



PATIENT

Sophia Strenger

SPECIES

Mustelid

BREED

Ferret

SEX

Spayed female

AGE

8 ½ years

WEIGHT

0.67 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Reese

INVOICE

42315

DATE

12/21/22

PRESENTING CLINICAL SIGNS

History: Geriatric - history of adrenal disease clinical signs - treated with deslorelin acetate implant - last implant 09/2021, recently became increasingly pruritic. Implant repeated during sedation for AUS. Tested for insulinoma with fasting BG (42mg/dL) no clinical signs noted.

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 was 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 2.5 cm. The left kidney measured 2.5 cm.

Adrenal Glands

The left **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 left adrenal gland measured 0.17 cm. The right adrenal gland was enlarged, rounded and hypoechoic measuring 0.56 cm. Hyperechoic inflammatory pattern was noted around the right adrenal gland. The right adrenal gland appears to be occupying the phrenic vein with possibly early invasion into the vena cava. This is strongly suggestive for carcinoma.

Spleen

The **spleen** in this patient was mildly enlarged with scalloping contour. This is consistent with reactive state. The parenchyma was uniform.

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.



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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. Retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Mesenteric lymph node enlargement was noted and slightly irregular.

Pancreas

The **pancreas** was fairly uniform, yet somewhat obscured by hyperechoic mesentery.

ULTRASONOGRAPHIC FINDINGS

Enlarged irregular right adrenal gland with possible early phrenic vein and caval invasion.

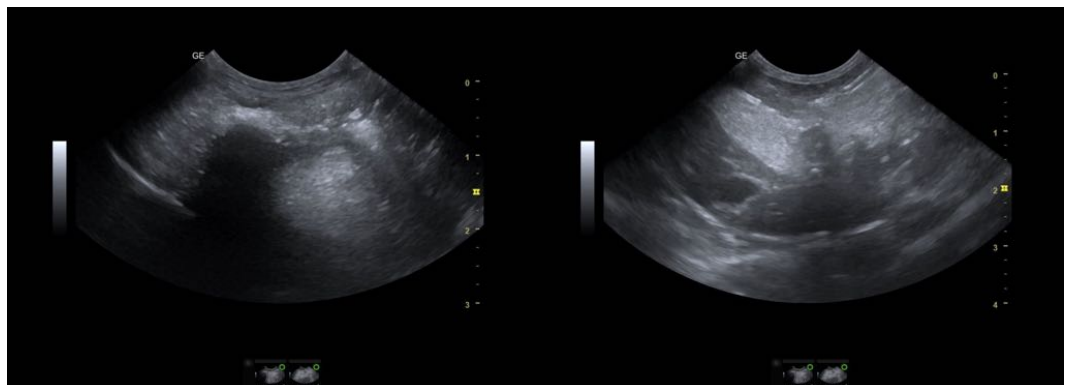
Soft shadowing gastric material, possible hairball or similar.

Reactive spleen, reactive mesenteric lymph nodes.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical or surgical management of the right adrenal is recommended. There was no obvious evidence of insulinoma, yet this cannot be completely ruled out as some of the pancreas was obscured, yet cannot be completely ruled out as some of the pancreas was obscured by hyperechoic mesentery.





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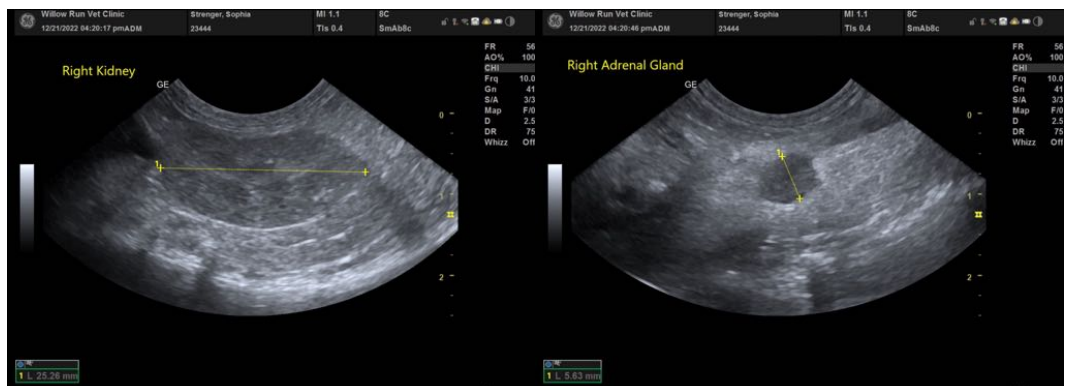
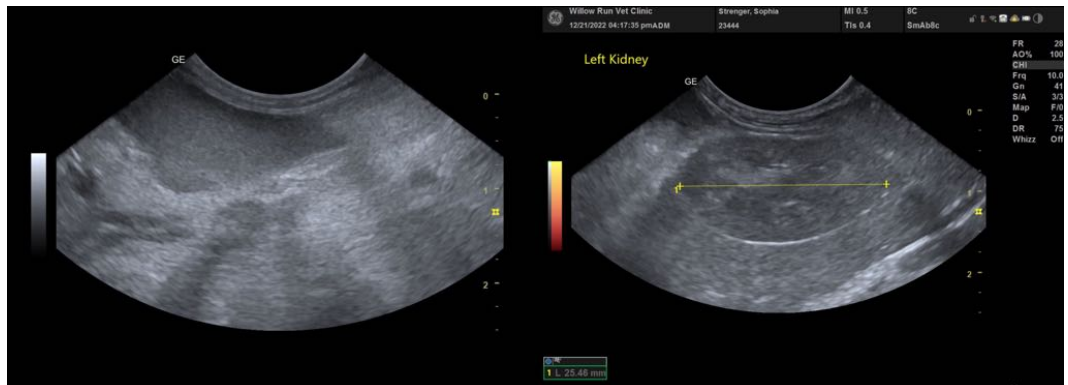
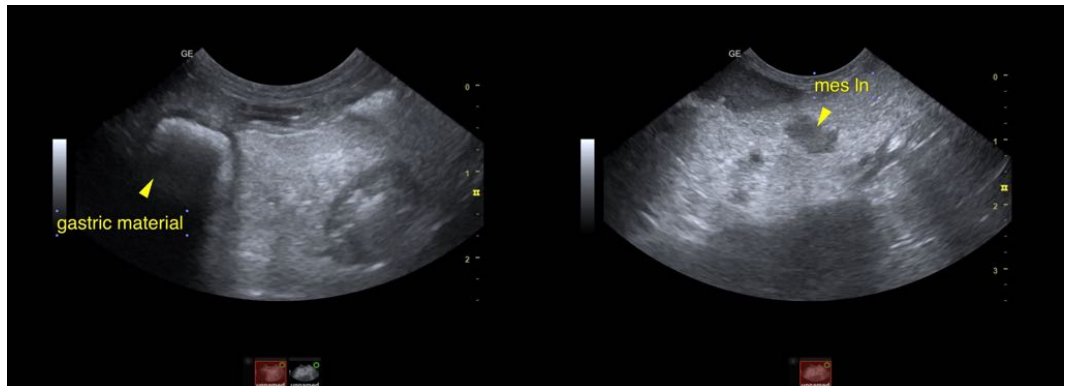
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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