**DATE PRESENTING CLINICAL SIGNS**

1/26/23

Presented initially for bloody diarrhea, rads showed mineral opacities in the area of the gall bladder, a mass opacity in the caudal dorsal abdomen near retroperitoneal LN, p also diagnosed with insulinoma from low BG's (35) and started on prednisolone in last 3 weeks

**PATIENT**

Kiviaq Sirico

Current Medications: Prednisolone.

Lab Results: See attached.

Radiographs: Possible gall bladder stones, mass in caudal retroperitoneal space.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Ferret

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED****ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

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 was noted. Ureteral papillae were normal.

**AGE**

10/31/17

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 left kidney measured 3.34 cm. The right kidney measured 3.25 cm.

**WEIGHT**

3 lbs

**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 0.27 cm. The right adrenal gland measured 0.3 cm.

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

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. Scalloping contour was noted. This is consistent with reactive state/splenitis. Minor heterogenous changes were noted elsewhere in the spleen.

**HOSPITAL NAME**Bayside Animal  
Medical Center**REFERRING VET**

Dr. DeLozier

**Liver**

The **liver** revealed slight coarse architecture. Slightly increased portal markings and undulating capsular contour was noted. The gallbladder has a slight echogenic gallbladder wall. Minor gallbladder debris was noted/sand.

**INVOICE**

42345

**Gastrointestinal**

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. The mesenteric lymph nodes were reactive and measured up to 0.5 cm.

## **Pancreas**

A right pancreatic cyst was noted with echogenic debris. The cyst measured 2.0 x 1.5 cm.

## **Free Abdomen**

Sublumbar lymph nodes were slightly enlarged and rounded measuring 0.5 cm.

## **ULTRASONOGRAPHIC FINDINGS**

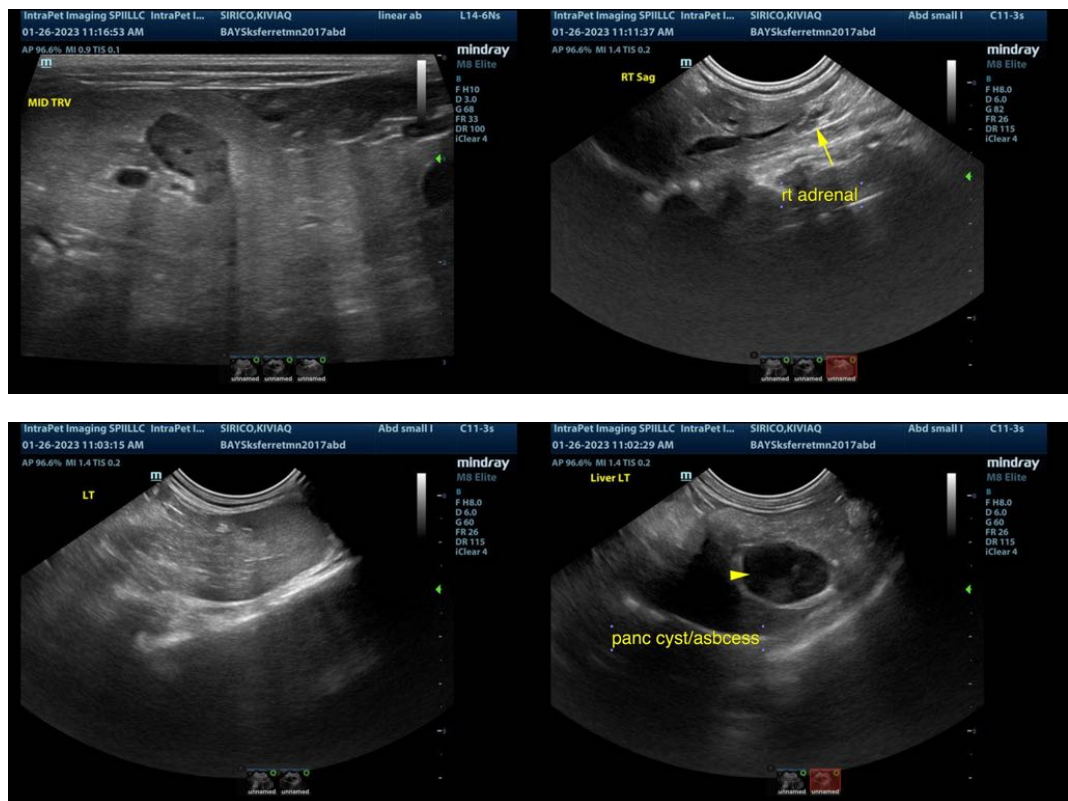
Right pancreatic cyst or abscess.

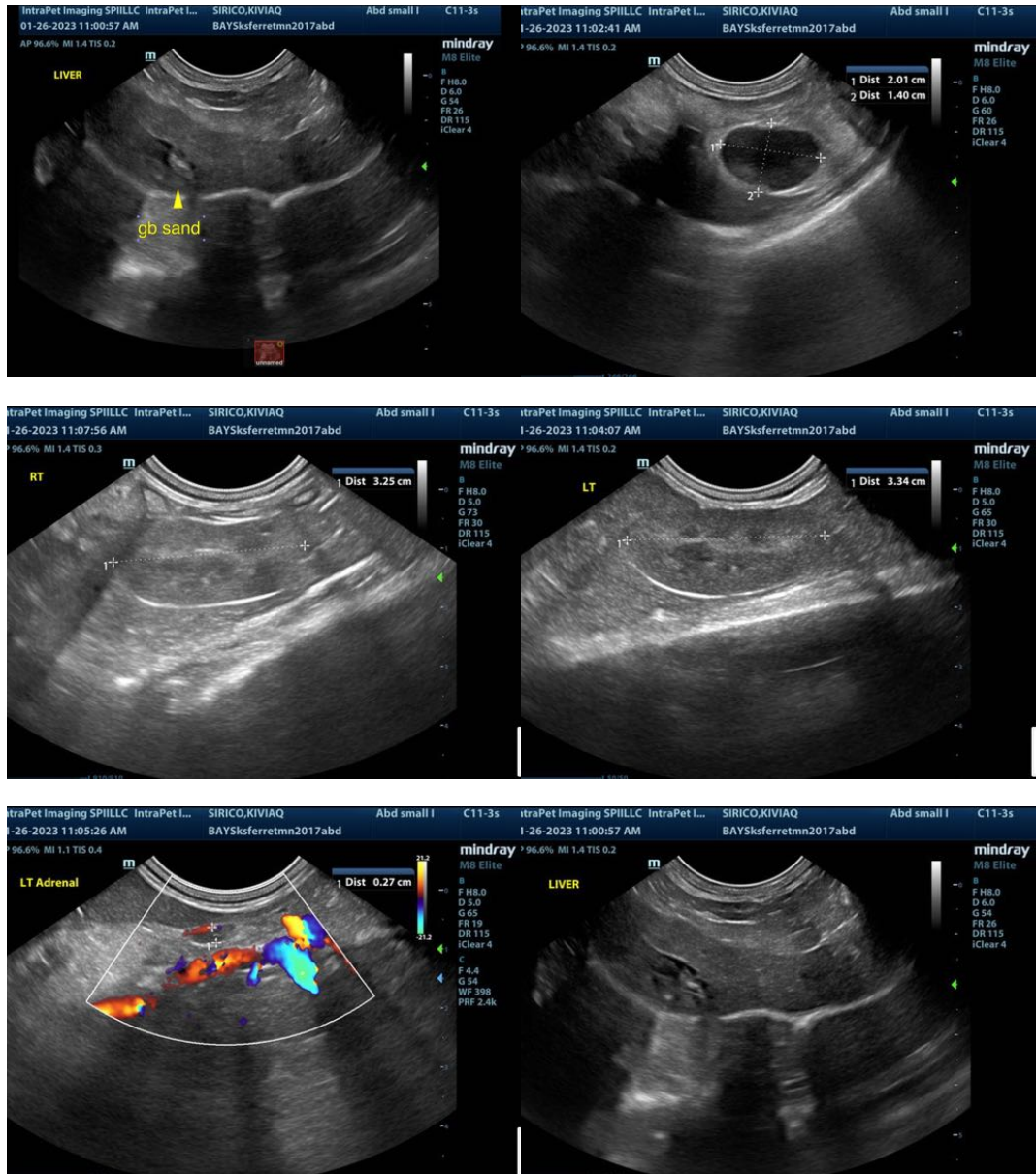
Minor gallbladder sand.

Regional lymphadenopathy and reactive spleen.

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

Supportive care for GI upset should prove effective in this patient. Prednisolone may be suppressing a more significant presentation. Ursodiol therapy can be considered for gallbladder sand. There was no overt evidence of insulinoma; however, this may be suppressed by the Prednisolone therapy. Recheck of the pancreatic cyst/potential for abscess after antibiotic therapy is recommended over 10 days. If persistent then sedation and drainage may be appropriate. The cyst/abscess appears to be deriving from the right pancreatic base. However, caudate hepatic origin cannot be completely ruled out.





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  
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