



PATIENT

Coco Poel

SPECIES

Ferret

BREED

Ferret

SEX

FS

AGE

9 years

WEIGHT

830g

INTERPRETED BY

Alicia Angosto
 Guerrero, DMV,
 PgDip, MSc.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Governors Road AH

REFERRING VET

Dr. Farooq

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DATE

11/21/2025

PRESENTING CLINICAL SIGNS

- ADR, lethargic - Left kidney area has a mass - unable to confirm if adrenal vs renal vs other organ but closely adhered near left kidney.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 3.11×1.72 cm, and the thickness of the cortex is 0.33 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. It presents two cortical cysts, the largest measuring 0.66×0.55 mm. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 3.74×1.97 cm, and the thickness of the cortex is 0.28 cm in the sagittal plane. The cortex is slightly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

A structure compatible with the left adrenal gland appears to be visible adjacent to the kidney, between the kidney and the mass. It measures 0.30 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland could not be clearly visualized.

Spleen

Splenic thickness is 1.12 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and is isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is underdistended. The wall is thick (1.54 mm) and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is semi-empty, with small amounts of digested content, mural thickness (0.99 mm), and preserved wall layering.

Small intestine: 0.81–1.02 mm. No signs of obstruction, ileus, or foreign material are identified.

Colon: 0.78 mm, empty.



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Pancreas

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4.94–5.9 mm, left limb.
 Irregular borders; the parenchyma is hypoechoic to the adjacent omental fat.

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Free Abdomen

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Mass measuring at least 4.5×3 cm. Heterogeneous, hypoechoic, with very irregular margins and an invasive appearance. It is located immediately medial to the left kidney but does not show clear organ dependence.

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No abdominal effusion is observed, but the entire mesentery is markedly increased in echogenicity. Pancreatic–splenic lymph nodes are enlarged, rounded, and hypoechoic, measuring 0.66 × 0.75 cm.

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PRIMARY FINDINGS

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- Large heterogeneous, irregular, infiltrative-appearing abdominal mass, no clear organ of origin.
- Markedly reactive mesentery (increased echogenicity).
- Enlarged, rounded, hypoechoic pancreatic–splenic lymph nodes (0.66×0.75 cm).

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SECONDARY FINDINGS

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- Left kidney with two small cortical cysts.
- Right kidney cortex mildly hyperechoic and cortical cysts.
- Gallbladder under-distended with mild mural thickening (1.54 mm).
- Pancreas hypoechoic with irregular margins.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant finding on today's abdominal ultrasound is a large (≥4.5 × 3 cm), heterogeneous, hypoechoic, irregular, and infiltrative-appearing mass located medial to the left kidney. The mass does not show clear organ dependence and does not arise from the kidney, adrenal gland, spleen, or pancreas. Its highly irregular margins, heterogeneous echotexture, and lack of encapsulation strongly suggest an infiltrative neoplastic process.

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Kelly Reschny

The surrounding mesentery is markedly hyperechoic and reactive, indicating significant regional inflammation or neoplastic infiltration. Additionally, the pancreatic–splenic lymph nodes are enlarged, rounded, and hypoechoic, which is characteristic of neoplastic lymphadenopathy adjacent to the mass.

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The pancreas is mildly hypoechoic with irregular margins, which may represent secondary pancreatitis.

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Importantly, the left adrenal gland seems to be identifiable and is not enlarged. The mass does not have the typical anatomical relationship or size of adrenal disease. This, combined with the absence of adrenal-related clinical signs (alopecia, pruritus, estrus-like behavior, vulvar enlargement, aggression), makes adrenocortical disease less likely, although it cannot be completely ruled out.

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Most likely diagnosis is mesenteric lymphoma.

Other differentials include:

- Mesenteric carcinoma or sarcoma (possible, but far less common than lymphoma in ferrets).



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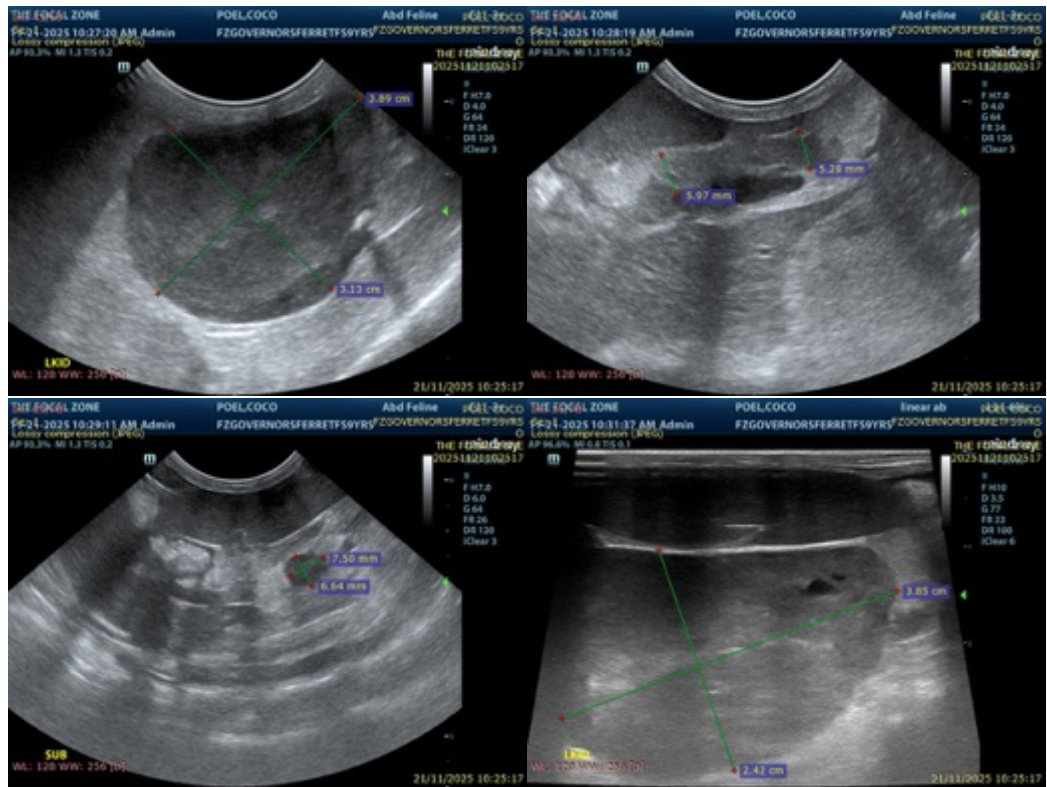
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- Adrenal adenocarcinoma.

Recommendations

- Fine-needle aspiration of the abdominal mass for a definitive diagnosis.
- Laboratory testing: CBC/chemistry to assess:
 - Anemia
 - Lymphoblasts
 - Hypercalcemia
 - Organ involvement
- Staging:
 - Thoracic radiographs or CT to assess thoracic lymphadenopathy or metastasis.
 - Abdominal CT if surgical planning is considered.





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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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