



**PATIENT**

Ash Garduza

**SPECIES**

Ferret

**BREED**

Ferret

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

1.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Agnes Rupley

**HOSPITAL NAME**

All Pets Medical

**REFERRING VET**

Dr. Agnes Rupley

**INVOICE**

34999

**DATE**

1/21/22

**PRESENTING CLINICAL SIGNS**

PRESENTED FOR: on emergency for sudden lethargy and diarrhea REPORTED SYMPTOM: Laying down more than usual. And when he walks a few steps then lay down. This was first noted around 2:20pm today. Last time she saw him eat was this morning. He has been only drinking water since she noticed the lethargy about 2:20pm. No vomiting and no gagging. Noticed the stool today was liquid and had mucus. The stool was very dark brown and had a shine to it. VITALS: 1.6 kg Temperature: 102.9 degrees F Heart Rate: 148 bpm (200-400) Respiratory Rate: 144 bpm (33-36) Sniffing Mucous Membrane Color: pink Capillary Refill Time: <2 sec CURRENT MEDICATIONS: None EXAM FINDINGS: Squirms on abdominal palpation. Overweight with body score of 7/9 Dental disease. Diarrhea passed at clinic. LAB RESULTS: Blood glucose slightly elevated at 148. CBC results reveals moderate to severe dehydration. Chemistry results reveals severe dehydration, elevated ALT at 665 (54-289), and low globulins. Food in stomach on AFAST late afternoon. ASSESSMENT AND PLAN: One of the masses that I thought was a large lymph node was aspirated-but got blood contamination on every sample. A mass on the spleen was aspirated. Slides sent to an oncologist for evaluation Subcutaneous fluids were administered and Liver Adjunctive begun. AmoxiClav, Metronidazole, and Provable recommended. Full abdominal ultrasound performed.

**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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.26 cm. The right kidney measured 2.3 cm.

**Adrenal Glands**

Both **adrenal glands** were 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 0.46 cm. The right adrenal gland measured 0.65 cm, upper limits of normal.

**Spleen**

The **spleen** was enlarged with mild irregular contour and an isoechoic 0.77 cm nodule. A slight amount of free fluid was noted adjacent to the spleen. Granular changes noted in the spleen as well.

**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 and common bile duct were unremarkable.



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**Gastrointestinal**

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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. A reactive mesenteric lymph node was noted measuring 0.71 cm. Other smaller lymph nodes were slightly enlarged up to 0.42 cm.

**SPECIES**

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**Pancreas**

**BREED**

Ferret

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.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Hypersplenism with proliferative or multifocal lymphadenopathy

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3 Years

Recommend 25-gauge FNA of the spleen to assess for reactive spleen, splenitis, or emerging round cell neoplasia. Infectious agents should be considered, such as viral entities. If the spleen is painful upon palpation, splenectomy could be considered. The remainder of the abdomen appeared largely unremarkable and expected for this species.

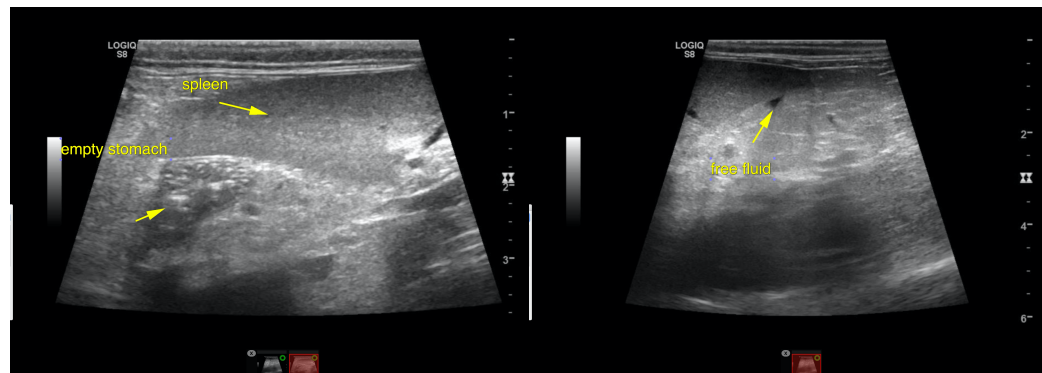
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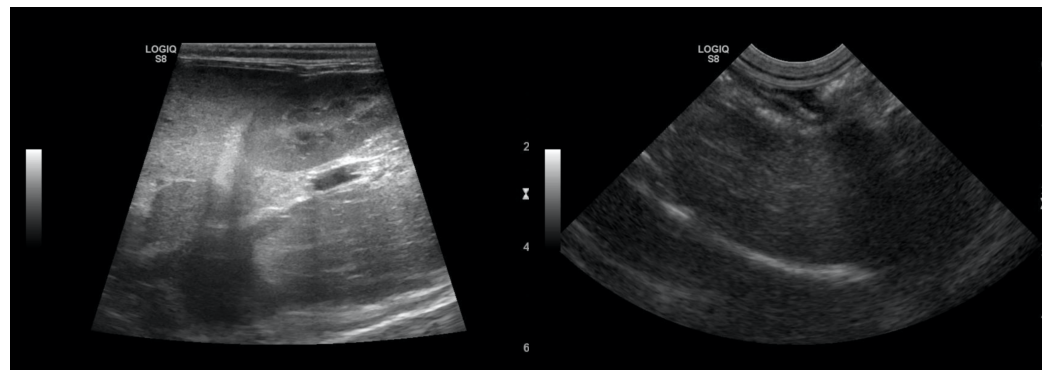
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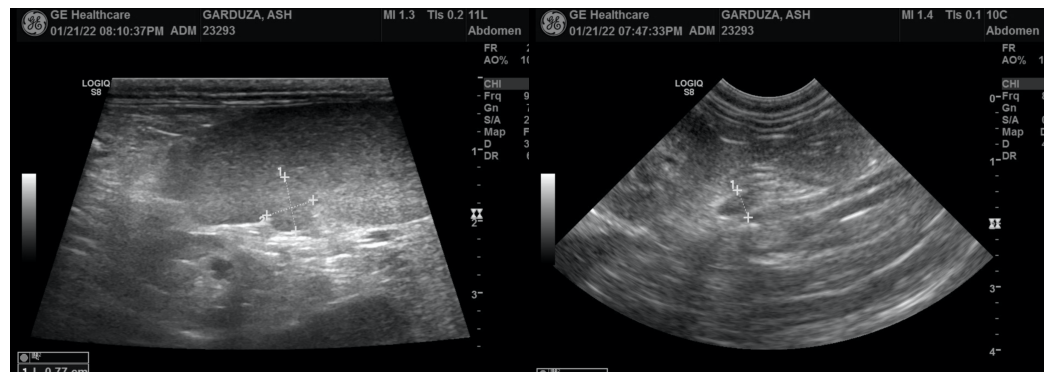
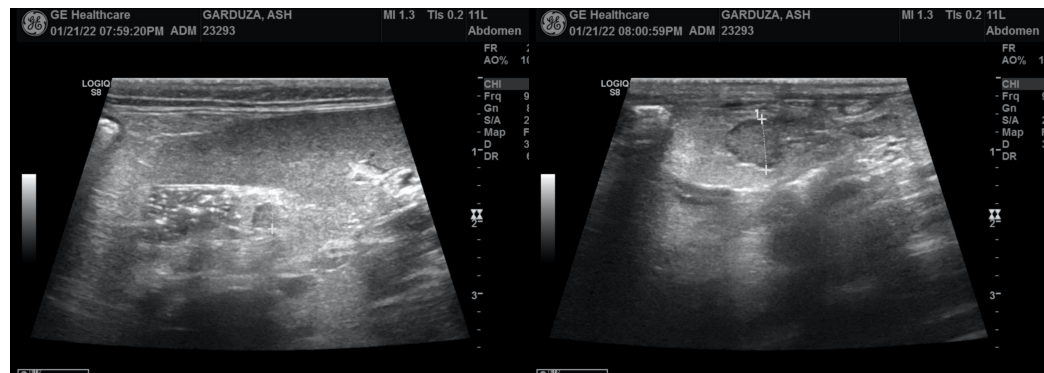
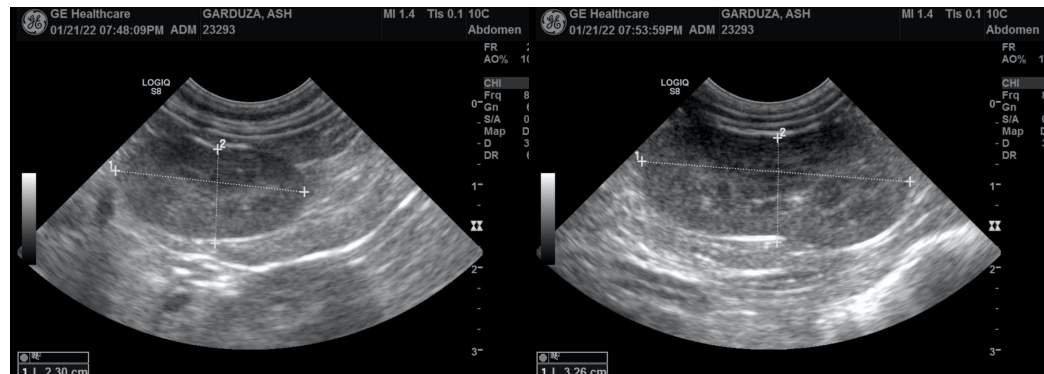
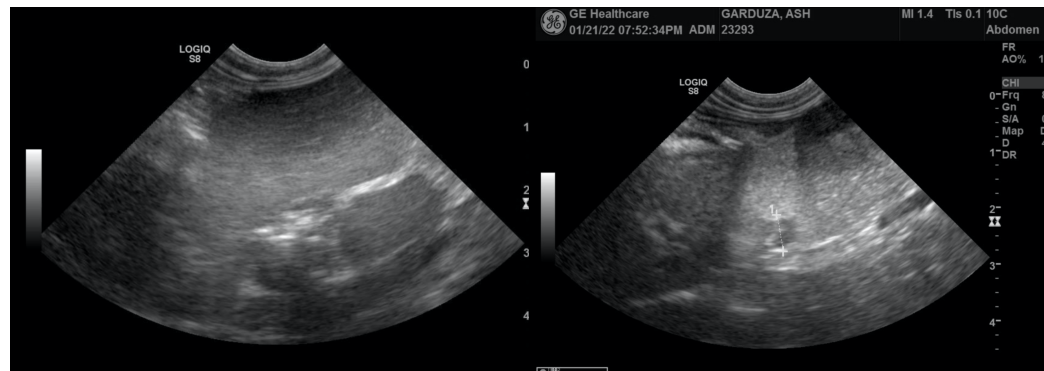
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Ferret

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](mailto:info@SonoPath.com)

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