

PATIENT

Sugar Vaughn

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

4 Years

WEIGHT

1.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Loetitia-Saint Jacques,
LVT, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Plateman

INVOICE

26222

DATE

10/12/21

PRESENTING CLINICAL SIGNS

Patients Name: Sugar Owners first and last name: Carrie Vaughn Species: ferret Gender (altered?): neutered Age: 4 yr Weight (in lbs) 1.1 lb Breed: ferret Chief Concern/Provisional Diagnosis: P has consistent diarrhea; O has been unable to retrieve fecal sample. Lethargic and anorexic. Diagnosis: Ddx: gastritis, neoplasia History/Physical Findings: Physical exam: Today P weighs 1.11#; on 5.21.21 P weighed 2.0#. Abdomen auscultation shows that P does have normal gut sounds. Abdomen palpates normal. R.O.M exam shows that P's right rear reflexes are delayed with ataxia. Laboratory Abnormalities: N/A Radiographic Abnormalities: No abnormalities noted on abdominal radiographs. Current Therapy and Medications: albon 5%: 1 ml PO BID Abnormal PE/Chem/CBC/UA Results: LABS pending-

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 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 2.66 cm. The right kidney measured 2.66 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 0.3 cm. The right adrenal gland measured 0.7 cm.

Spleen

The **spleen** was mildly enlarged, uniform, with subtle micronodular changes.

Liver

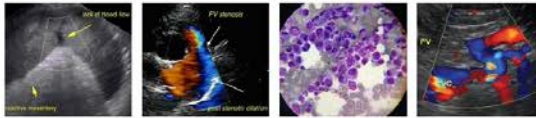
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

Variable **gastrointestinal** thickening noted.

Pancreas

The right **pancreatic** base revealed a mixed hypoechoic 0.45 cm x 0.70 cm nodule, ill-defined. Given the patient history, insulinoma is likely. A pancreatic lymph node measured 0.54 cm.



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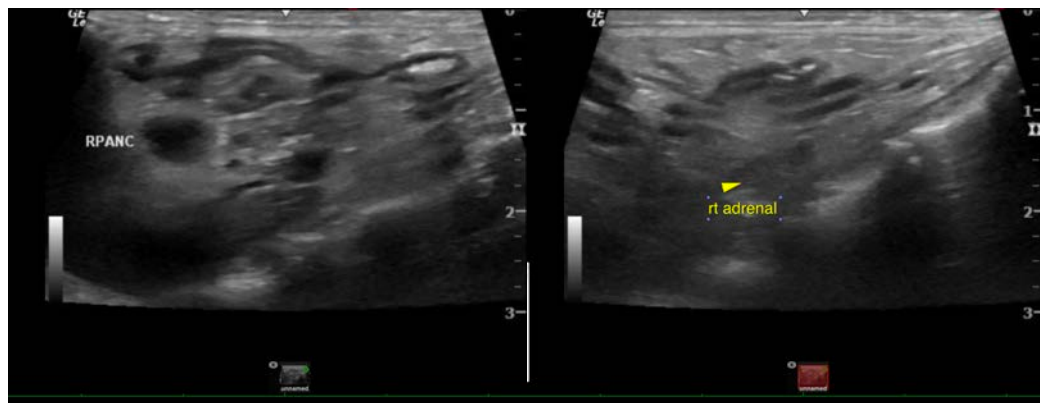
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ULTRASONOGRAPHIC FINDINGS

- Right cranial pancreatic nodule
- Variable intestinal thickening
- Enlarged spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery would be necessary with biopsy and/or possible resection of the right pancreatic nodule. However, this may be difficult to remove. The splenic enlargement is a common finding in ferrets. Treatment for gastrointestinal upset warranted. If repetitive glucose levels appear to be subnormal, then exploratory surgery or medical therapy for insulinoma would be indicated. No overt evidence of systemic neoplasia. However, early splenic lymphoma cannot be completely ruled out. This is most consistent with a reactive state, common in ferrets.





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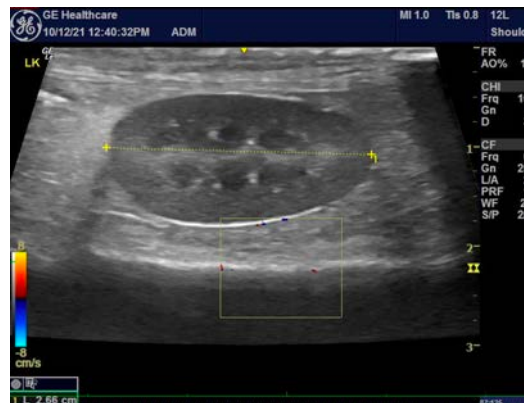
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com