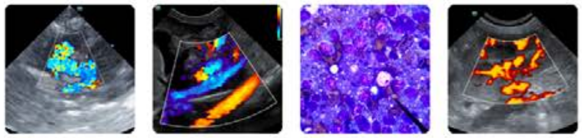
Imaging performed by
IntraPet Imaging
IntraPet.com



Clinical Sonography & Telecytology
Educational Teleconsultation Services™
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

DATE
1/23/26

PATIENT
Kai Yeager

SPECIES
Ferret

BREED
Ferret

SEX
Neutered Male

AGE
11/11/20

WEIGHT
634 grams

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME
Chadwell Animal Hospital

REFERRING VET
Dr. Weeks

INVOICE
72431

PRESENTING CLINICAL SIGNS

Patient History: Lost 40% of body weight in 5 months. Eating and drinking normally. Severely dehydrated but BAR, Dental disease

Current Medications: Lactulose with 15 drops of milk thistle at 0.3 cc QD
Labwork Results: Labwork attached, reported as: RBC 14.7, Hct 63.3, Hb 23.4, MCV 43.1, MCHC 37.0, WBCs 13.14, Neutrophils 9.55, eosinophils 0.02, BG 87, Creat 0.3, BUN 17, TP 7.7, Glob 4.5, alb 2.5, ALT 515-604, ALP normal to 164, Ca 7.5
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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. Left kidney measured 2.8 cm. Right kidney measured 2.65 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. Left measured 0.30 cm. Right measured 0.27 cm.

Spleen
The **spleen** was folded upon itself. It 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.

Liver
The **liver** was slightly subnormal in size and presented a mild amount of remodeling. The gallbladder and common bile duct were unremarkable. Vascularity appeared normal.

Gastrointestinal
The **stomach** revealed a trace amount of ingesta. The pylorus revealed a dense shadowing structure measuring approximately 1.0 cm.

Pancreas
The **pancreas** revealed a minor amount of remodeling.

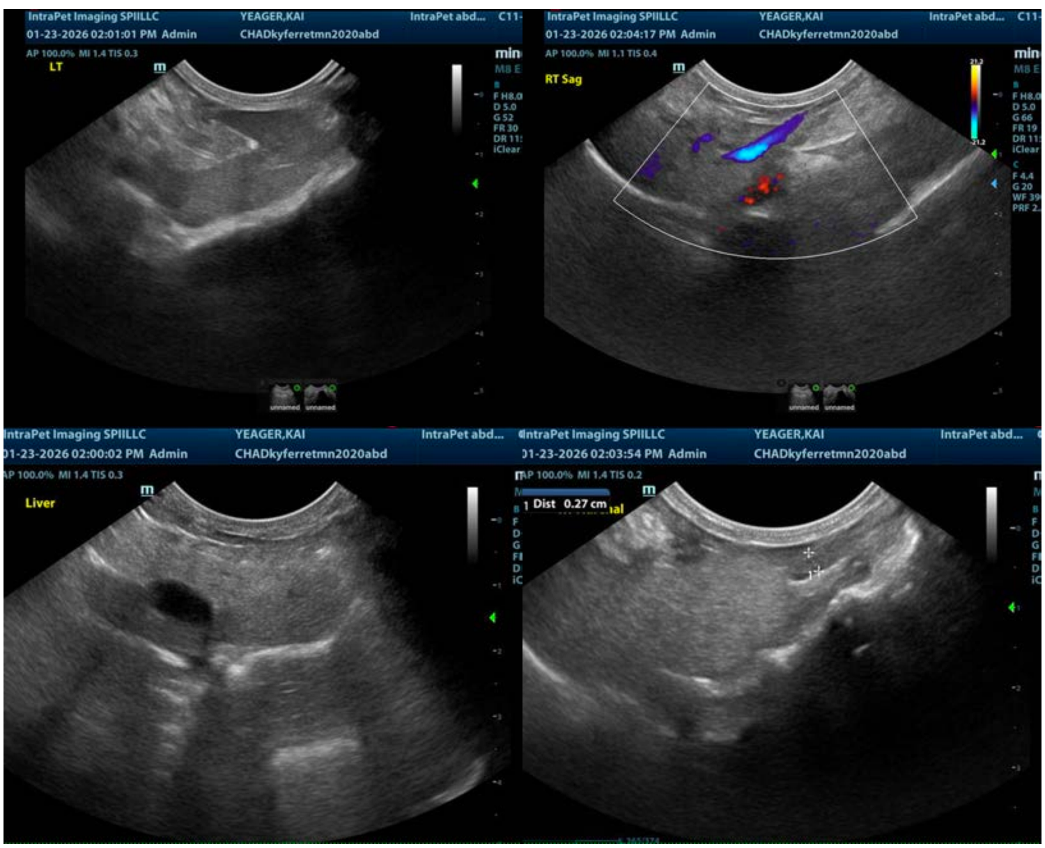
ULTRASONOGRAPHIC FINDINGS

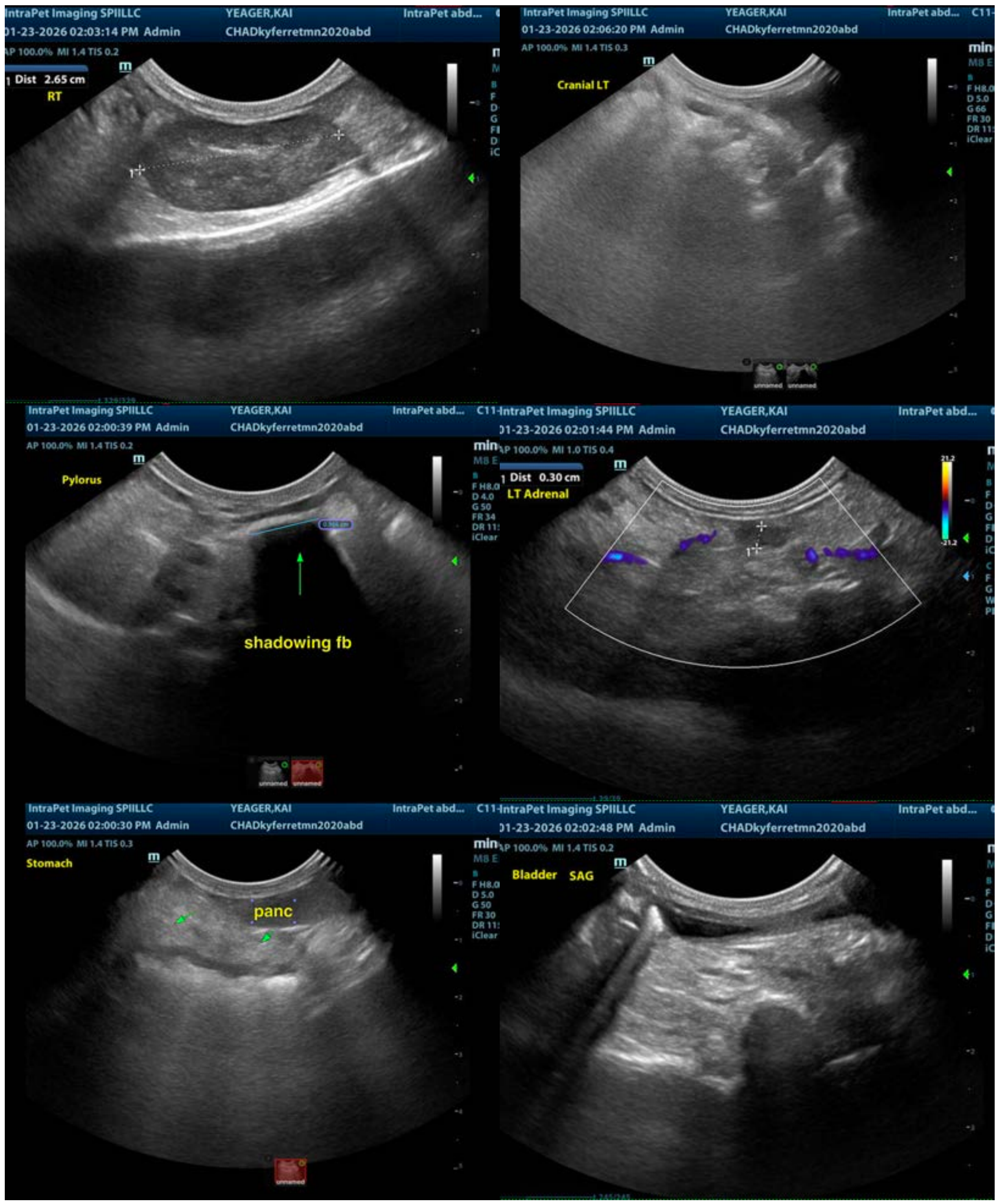
- Shadowing pyloric structure.
- Age related renal changes.
- Folded spleen.
- Mild hepatic and pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy to retrieve the presumed pyloric foreign body could be considered. However, it is not likely causing an overt clinical issue. However, feeding history should be evaluated to assess if any dense structure measuring 1.0 cm (possible medication?) was given, or if this could potentially be ingesta. Otherwise, unremarkable abdomen. Malassimilation or neoplasia elsewhere possible.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.




IntraPet Imaging SPIILLC
YEAGER,KAI
IntraPet abd...
01-23-2026 02:03:14 PM Admin
CHADkyferretmn2020abd
AP 100.0% MI 1.4 TIS 0.2
Dist 2.65 cm
RT
IntraPet Imaging SPIILLC
YEAGER,KAI
IntraPet abd...
01-23-2026 02:06:20 PM Admin
CHADkyferretmn2020abd
AP 100.0% MI 1.4 TIS 0.3
Cranial LT
IntraPet Imaging SPIILLC
YEAGER,KAI
IntraPet abd...
01-23-2026 02:00:39 PM Admin
CHADkyferretmn2020abd
AP 100.0% MI 1.4 TIS 0.2
Pylorus
shadowing fb
IntraPet Imaging SPIILLC
YEAGER,KAI
IntraPet abd...
01-23-2026 02:01:44 PM Admin
CHADkyferretmn2020abd
AP 100.0% MI 1.0 TIS 0.4
Dist 0.30 cm
LT Adrenal
IntraPet Imaging SPIILLC
YEAGER,KAI
IntraPet abd...
01-23-2026 02:00:30 PM Admin
CHADkyferretmn2020abd
AP 100.0% MI 1.4 TIS 0.3
Stomach
panc
IntraPet Imaging SPIILLC
YEAGER,KAI
IntraPet abd...
01-23-2026 02:02:48 PM Admin
CHADkyferretmn2020abd
AP 100.0% MI 1.4 TIS 0.2
Bladder SAG

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