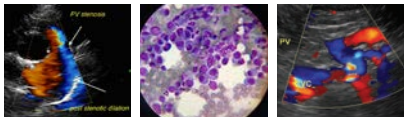
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

2/9/23

PATIENT

Kiviaq Sirico

SPECIES

Ferret

BREED

SEX

Neutered Male

AGE

10/31/17

WEIGHT

3 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Bayside AMC

REFERRING VET

Dr. DeLozier

INVOICE

45022

PRESENTING CLINICAL SIGNS

Insulinoma (currently well managed on 1mg/kg Prednisolone).

Current Medications: Enrofloxacin.
Date of Previous IntraPet Ultrasound: 1/26/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 **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 left kidney measured 3.67 cm. The right kidney measured 3.26 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

The **right adrenal gland** was mineralized and measured 1.1 cm x 0.40 cm. The right adrenal did not appear to invade the vena cava, however it impinged upon it.

The **left adrenal gland** presented normal size and contour, measuring 0.75 cm x 0.30 cm.

Spleen

The **spleen** presented slight scalloping contour. Relatively unremarkable parenchyma otherwise.

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

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

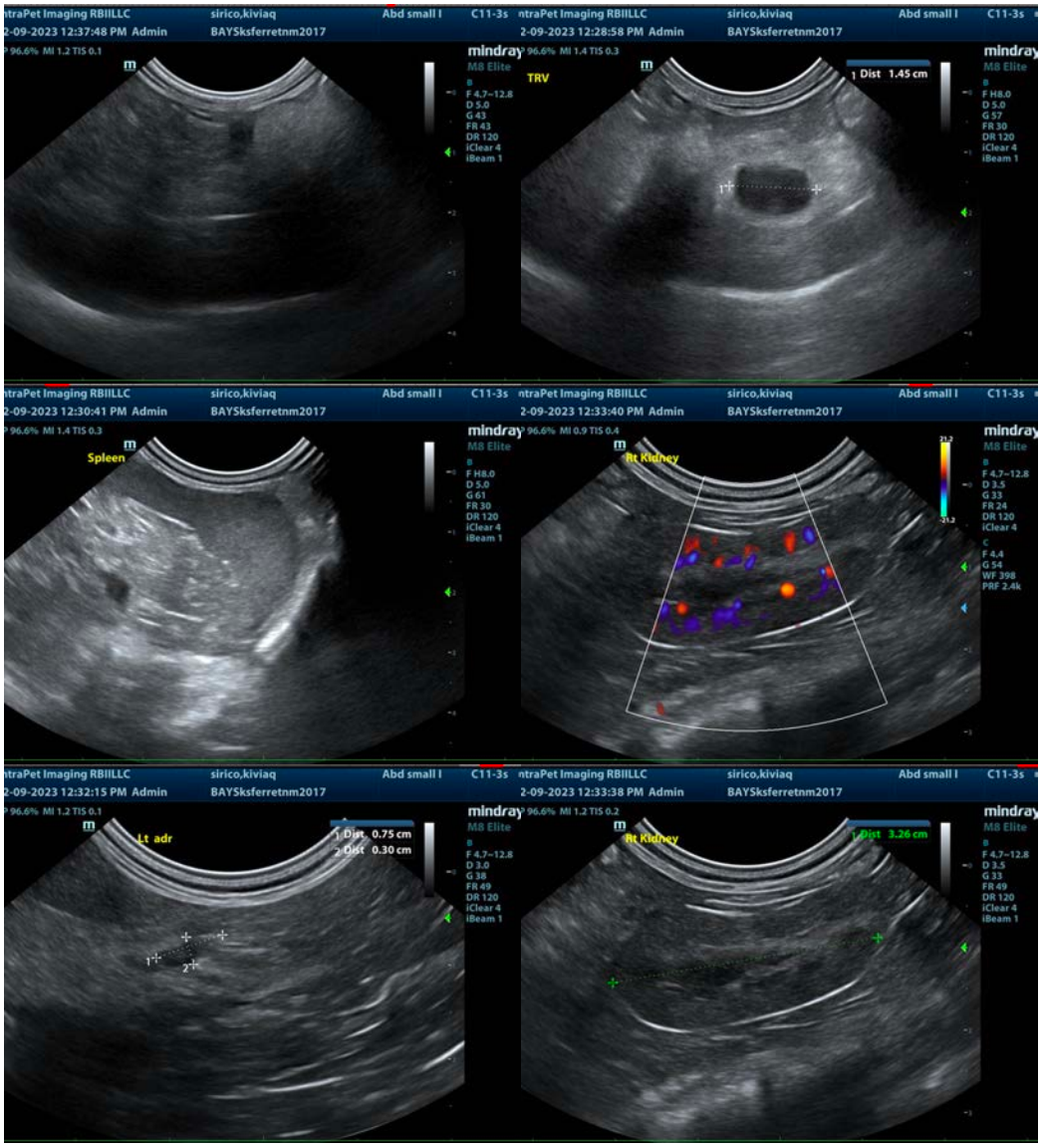
The **pancreatic** cyst or abscess is persistent at 1.45 cm with hyperechoic surrounding fat and echogenic debris. Suspect localized abscess. Some pancreatic remodeling noted.

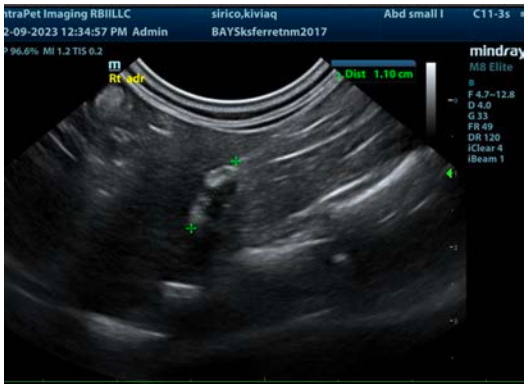
ULTRASONOGRAPHIC FINDINGS

- Mineralized, irregular right adrenal gland
- Persistent pancreatic cyst/abscess
- Minor splenic response
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal gland appears potentially resectable. No obvious invasion noted, yet impingement upon the vena cava present. Right adrenalectomy and right cyst or abscess drainage and removal from a surgical standpoint would ideal.





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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