

DATE PRESENTING CLINICAL SIGNS

1/11/22 History: very large cranial abdominal mass; Insulinoma. Enlarged liver

PATIENT

Current Medications: Pred 0.25 increased to 0.5.

Lab Results: Total protein 8, ALT >1000, ALP 325

Sky Hundley

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Ferret

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Neutered Male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Neutered Male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 2.64 cm. The left kidney measured 2.60 cm with anechoic 4.0 mm cyst at the cranial pole.

AGE

7/1/17

WEIGHT

1022 g

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Liver

HOSPITAL NAME

Chadwell AH

The **liver** revealed a complex mixed echogenic nodular and cystic mass measuring 7.2 cm. The mass appeared to derive from the caudal aspect of the left liver. The mass appeared to extend caudally and dorsally, enveloping portions of the pancreas. Free fluid noted around the mass. The right liver was unremarkable with uniform parenchyma. The gallbladder was unremarkable.

REFERRING VET

Dr. Gold

Gastrointestinal

INVOICE

34148

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Reactive mesenteric lymph nodes noted.

Pancreas

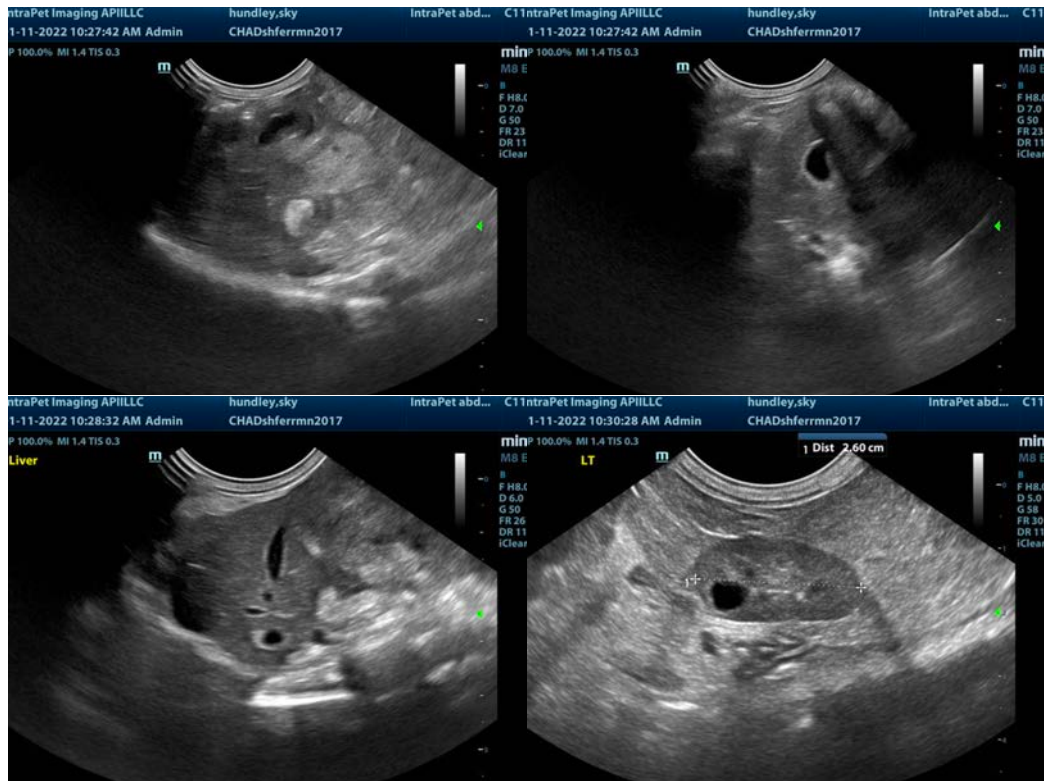
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

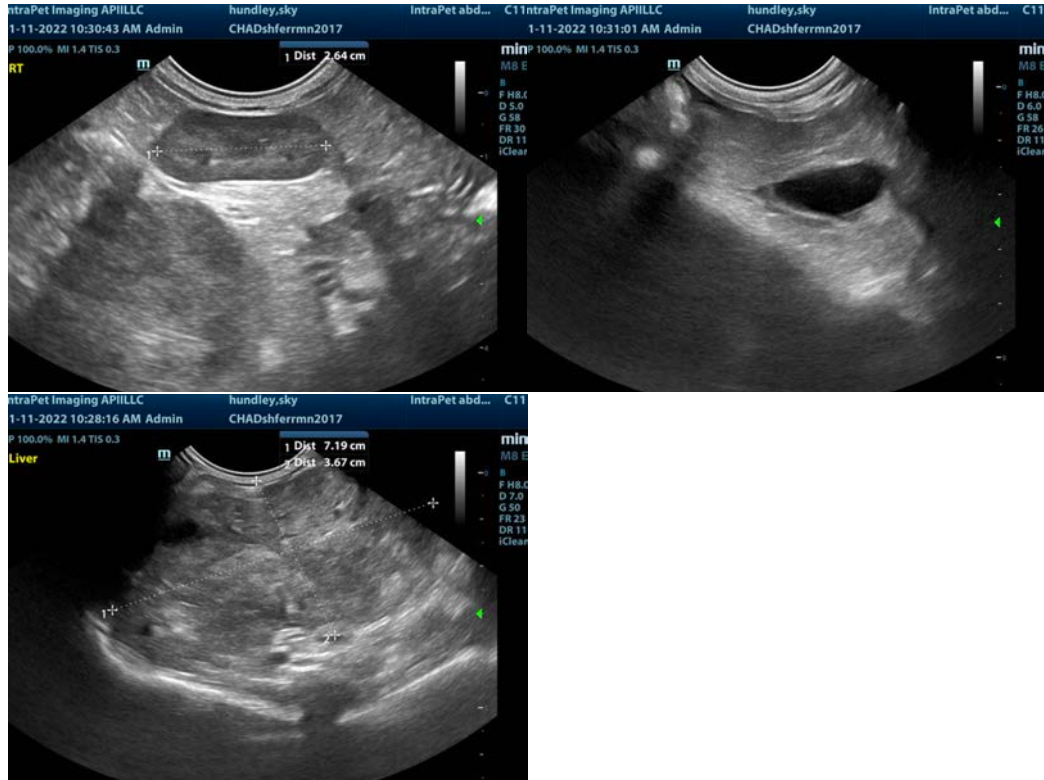
ULTRASONOGRAPHIC FINDINGS

- Extensive liver mass, not likely resectable, contiguous omental spread suspected
- Secondary ascites

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass does not appear resectable. Prognosis is poor. FNA of the mass could be considered for further definition.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com