



PATIENT

Oppai Kayyem

SPECIES

Ferret

BREED

Domestic

SEX

Spayed Female

AGE

1.5 Years

WEIGHT

1.13 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Sorbo

HOSPITAL NAME

Back Bay VC

REFERRING VET

Sorbo

INVOICE

13879

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: Severe weight loss of 30-35% over a few weeks. Vomiting and diarrhea. Responded well to maropitant a few days ago, but now vomiting again - stools normal. P is lethargic.

Abnormal PE/Chem/CBC/UA Results: BG has been around 100-140, but insulinoma is still a great concern. Ddx: insulinoma, gastritis (helicobacter/other), adrenal disease, ovarian remnant disease, lymphoma (small intestinal, gastric), other GI disease incl adenocarcinomas, hepatopathies. Unable to get a good amt of blood for assessment as P is hypovolemic. Gave SQF now and will attempt later.

*Resolution was marginal.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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. Both kidneys measured 2.0 cm each.

Adrenal Glands

The region of the **left adrenal gland** revealed no evident pathology.

The **right adrenal gland** was not visualized.

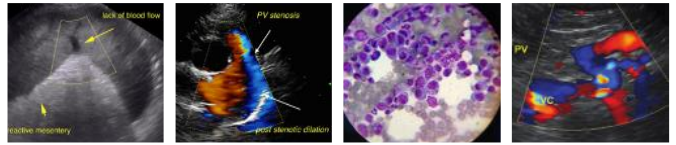
Spleen

The **spleen** 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. The spleen measured 7.0 mm in width with, uniform parenchyma. Cranial folding of the spleen was noted.

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



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Some minor chyme was noted in the **stomach**. No overt evidence of obstruction. Transit if chyme into the small intestine appears to be occurring, yet some stasis was noted in the stomach.

Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

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The mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph node measured 0.5 cm x 0.3 cm. Other mesenteric lymph nodes were slightly enlarged yet common for this species. No overtly pathological.

ULTRASONOGRAPHIC FINDINGS

AGE

1.5 Years

- Gastric stasis. Delayed outflow pattern may be owing to systemic disease.
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

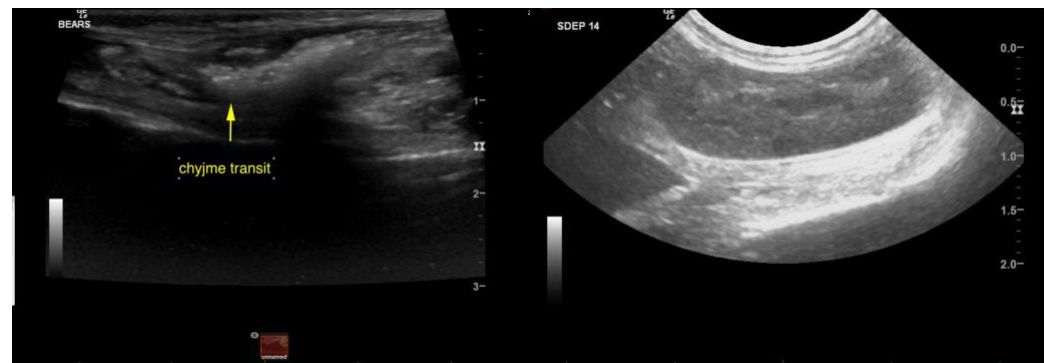
WEIGHT

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No overt visceral pathology responsible for the clinical signs.

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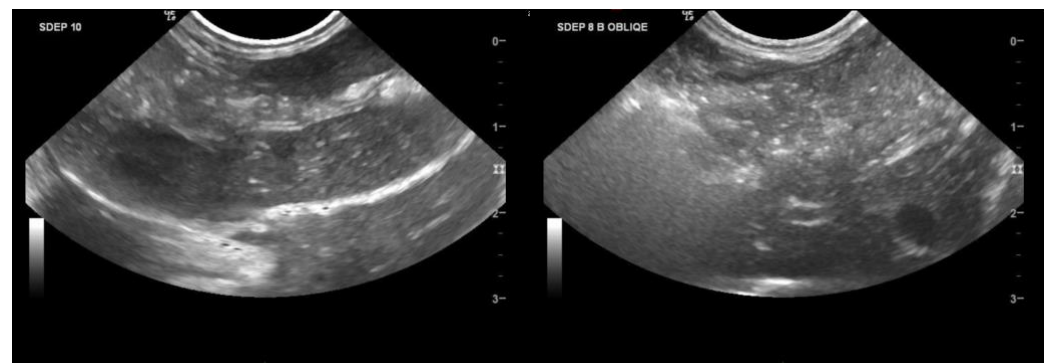


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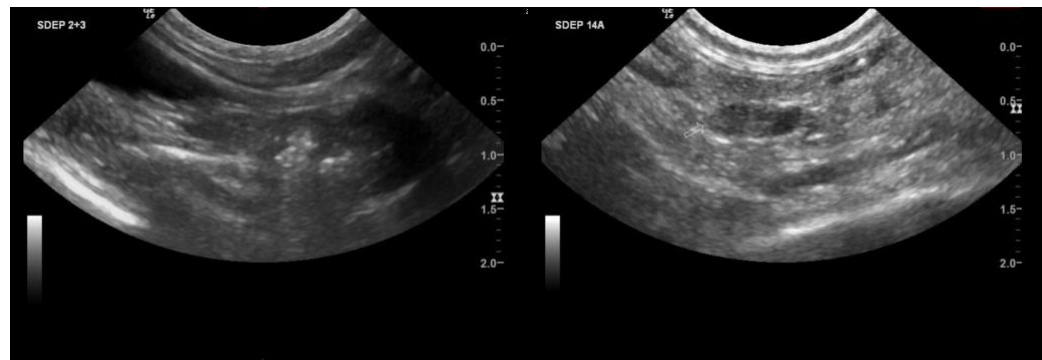
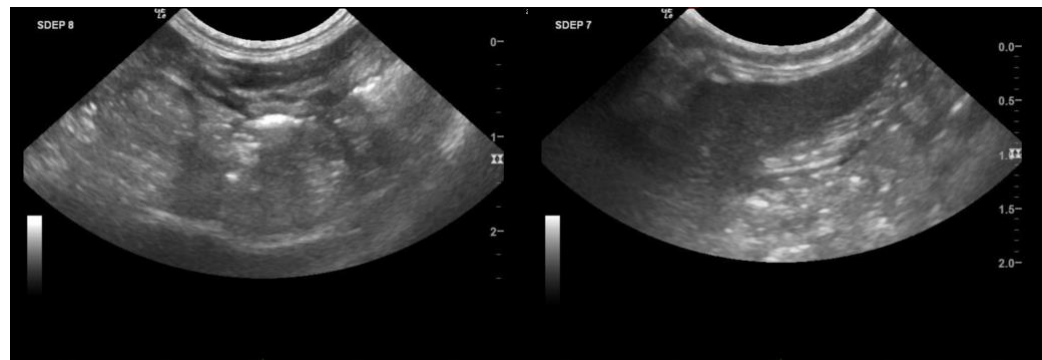
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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