



## PATIENT

Edna Cantu

## SPECIES

Ferret

## BREED

Ferret

## SEX

Spayed Female

## AGE

6

## WEIGHT

560 grams

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Lindsey Elswick

## HOSPITAL NAME

Wellesley Animal  
Hospital

## REFERRING VET

Dr. Lindsey Elswick

## INVOICE

73860

## DATE

3/20/26

## PRESENTING CLINICAL SIGNS

History of adrenal gland disease and insulinoma. Chronic weight loss - was 780 grams last June, now is 560 grams. Managed with prednisolone at 0.5mg/kg BID and deslorelin implant

Abnormal PE/Chem/CBC/UA Results: BW from February of this year showed nonregenerative anemia (20.5%), thrombocytopenia, low blood glucose (74.2 mg/dL), low serum calcium (6.8 mg/dL)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder lumen is very underdistended, and the wall of the urinary bladder cannot be assessed. The urine is anechoic. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 2.72×1.24 cm, and the thickness of the cortex is 0.19 cm in the sagittal plane. A 1.32×1.92 mm cortical cyst is present.

The right kidney is normal in shape and size: 2.39×1 cm, and the thickness of the cortex is 0.10 cm in the sagittal plane.

In both kidneys, the cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is slightly decreased. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland is not visualized. The right adrenal gland is partially visualized: 0.29 cm.

### Spleen

The spleen measures 0.82–1.03 cm in thickness, which is at the upper end of expected values for ferrets. The parenchyma remains homogeneous, without focal nodules or masses; however, the splenic contour is mildly irregular, with areas that appear more rounded or subtly globular rather than uniformly flat. This results in a mild asymmetry of the splenic margins. The splenic capsule is smooth and regular.

### Liver

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

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

### Gastrointestinal

The stomach is empty and folded, with mural thickness (1.38 mm) and preserved wall layering. Duodenum: 0.99 mm. Jejunum: 0.90–1.11 mm. No signs of inflammation, ileus, or foreign material are identified. Colon: 0.15 cm, with formed feces in the descending segment.



## PATIENT

Edna Cantu

## SPECIES

Ferret

## BREED

Ferret

## SEX

Spayed Female

## AGE

6

## WEIGHT

560 grams

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Lindsey Elswick

## HOSPITAL NAME

Wellesley Animal  
Hospital

## REFERRING VET

Dr. Lindsey Elswick

## INVOICE

73860

## DATE

3/20/26

## Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

## Free Abdomen

A small amount of abdominal effusion is observed in the splenorenal recess. Main mesenteric lymph node: 3.2 mm. No sonographic evidence of peritonitis or lymphadenomegaly is identified.

## PRIMARY FINDINGS

- Mild splenomegaly.
- Small volume abdominal effusion (splenorenal recess).

## SECONDARY FINDINGS

- Mildly reduced right renal cortical thickness (0.10 cm).
- Small cortical renal cyst (left kidney).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite the previously diagnosed adrenal disease and insulinoma, the adrenal condition may be adequately controlled under deslorelin therapy, and the absence of pancreatic abnormalities does not exclude persistent insulinoma, which is frequently not detectable ultrasonographically in ferrets. However, the current findings do not support a primary abdominal cause for the clinical presentation, and the combination of nonregenerative anemia and thrombocytopenia is more suggestive of an extra-abdominal process, particularly a primary bone marrow disorder such as aplasia or hypoplasia, myelophthisis, or infiltration by hematopoietic neoplasia (including lymphoma).

The mild splenic enlargement and contour irregularity are compatible with reactive extramedullary hematopoiesis, which may represent a compensatory response to underlying bone marrow dysfunction, and are not inconsistent with the suspected primary hematopoietic disorder.

The small volume of localized abdominal effusion may be secondary to systemic factors such as hypoalbuminemia or mild vascular leakage and is not, in isolation, suggestive of primary peritoneal disease.

## Recommendations

- Further evaluation of cytopenias: repeat CBC with reticulocyte count, blood smear, and consider bone marrow sampling if persistent.
- Serum biochemistry including total protein, albumin, and ionized calcium.
- Continued monitoring and medical management of insulinoma.
- Monitor abdominal effusion; if it increases, consider fluid analysis.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status and ongoing response to treatment



**PATIENT**

Edna Cantu

**SPECIES**

Ferret

**BREED**

Ferret

**SEX**

Spayed Female

**AGE**

6

**WEIGHT**

560 grams

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Dr. Lindsey Elswick

**HOSPITAL NAME**

Wellesley Animal Hospital

**REFERRING VET**

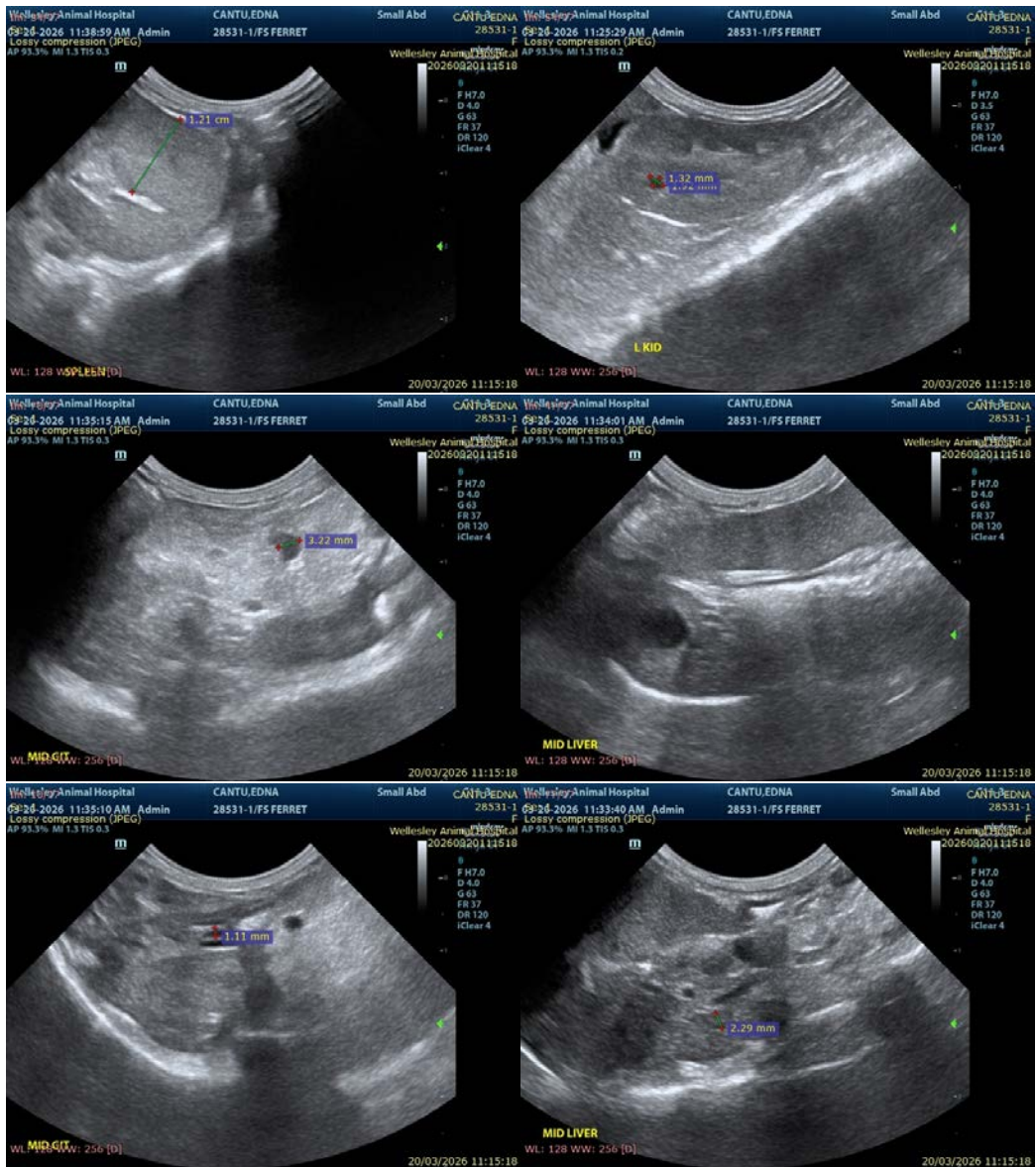
Dr. Lindsey Elswick

**INVOICE**

73860

**DATE**

3/20/26



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.

[info@SonoPath.com](mailto:info@SonoPath.com)