

IMAGING PERFORMED BY

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 **SonoPath**

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

DATE PRESENTING CLINICAL SIGNS

2/4/22 History: recurrent vomiting, nausea, drooling.

PATIENT Current Medications: Cisapride, Lactulose, 0.7mg Omeprazole.
Lab Results: Attached separately.

Butters Johnson Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Ferret

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Ferret

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Neutered Male

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 kidney measured 2.0 cm each.

AGE

6/1/15

Adrenal Glands

WEIGHT

997g

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 0.36 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** was hypoechoic and slightly mineralization. The left adrenal gland measured 0.45 cm.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Spleen

The **spleen** was enlarged with scalloping irregular contour and expansive mass measuring 1.62 cm x 1.26 cm. A splenic lymph node was mildly enlarged.

HOSPITAL NAME

Chadwell AH

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable. Consistent with chronic inflammatory hepatopathy. A 4.14 cm x 1.9 cm mineralized, cystic mass was noted. Trace pleural effusion noted throughout the diaphragm.

REFERRING VET

Dr. Gold

Gastrointestinal

INVOICE

35487

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

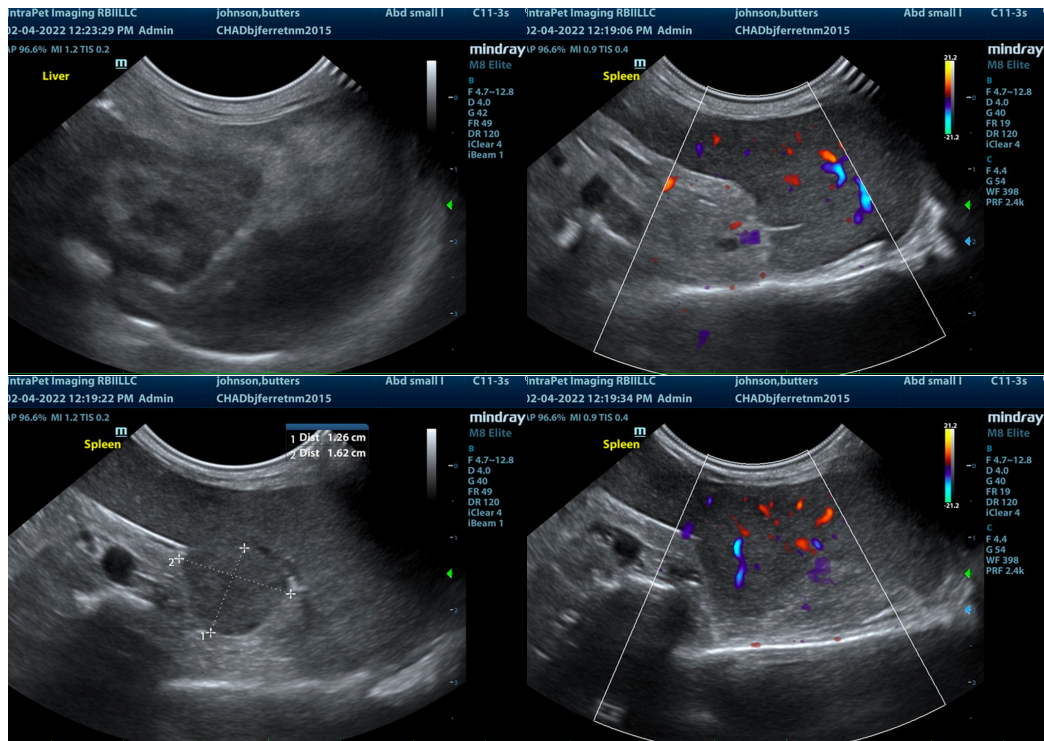
Rapid view of the heart revealed no significant volume overload. Therefore, the pleural effusion is likely correlated with the splenic and/or hepatic pathology.

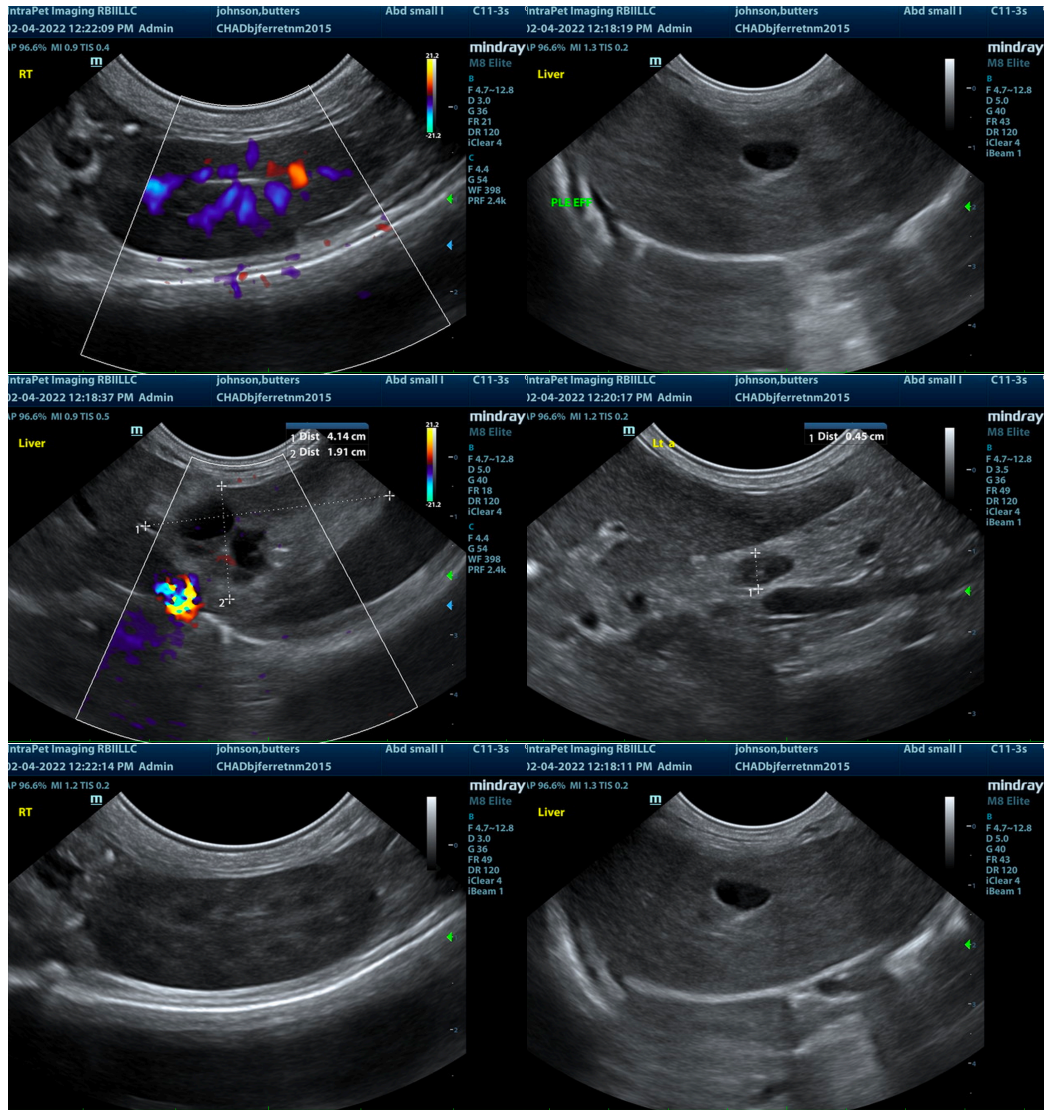
ULTRASONOGRAPHIC FINDINGS

- Splenic and hepatic neoplastic pattern
- Slight pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the pleural effusion, I'm concerned for metastatic disease. Echocardiogram and intercostal sonographic assessment of the pleural effusion indicated as well. FNA of the splenic mass could be considered. Prognosis is very guarded.





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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