

PATIENT

Kayla Waldron

PRESENTING CLINICAL SIGNS

Acute onset abdominal distention per owner, PE revealed splenomegaly
Abnormal PE/Chem/CBC/UA Results: N/A

SPECIES

Rodent

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 2.94 cm. The right kidney measured 3.08 cm. Occasional cortical cysts noted in the kidneys, not pathological.

AGE

5.5 Years

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 0.54 cm x 0.30 cm. The **left adrenal gland** was slightly irregular and measured 0.40 cm.

WEIGHT

997 g

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

The **spleen** was enlarged and folded upon itself with irregular contour and micronodular changes. A splenic lymph node was mildly enlarged with slight areas of free fluid noted around the splenic fold.

Liver

The **liver** was mildly enlarged, yet uniform. The gallbladder and common bile duct were unremarkable. Some reactive mesentery noted in the cranial abdomen. Hepatic lymph nodes were mildly enlarged, measuring 0.8 cm x 0.6 cm. Other minor regional lymph nodes were slightly enlarged

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Midland Park VH

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.

REFERRING VET

Dr. Shokoff

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.

INVOICE

35790

Free Abdomen

DATE

2/22/22

The caudal abdomen revealed a 2.06 cm x 1.08 cm cystic structure with a tissue thickening measuring 1.0 cm. This is in the area of the uterine base. Suspect stump pyometra.



PATIENT

Trace amounts of free fluid noted.

Kayla Waldron

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Splenomegaly with reactive mesentery and multifocal mild lymphadenopathy
- Cystic uterine stump – Possible stump pyometra or mucometra

Rodent

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

If any vaginal discharge is present, then surgical intervention would be necessary. However, I am more concerned regarding the splenic presentation. Ultrasound guided 25-gauge FNA of the spleen and liver could be considered for further definition, or direct exploratory surgery with expectations towards resection of the uterine stump and spleen. Reactive hypersplenism owing to infectious agents versus lymphoma are primary concerns.

Ferret

SEX

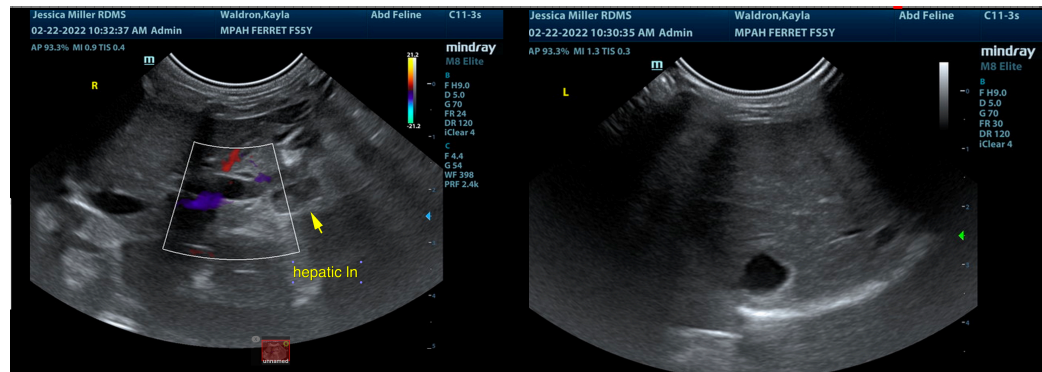
Spayed Female

AGE

5.5 Years

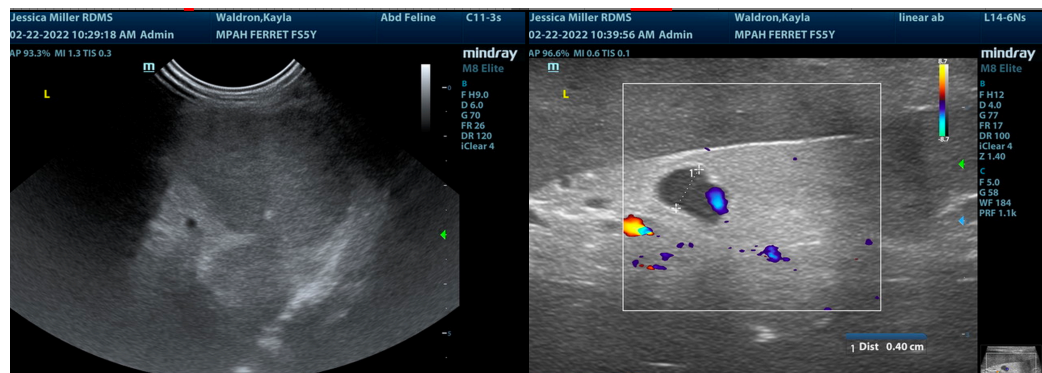
WEIGHT

997 g



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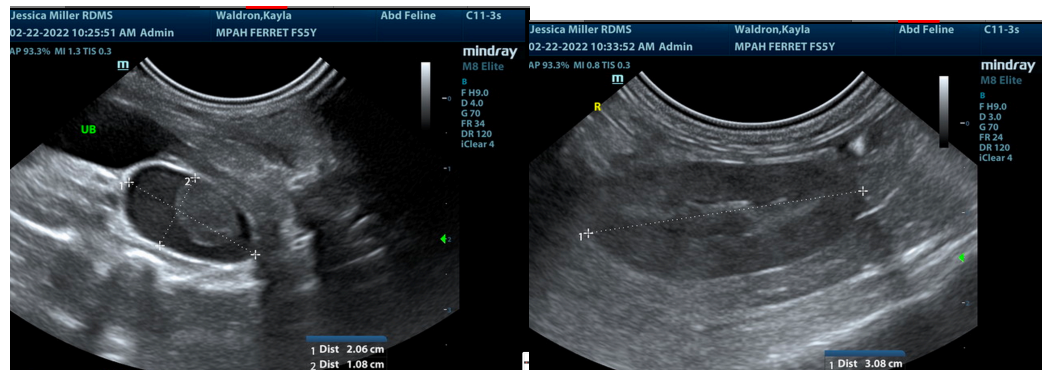


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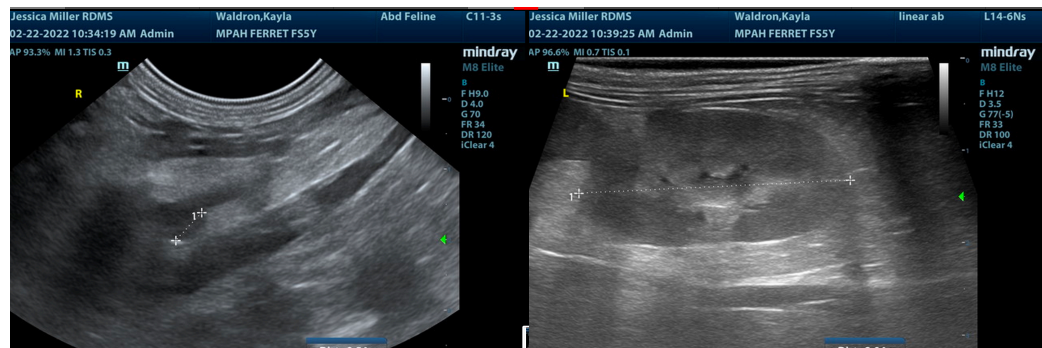
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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