



## PATIENT

Dewey Hayes

## SPECIES

Mustelid

## BREED

Ferret

## SEX

Neutered male

## AGE

6 years

## WEIGHT

2.06 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Santa Clara AH

## REFERRING VET

Dr. Pappas

## INVOICE

74242

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:-Pt presented for mass in abdomen
- -PE: significant splenomegaly with suspected splenic mass; III/VI systolic heart murmur
- ABNORMAL Labwork Values

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is empty and not adequately evaluated.

The left kidney is normal in shape and size, measuring 2.94×1.35 cm in the sagittal plane. Cortical thickness is 0.20 cm. Few small cortical cysts (1.3-1.5 mm). The right kidney is normal in shape and size, measuring 2.93×1.50 cm in the sagittal plane. Cortical thickness is not recorded. In both kidneys, the cortex is mildly hyperechoic 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 confidently visualized.

### *Spleen*

The spleen is markedly enlarged, with a thickness of 2.60 cm. The organ has a rounded contour and the margins are very irregular. The parenchyma is diffusely hypoechoic with a mild multinodular (“honeycomb-like”) pattern visible only in some regions.

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

### *Gastrointestinal*

The stomach is empty and folded, with a wall thickness of 0.87 mm and preserved layering. The pylorus measures 1.03 mm. Duodenum: 0.71 mm. Jejunum: 0.74–0.86 mm, with preserved wall layering. The ileum and ileocecal junction are not well evaluated. No evidence of ileus, obstruction, or intraluminal foreign material is identified. Colon measures 0.56 mm, containing soft fecal material.



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## **Pancreas**

The evaluated pancreatic regions are isoechoic relative to surrounding fat, with no evidence of focal lesions or peripancreatic inflammation.

## **Free Abdomen**

A mild amount of anechoic abdominal effusion is present, most evident within the splenorenal recess and between intestinal loops.

Multiple abdominal lymph nodes are enlarged, rounded, and hypoechoic, including:

- Cranial mesenteric lymph node: 5.28 mm
- Pancreaticoduodenal lymph node: 8.93 mm
- Hepatic lymph nodes: 0.90×1.73 cm and 0.86×1.62 cm
- Splenic lymph nodes: 7.05–3.66 mm

The surrounding perinodal fat is mildly hyperechoic.

## **PRIMARY FINDINGS**

- Marked splenomegaly (2.60 cm) with diffuse hypoechoogenicity and multinodular (“honeycomb”) pattern.
- Generalized abdominal lymphadenopathy (multiple enlarged, rounded, hypoechoic lymph nodes).
- Mild abdominal effusion.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

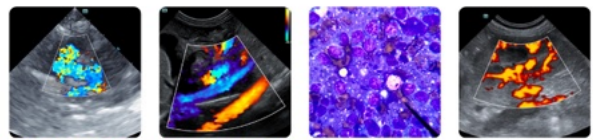
The most significant findings in this study are marked splenomegaly with diffuse parenchymal alteration and generalized abdominal lymphadenopathy, accompanied by mild abdominal effusion.

In ferrets, splenomegaly is common and often benign (extramedullary hematopoiesis or hyperplasia). However, the current findings extend beyond simple splenic enlargement. The presence of a diffusely hypoechoic, mildly nodular splenic pattern, together with multiple enlarged, rounded, hypoechoic abdominal lymph nodes, represents a systemic process rather than an isolated splenic change. This constellation of findings is highly concerning for a lymphoproliferative disorder, with multicentric lymphoma being the primary differential diagnosis.

The mild abdominal effusion further supports a systemic or infiltrative process, and it is commonly seen in cases of lymphoma in ferrets, although it is nonspecific.

Other differential diagnoses are less likely but may include:

- Severe reactive lymphoid hyperplasia with extramedullary hematopoiesis (less likely given the



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degree and distribution of lymphadenopathy).

- Other infiltrative or hematopoietic disorders.

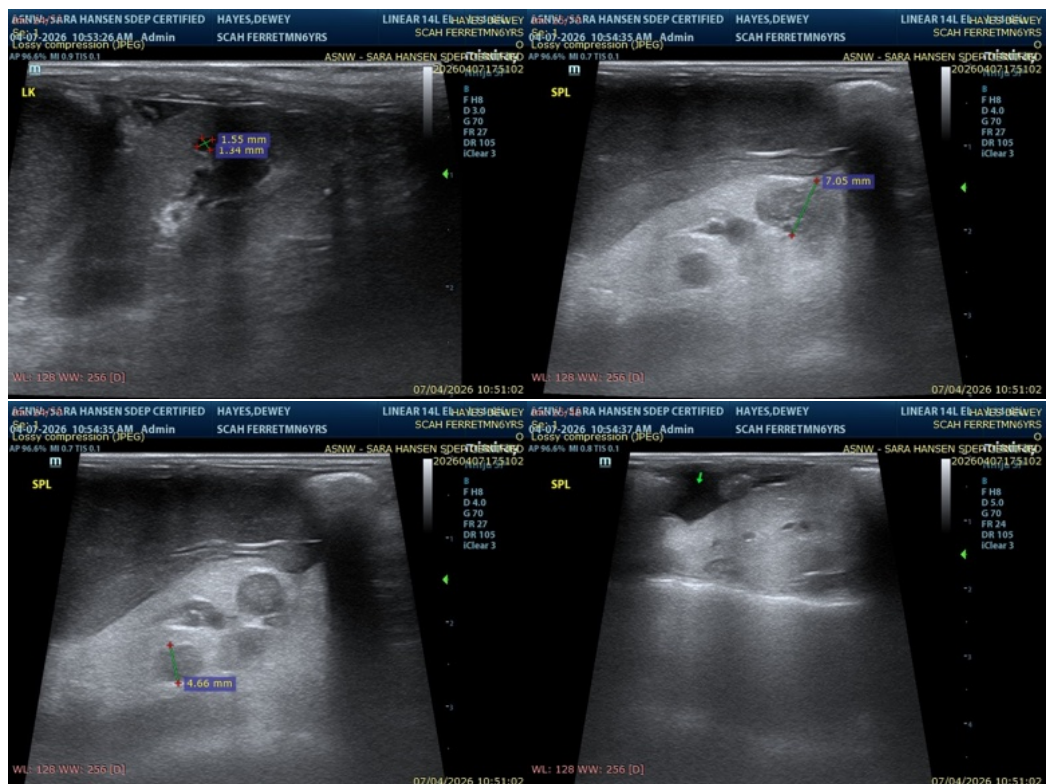
The absence of focal hepatic lesions does not exclude systemic disease, as lymphoma in ferrets may present with variable organ involvement.

Overall, the findings are most consistent with a systemic lymphoproliferative disease, most likely lymphoma, although definitive diagnosis requires cytologic or histopathologic confirmation.

### Recommendations

- Fine-needle aspiration of the spleen and/or enlarged lymph nodes is strongly recommended for cytologic evaluation.
- If cytology is inconclusive, biopsy may be considered.
- Interpretation of these findings is limited by the absence of available laboratory data. Correlation with hematologic parameters is particularly important in this case, as systemic or hematopoietic disease (including lymphoproliferative disorders) would be expected to produce detectable abnormalities.
- Given the presence of effusion, abdominocentesis may be considered (if feasible).
- Clinical staging and treatment planning should be guided by cytologic/histopathologic results.

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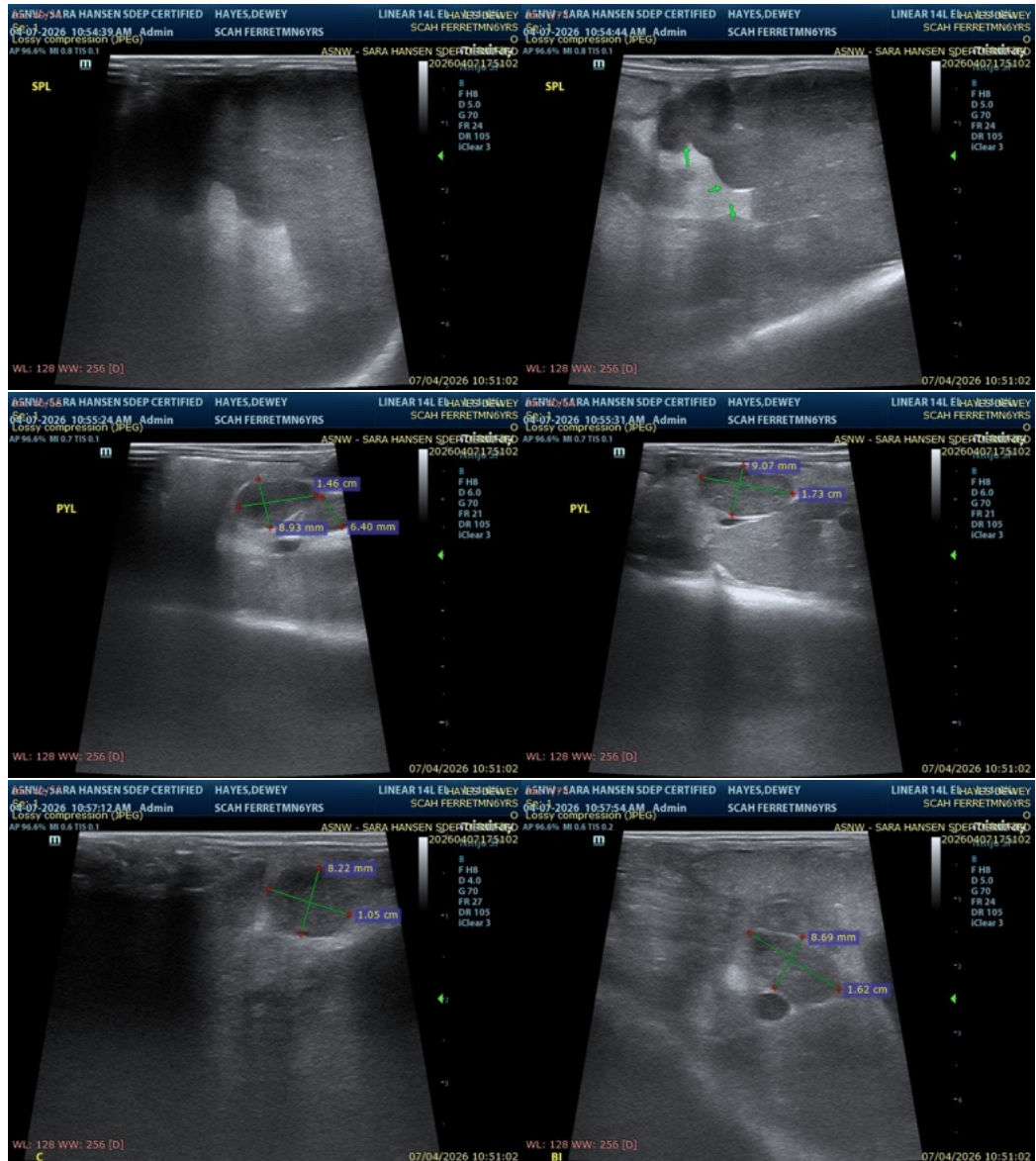
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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