



PATIENT

Tom Costanzo

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

4 Years 6 Months

WEIGHT

2.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Paws, Wings, and
Scales AH

REFERRING VET

Dr. Stancel

INVOICE

35506

DATE

1/19/26

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, thickened small intestine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight cortical cysts were noted, measuring up to 4.0 mm. The left kidney measured 3.15 cm. The right kidney measured 3.14 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm.

The **right adrenal gland** was slightly enlarged and rounded, measuring 0.54 cm.

Spleen

The **spleen** was mildly enlarged with scalloping contour and folded upon itself. Uniform parenchyma was noted. No evidence of masses. This is most consistent with reactive spleen. Cannot rule out an emerging neoplastic state, though not suspected.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. The portal vein to vena cava ratio was 1:1, no evidence of portosystemic shunting.

Gastrointestinal

Structurally, the **gastrointestinal tract** was unremarkable, yet minor hyperperistalsis was noted in the small intestine. The colon was unremarkable.

Pancreas



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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.

SPECIES

Free Abdomen

Ferret

The **mesenteric lymph nodes** (up to 0.9 cm in width) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

SEX

- Enteritis pattern
- Reactive mesenteric lymph node
- Reactive spleen
- Prominent right adrenal gland
- Age-related renal changes with slight cortical cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

2.4 Pounds

FNA of the spleen and mesenteric lymph node could be considered with cytology and culture. I do not feel that neoplasia is a primary issue, yet an emerging neoplastic state, such as lymphoma can present in this fashion, especially if the patient is nonresponsive to medical management. Recheck sonogram is recommended in 3-4 weeks if clinical signs persist.

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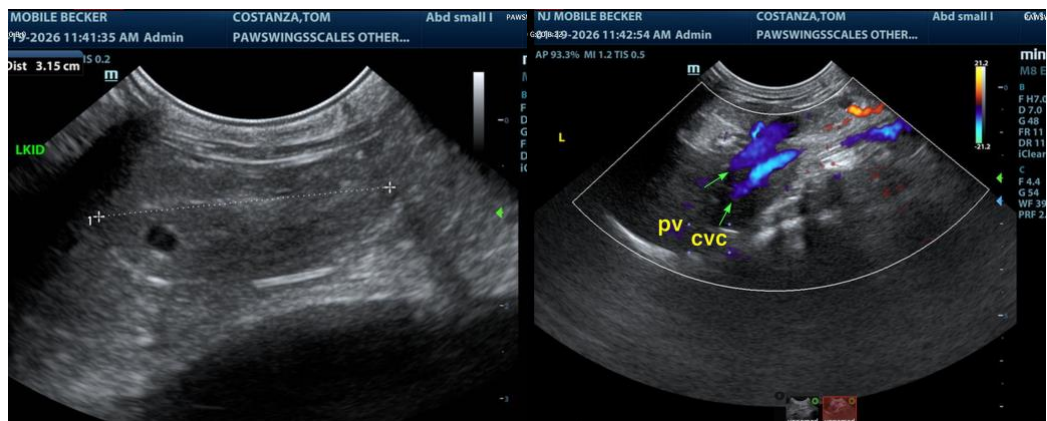
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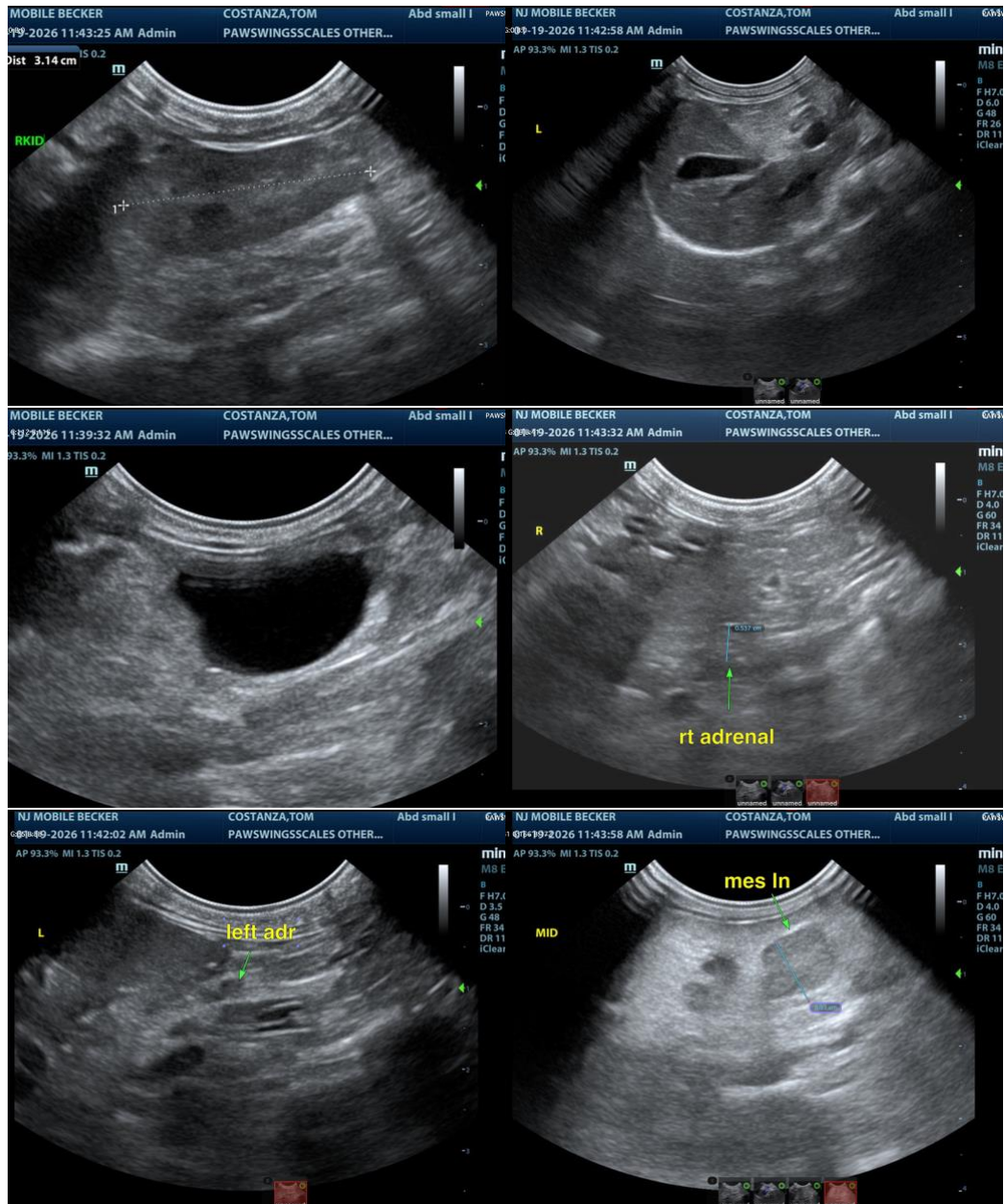
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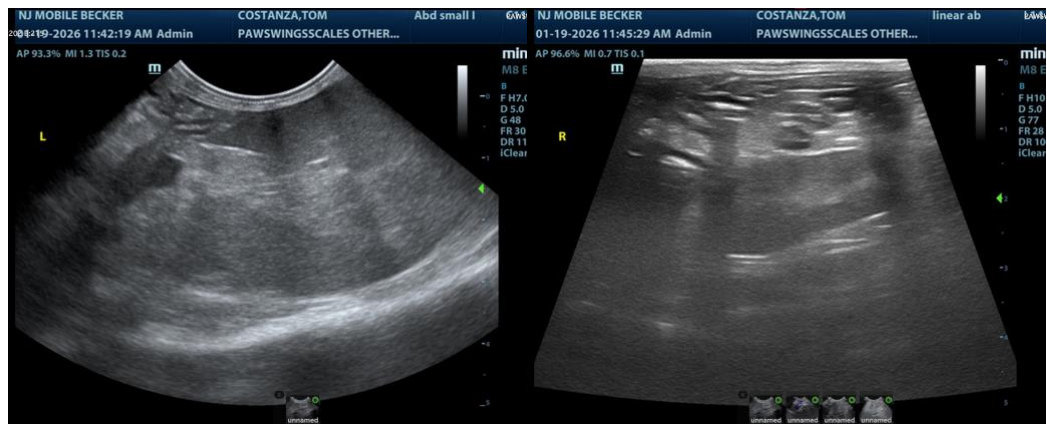
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com