



DATE PRESENTING CLINICAL SIGNS

02/02/26 Patient History: Stable at home - persistent weight gain with mild hair loss over tail.

PATIENT Current Medications: Deslorelin implant, Melatonin implant
Labwork Results: Labwork not attached, reported as pending.
Clover Resch Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES Imaging Performed by: Stephanie Warga RDCS, RVT.

Ferret

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Ferret

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.

SEX

Spayed Female

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. The left kidney revealed a cortical infarct in the cranial pole. The capsules were acceptably uniform without significant irregularities. The left kidney measured 2.6 cm in length. The right kidney measured 2.62 cm in length. No evidence of active inflammation.

AGE

01/01/2018

WEIGHT

1.8 pounds

Adrenal Glands

Both **adrenal glands** were normal in size and contour without capsular escape or vascular invasion. The left adrenal gland measured 0.31 cm width. The right adrenal gland measured 0.43 cm width.

INTERPRETED BY

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Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease. Slight undulating contour was present.

HOSPITAL NAME

Paradise Animal
Hospital

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.

REFERRING VET

Dr. Pound

INVOICE

13547

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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.

Free Abdomen

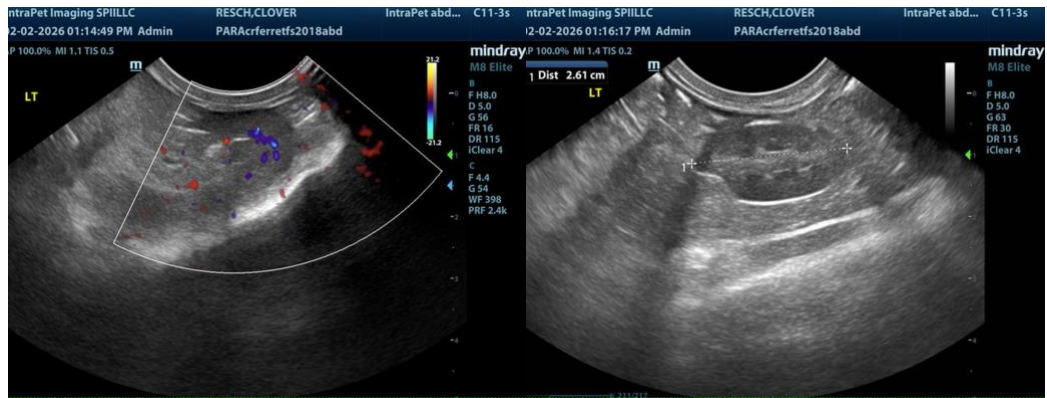
The mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph node measured 1.0 cm.

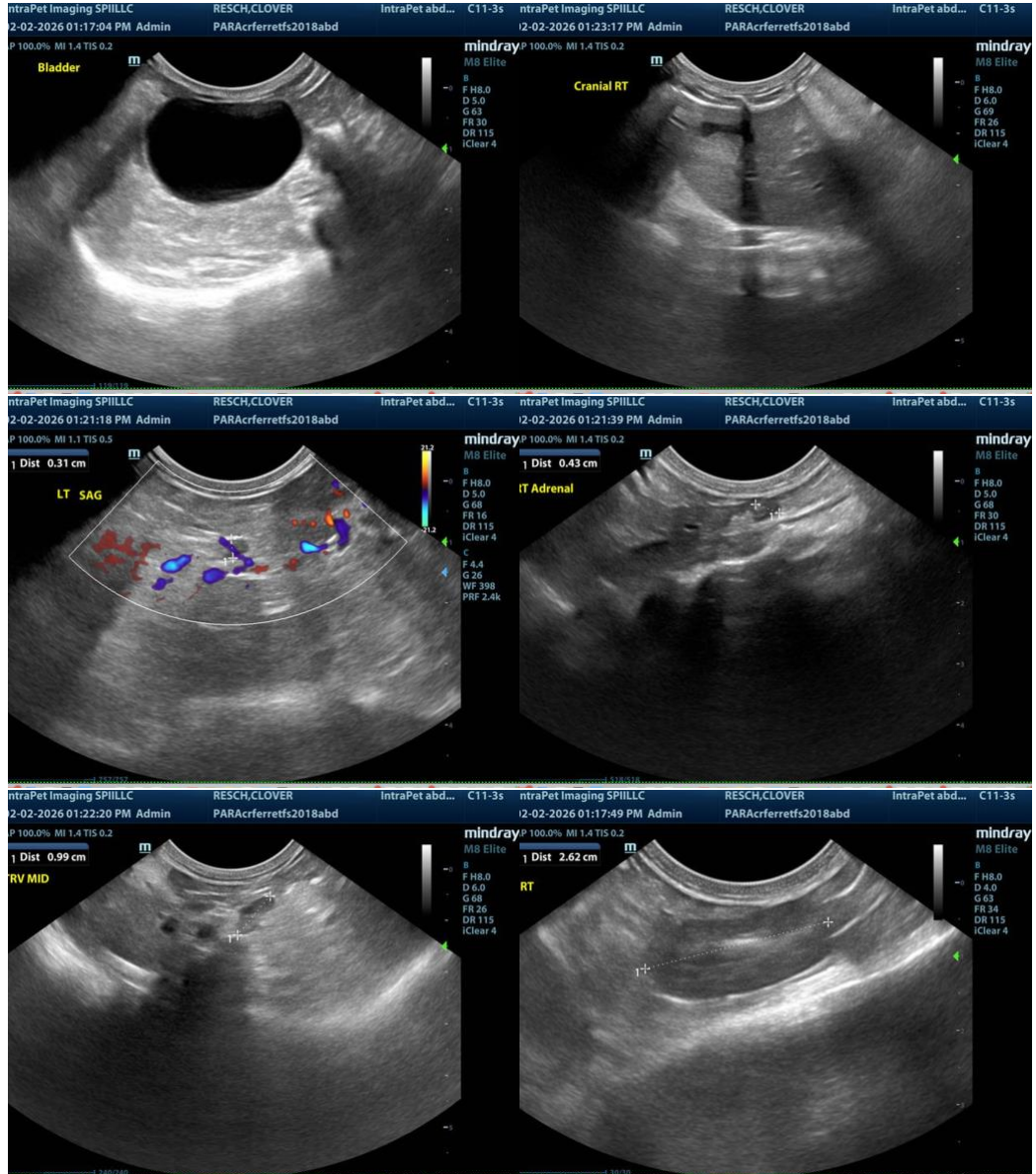
ULTRASONOGRAPHIC FINDINGS

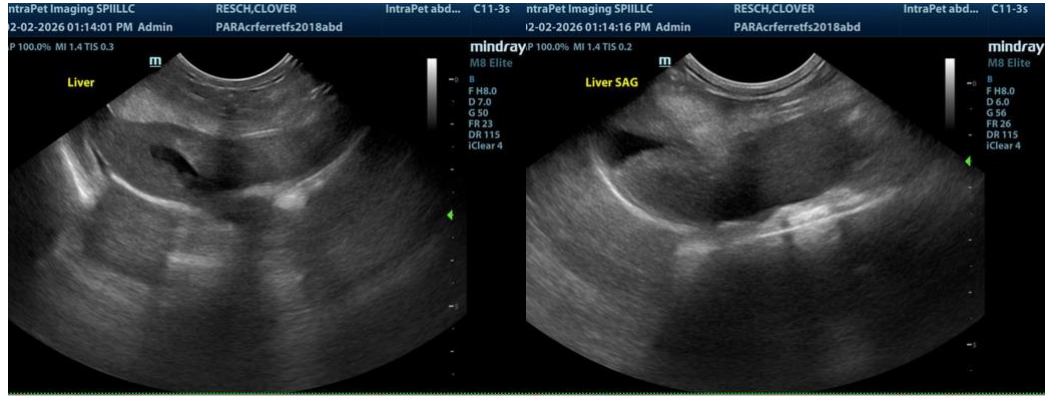
- Slightly prominent mesenteric lymph node.
- Slight irregular spleen.
- Stable left renal infarct.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural adrenal disease.







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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