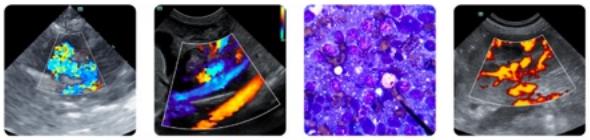


PATIENT

Sorghum Warner

SPECIES

Mustelid

BREED

Ferret

SEX

Neutered male

AGE

4 years

WEIGHT

1.09 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Shoppa

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Shoppa

INVOICE

74260

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- 2 days of lethargy, vomiting and dark, soft stool, and anorexia.
- Severe dehydration, hypothermia on presentation
- Radiology report suspicious of GI obstruction
- CBC: H Hct: 79.7, H Hgb: 30.2, H RBC: 16.5 BG: 69

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall appears thin. The luminal contents are anechoic. No uroliths are identified.

The left kidney is normal in shape and size, measuring 2.86×1.36 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 2.59×1.31 cm in the sagittal plane. In both kidneys, the cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Not visualized.

Spleen

The spleen is not confidently visualized. Several images labeled as spleen likely correspond to surrounding abdominal fat.

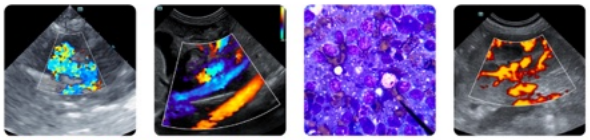
Liver

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. No hepatic lymphadenopathy is observed.

The gallbladder is adequately distended. The wall is thin and regular. The luminal contents contain a moderate amount of biliary sludge. No biliary ductal dilation is identified.

Gastrointestinal

The stomach is fluid-distended, with a wall thickness of 1.80 mm and preserved layering. The proximal small intestine is markedly dilated and fluid-filled, with visible but abnormal “to-and-fro” peristalsis. The remaining small intestinal segments and colon appear normal in diameter, without dilation. A discrete intraluminal foreign body is not definitively identified.



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Pancreas

Not visualized.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Fluid distension of the stomach.
- Marked dilation of the proximal small intestine with abnormal “to-and-fro” peristalsis.
- Normal appearance of distal intestinal segments.

SECONDARY FINDINGS

- Moderate biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal findings demonstrate marked fluid distension of the stomach and proximal small intestine, with preserved but abnormal “to-and-fro” peristalsis. The more distal intestinal segments appear normal in diameter.

Although a discrete intraluminal foreign body is not definitively visualized, this segmental pattern is highly consistent with a mechanical obstruction of the proximal small intestine.

In ferrets, this presentation is most associated with gastrointestinal foreign material, even when not directly identified on ultrasound.

Given the clinical presentation (vomiting, lethargy, anorexia, severe dehydration) and supportive radiographic findings, these findings are considered highly suspicious for clinically significant gastrointestinal obstruction.

Recommendations

- Surgical exploration is strongly recommended, given the high suspicion of gastrointestinal obstruction based on radiographic findings (not provided), ultrasonographic features, and the patient’s clinical status.

- If surgery is not immediately pursued, repeat targeted abdominal ultrasound using a high-frequency linear transducer is recommended, with systematic evaluation of the entire gastrointestinal tract from stomach to colon. However, additional imaging should not delay intervention in a clinically unstable or deteriorating patient

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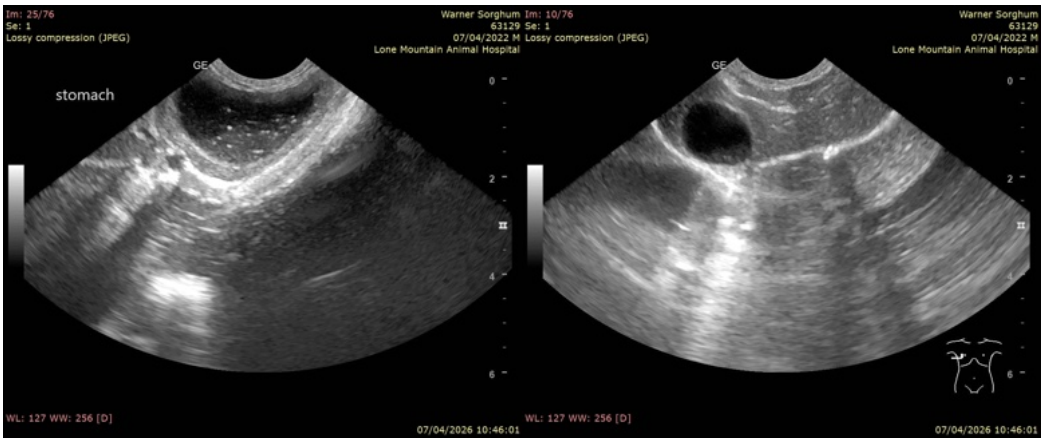
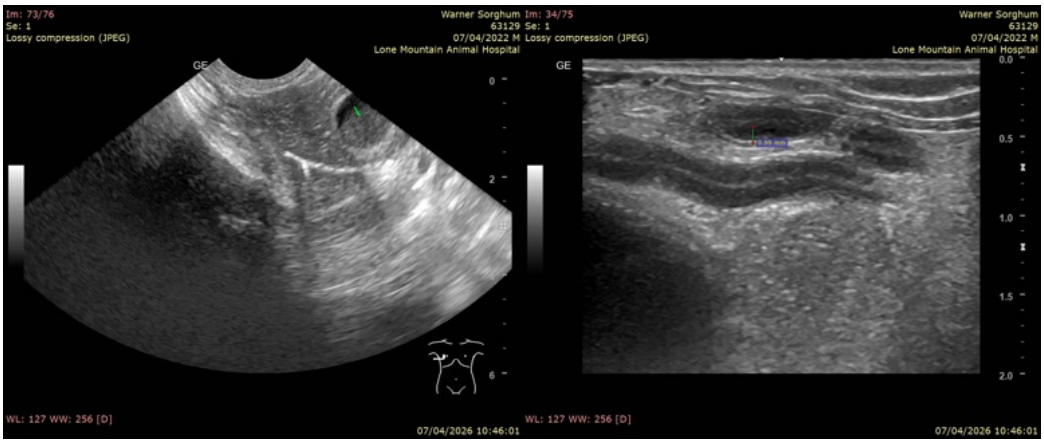
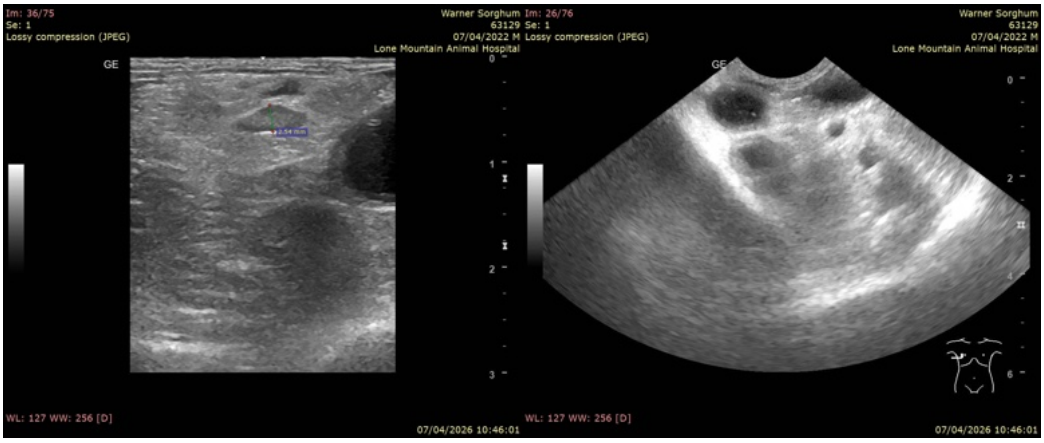
Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.







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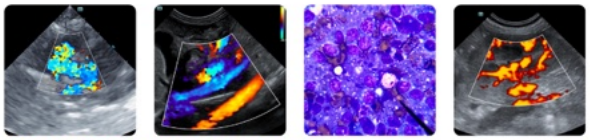

Clinical Sonography & Telecytology
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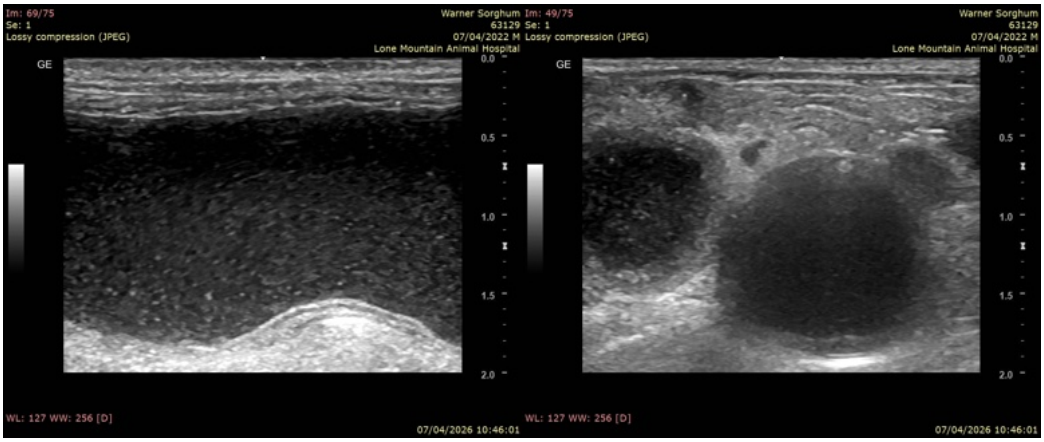

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com