



DATE PRESENTING CLINICAL SIGNS

11/11/25

Patient History: Presented 11/5/25 for dragging hindlimbs. Hx of mildly elevated ALT. On PE, mass palpated L mid-abd at level of kidney, hindend paresis consistent w/ insulinoma, grade III/VI heart murmur. BCS 6/9 but has lost weight ATO. Rads confirmed L abd mass w/ mild-mod cardiomegaly. BW consistent w/ increased ALT elevation.

PATIENT

Blade Ochymowicz

SPECIES

Mustelidae

BREED

Ferret

SEX

Neutered Male

Current Medications: Proviale - 1 cap over food q24h #2 packets, clavamox (15mg/kg) - 0.29ml PO q12h x 14 days, lactulose - Mix 15ml of lactulose w/ 5 drops of milk thistle. Give 0.6ml of mix PO q12h, prednisone - 0.25ml PO q12h

Labwork Results: Labwork attached, reported as: *2V whole body rads - cardiomegaly, normal lung patterning, L mid-abd mass at level of kidney/adrenal gland, liver tucked under ribcage, no splenomegaly, ingesta in GIT, no skeletal abnormalities *CBC/CHEM10/lytes - RBC 12.04 - hct 60% - neut 3.76 - plt 361 (clot in original CBC) - gluc 52 - glob 3.8 - ALT 482

Date of Previous IntraPet Ultrasound: 11/13/24. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

AGE

4/4/20

WEIGHT

1.21 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Mengers

INVOICE

71719

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 right kidney measured 3.29 cm with a slight cortical cyst noted. An anechoic cyst was noted at the caudal pole of the left kidney measuring 1.0 cm. The left kidney measured 3.08 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 0.34 cm.

The region of the **left adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** revealed an isoechoic mass measuring 2.9 cm at the caudal pole.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was

noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation.

Persistent cystic structure noted in the portal hilus, likely of lymph node origin.

Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

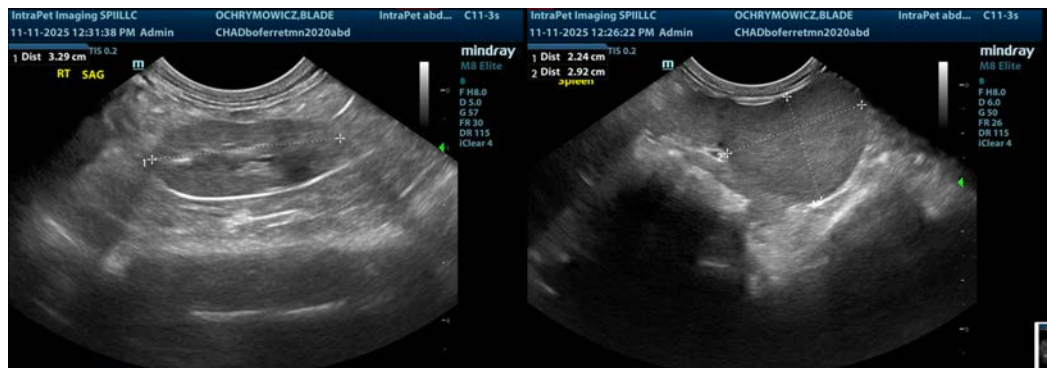
The right **pancreatic** base revealed a hypoechoic 0.64 cm nodule.

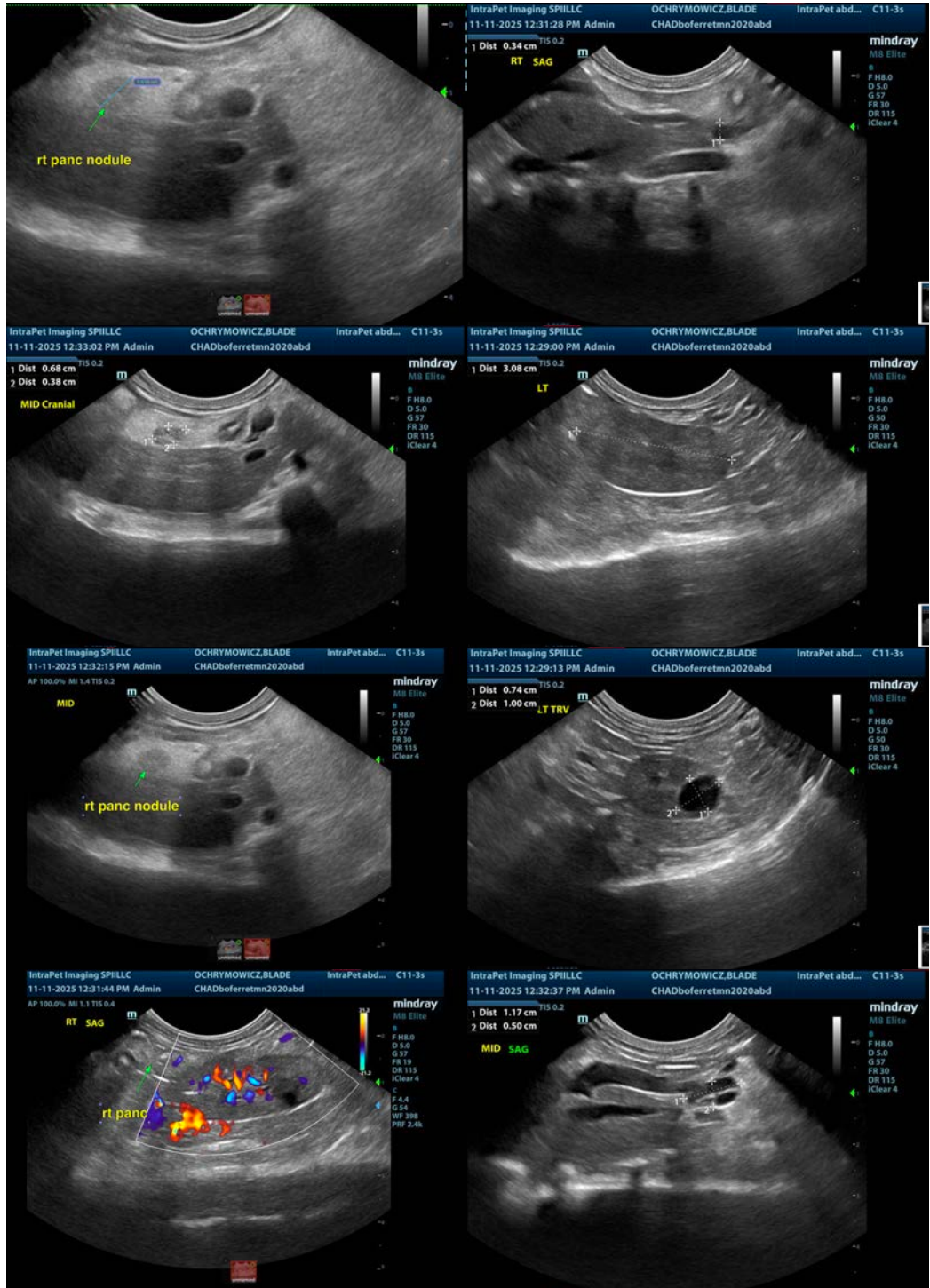
ULTRASONOGRAPHIC FINDINGS

- Splenic mass, necessitates removal – differentials include round cell neoplasia, benign hyperplasia.
- Right pancreatic base nodule – may represent hyperplasia or possible insulinoma.
- Persistent cystic structure likely of hepatic lymph node origin.
- Age related renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy +/- pancreatic inspection with biopsy or resection of the nodular change recommended.





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.

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