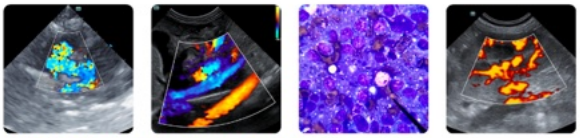


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Missy Miller Doyle

SPECIES

Mustelid

BREED

Ferret

SEX

Spayed female

AGE

7 years

WEIGHT

1.64 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Malec

INVOICE

69436

DATE

11/18/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Pt presented for lethargy and decreased appetite over the past month with abdominal distension. Pt was dehydrated and quiet, large firm abdominal mass effect palpated. Small mammary mass palpated. No peripheral lymphadenopathy. ABNORMAL Labwork Values N/A Current Medications N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths or ultrasonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring approximately 2.81×1.52 cm. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A small, thin-walled cyst measuring approximately 1.2×2.18 mm is identified at the caudal pole. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. The structure labeled as the right kidney could not be confidently differentiated from the left kidney, as similar cystic features and anatomic positioning were observed. As such, definitive identification of the right kidney is uncertain.

Adrenal Glands

Both adrenal glands are not clearly visualized.

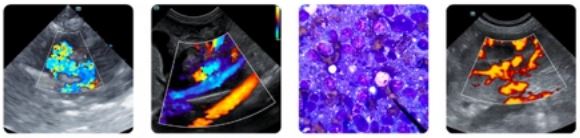
Spleen

Splenic thickness measures approximately 1.09 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal lesions. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma appears uniform and isoechoic relative to surrounding fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring approximately 1.15 mm and preserved wall layering. The pylorus measures approximately 1.83 mm. Duodenum measures approximately 0.57 mm. Jejunum measures approximately 0.55 mm. No evidence of obstruction, ileus, or intraluminal foreign material is identified. The colon measures approximately 0.46 mm and contains formed fecal material.

Pancreas

The pancreas is not visualized.

Free Abdomen

No abdominal effusion or signs of peritonitis are observed. A large abdominal mass measuring approximately 4.62×3.0 cm is identified within the mid-abdomen. The mass is markedly irregular, heterogeneous, and poorly marginated, with an invasive appearance and focal areas of mineralization. The mass occupies a substantial portion of the abdominal cavity. Mesenteric and splenic lymph nodes appear within normal limits

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Large, irregular, heterogeneous abdominal mass with invasive margins and focal mineralization.
- Small renal cortical cyst at the caudal pole of the left kidney.

SECONDARY FINDINGS

- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography ferret reveals a large, irregular, heterogeneous mass occupying a substantial portion of the mid-abdominal cavity. The lesion demonstrates poorly defined, invasive margins and focal areas of mineralization, findings that correlate well with the marked abdominal distension and palpable firm mass noted on physical examination. No definitive organ of origin can be identified sonographically, and adjacent abdominal organs appear displaced rather than clearly involved.

Given the species and presentation, abdominal or extranodal lymphoma is considered the most likely differential diagnosis, as ferrets commonly develop lymphoma with variable presentations, including large solitary abdominal masses and minimal or absent peripheral lymphadenopathy. The lack of significant mesenteric or splenic lymph node enlargement does not exclude lymphoma in this species.

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Other important differential considerations include mesenteric or retroperitoneal neoplasia of mesenchymal origin, such as soft tissue sarcoma, which may present as a large, invasive, heterogeneous mass within the abdominal cavity.

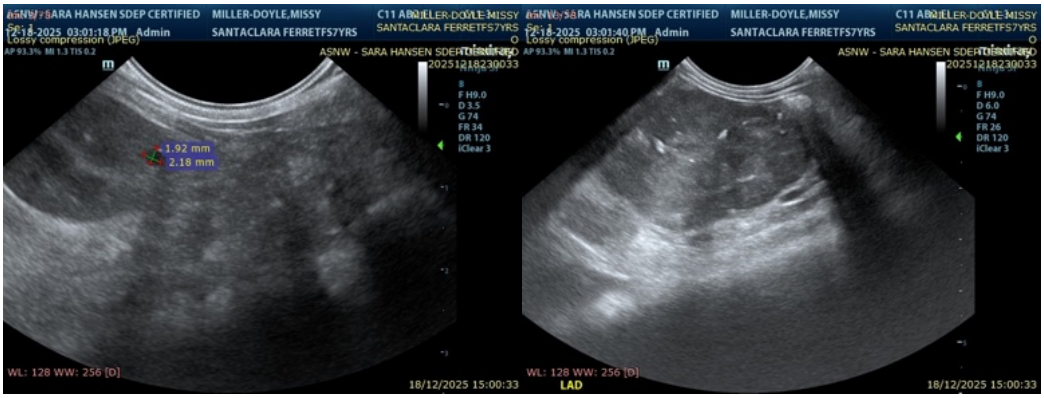
A primary adrenal neoplasm is not considered the leading differential diagnosis in this case, as the mass does not demonstrate the typical size, shape or ultrasonographic appearance commonly associated with adrenal carcinoma, and the patient lacks clinical signs usually observed with adrenal-associated endocrinopathy in ferrets. However, an atypical or non-functional adrenal tumor cannot be completely excluded based on imaging alone.

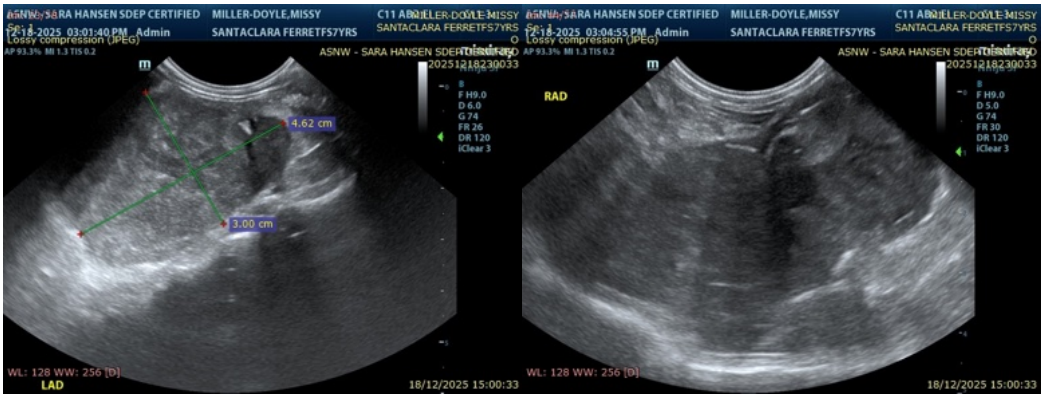
The presence of focal mineralization raises additional consideration for less common neoplastic processes, including germ cell tumors such as teratoma, which, although rare in ferrets, can present as large, heterogeneous masses containing mineralized components.

No ultrasonographic evidence of gastrointestinal obstruction, splenic disease, or primary renal pathology is identified. The small renal cortical cyst is considered incidental and unrelated to the current clinical presentation.

Recommendations

Given the size, invasive appearance, and uncertain organ of origin of the abdominal mass, tissue sampling is strongly recommended prior to any definitive therapeutic decision. Ultrasound-guided fine-needle aspiration represents an appropriate first diagnostic step to characterize the lesion and guide further management, as surgical exploration without a diagnosis may not be indicated depending on the underlying pathology.





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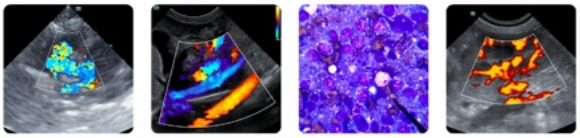

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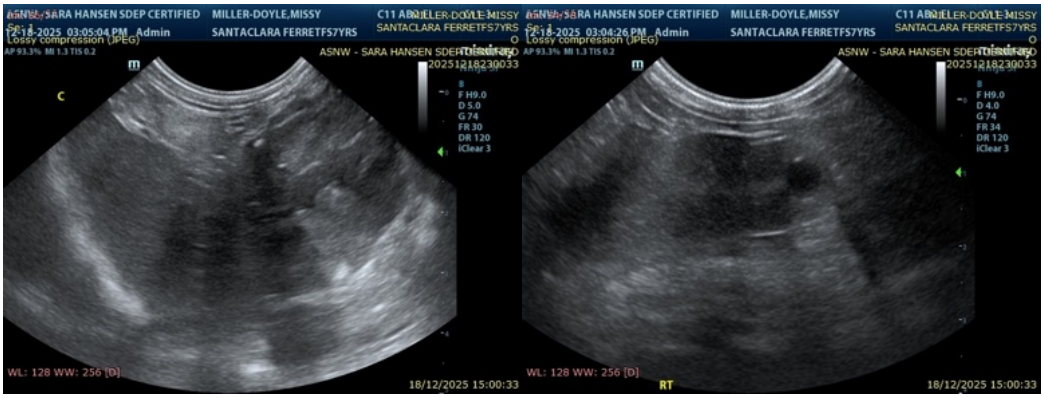

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com