in this species. The preserved nodal architecture, predominantly homogeneous echogenicity, absence of overt focal masses, and lack of marked distortion of surrounding tissues favor a reactive or inflammatory process over overt lymphoma at this time. However, given the known overlap in ultrasonographic appearance between these entities, lymphoma cannot be definitively excluded based on imaging alone.

The presence of mild abdominal effusion, limited to the splenorenal recess, is nonspecific and may be reactive in nature; however, this finding has also been reported in ferrets with lymphoma.

Recommendations

- Clinical correlation is essential. Assessment of body weight trends, appetite, activity level, and progression of clinical signs is critical, as imaging findings alone cannot reliably distinguish between reactive and neoplastic processes in ferrets.
- While cytology may be attempted, it is important to acknowledge that fine-needle aspiration has limited diagnostic value for differentiating splenic lymphoma from other causes of splenomegaly or reactive lymphadenopathy in this species. Histopathology obtained via biopsy remains the most definitive diagnostic approach; however, the decision to pursue invasive sampling should be carefully weighed against the patient's clinical status and overall quality of life.
- Given the ferret's status as an obligate carnivore and its high sensitivity to dietary imbalances, a review and optimization of the diet is recommended. Dietary modification may help reduce chronic antigenic stimulation and gastrointestinal inflammation, which can contribute to reactive lymphoid changes.
- Serial clinical and ultrasonographic monitoring may be a reasonable alternative in clinically stable patients, with further diagnostics pursued if there is progression of clinical signs or imaging abnormalities.



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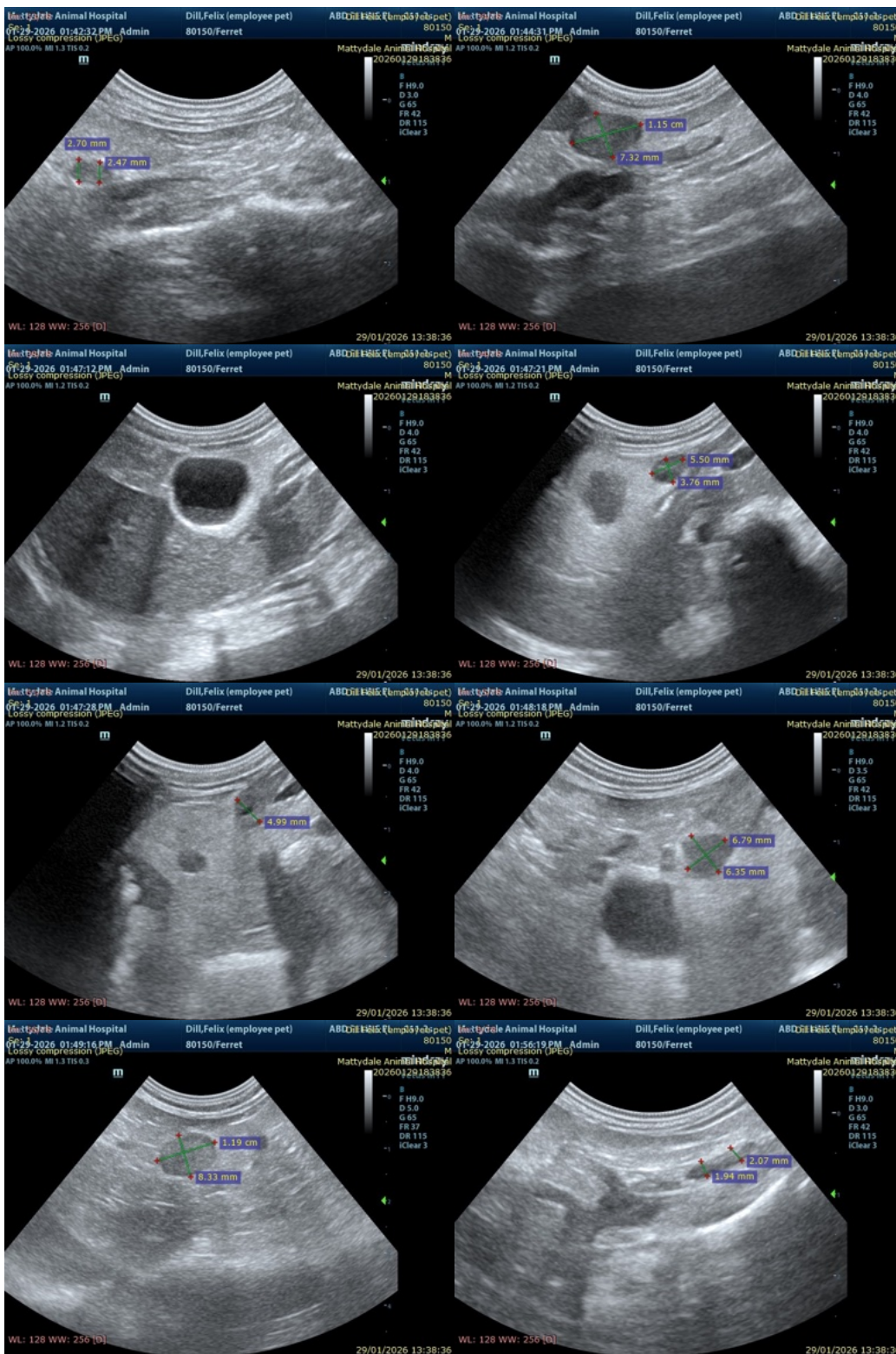
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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