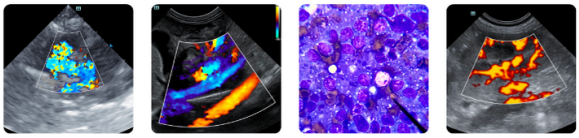

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PATIENT
Pan Uk

SPECIES
Mustelid

BREED
Ferret

SEX
Neutered male

AGE
5 years

WEIGHT
1.88 lbs

INTERPRETED BY
Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY
Yvonna Aranda

HOSPITAL NAME
Santa Clara AH

REFERRING VET
Dr. Giddens

INVOICE
68727

DATE
11/17/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Mass effect in mid to caudal abdomen & enlarged spleen. minor hair loss on tail.
Abnormal PE/Chem/CBC/UA Results: Current Medications 11/4/25 Superlorin 4.5 mg implant placed due to hairloss on tail Radiographic Findings Xray from 7/1/25- will send

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: 2.76 x 1.19 cm, and the thickness of the cortex is 0.22 cm, in the sagittal plane. The cortical is isoechogenic compared to normal liver parenchyma. There is a 1.7 mm cyst. The cortex / medulla ratio is normal and the corticomedullary definition is maintained. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 2.52 x 1.20 cm, and the thickness of the cortex is 0.24 cm, in the sagittal plane. The cortical is isoechogenic compared to normal liver parenchyma. There is a 1.4 mm cortical cyst. The cortex / medulla ratio is normal and the corticomedullary definition is maintained. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

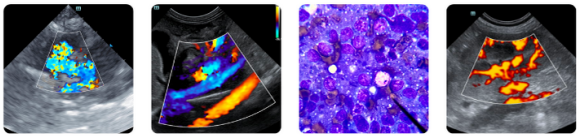
The adrenal glands are uniform in contour and hypoechoic in echotexture. Left adrenal gland: 0.24 cm (cranial pole) and 0.22 cm (caudal pole). Right adrenal gland: more difficult to visualize; measurements provided in the last image are approximately 0.28 cm (cranial pole) and 0.29 cm (caudal pole).

Spleen

The spleen is enlarged, with rounded margins and mild asymmetry. Thickness has increased to 1.81 mm. The parenchyma is slightly more heterogeneous with a coarse texture. The capsule appears smooth and regular.

Liver

The liver appears subjectively normal in size, with sharp margins and regular contour. Parenchyma is hypoechoic relative to the spleen and has a uniform echotexture. There is a multicystic lesion measuring approximately 1×0.7 cm, but it is largely obscured by the stomach and not clearly visualized in its entirety. From another posterior perspective, it is seen at 0.9×1 cm. No hepatic lymphadenopathy is observed.



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The gallbladder is normally distended with a thin wall and predominantly anechoic luminal content. No dilation of the cystic duct or common bile duct is noted.

Gastrointestinal

Stomach: Semi-distended with digested food material. Wall thickness: 1.45 mm, with preserved wall layering. Duodenum: 1.59 mm. Jejunum: 0.96–1.19 mm.

Colon: 0.70 mm wall thickness, with a small amount of fecal material in the descending segment.

Pancreas

The pancreas was not clearly visualized this time.

Peritoneal Cavity

Small abdominal effusion or peritonitis is observed.

Abdominal Lymph Nodes:
Lymph nodes of the celiac–splenic lymphocenter: all enlarged. The largest measure 0.6×0.9 cm and 0.3×0.8 cm.

Cranial mesenteric lymph nodes: one visualized at 1.38x0.7 mm, also hypoechoic and heterogeneous. The other is measuring 1.2×0.5 mm.

Gastric lymph node: 0.9×0.9 cm, markedly hypoechoic and somewhat heterogeneous.
The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Splenomegaly with rounded margins and mildly heterogeneous (coarse parenchyma).
- Small amount of abdominal effusion.
- Enlarged abdominal lymph nodes, some larger than the previous exam.
- Mild to moderate diffuse gastric and small intestinal wall thickening.

SECONDARY FINDINGS

- Multicystic hepatic lesion (~1×0.7 cm / 0.9×1 cm), partially obscured by the stomach.
- Bilateral small cortical renal cysts (1.7 mm left, 1.4 mm right) incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current ultrasound findings—marked lymphadenopathy across multiple abdominal lymphocenters, splenomegaly with early coarse heterogeneity, and mild abdominal effusion—are strongly consistent

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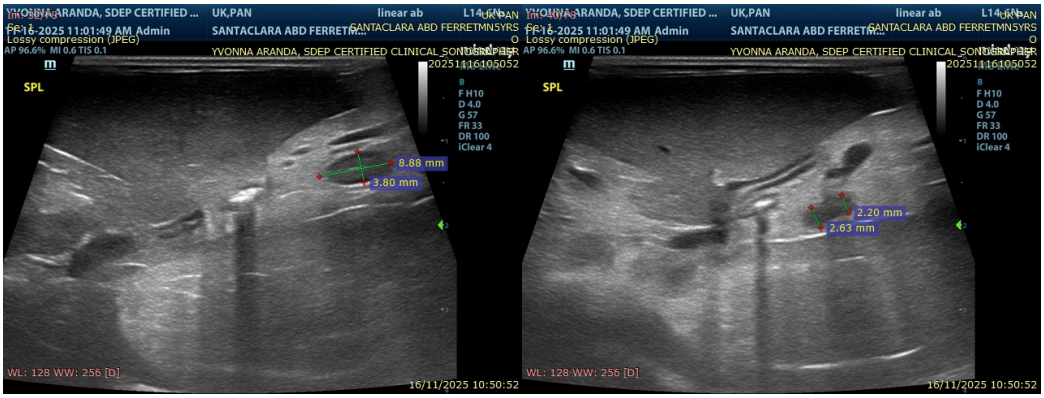
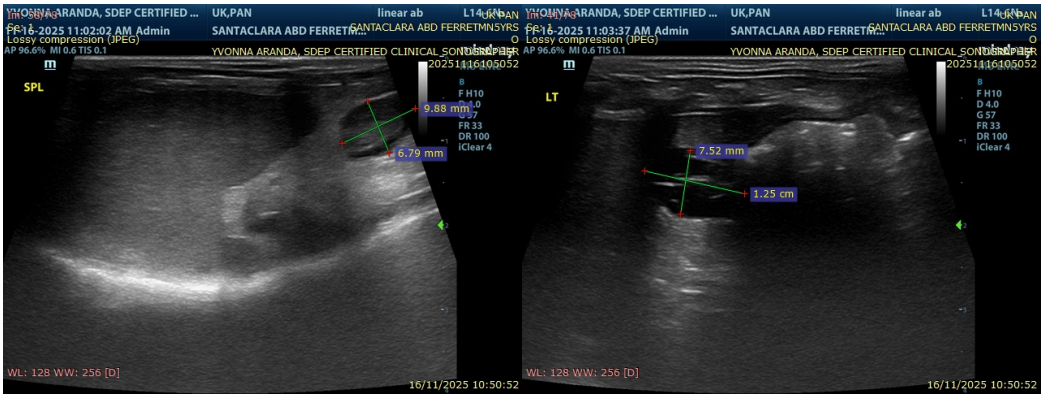
with a diffuse lymphoproliferative process, with lymphoma now representing the overwhelmingly likely diagnosis based on imaging alone.

This case has never strongly suggested a surgical condition; the initial uncertainty lay between IBD and lymphoma, and the current ultrasound findings now gently shift the suspicion much more toward lymphoma. This is not a surgical case—there is no mass to remove. The spleen was likely the "mass" palpated clinically, but splenectomy or organ excision would not provide therapeutic benefit. As previously discussed, the definitive way to confirm lymphoma is by obtaining cytology or biopsy of the enlarged lymph nodes. Ideally, a sample should be taken before starting chemotherapy, as this provides histopathologic confirmation and helps guide treatment expectations.

The small multicystic hepatic lesion appears consistent with a simple hepatic cystadenoma, which is considered incidental and unrelated to the primary disease process.

Another recommendations:
For staging of lymphoma, thoracic imaging is advised—either thoracic radiographs or CT—to evaluate for mediastinal lymph node involvement. If a CT scan is not desired, a targeted mediastinal ultrasound would also be a reasonable alternative.





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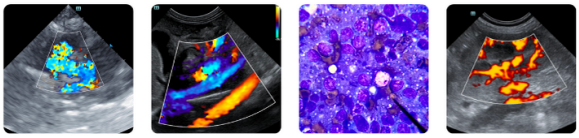

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Educational Teleconsultation Services™

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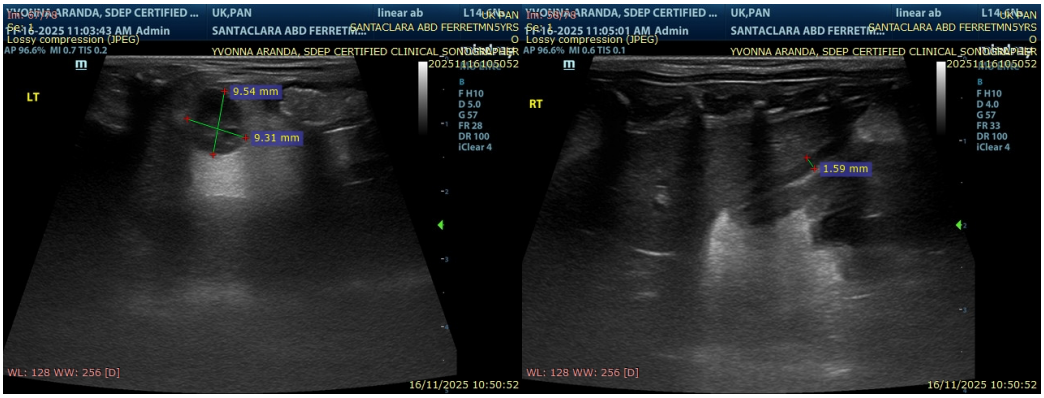

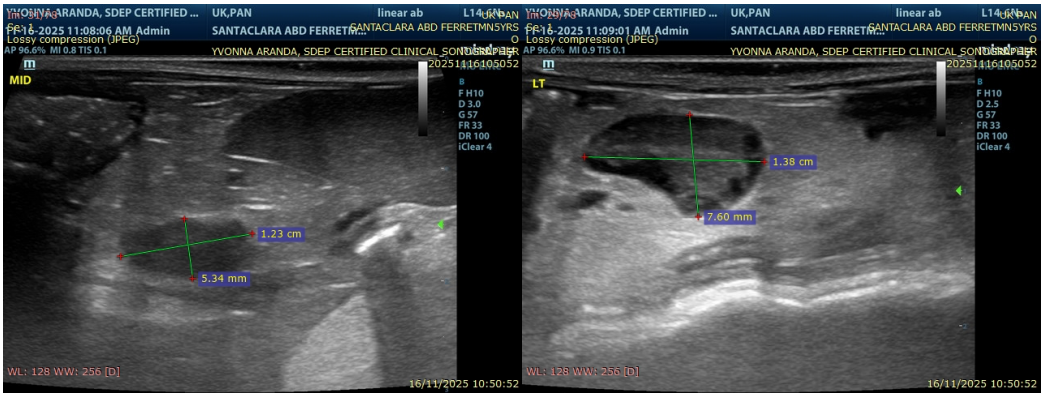

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com