



PATIENT

Tea Khalid

SPECIES

Ferret

BREED

Ferret

SEX

Male

AGE

4 Years

WEIGHT

1.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Chloe Lowe, LVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Boe

INVOICE

36175

DATE

3/10/26

PRESENTING CLINICAL SIGNS

History: Suspect Insulinoma

Abnormal PE/Chem/CBC/UA Results: Glu <10, Crea <0.1, Ca 6.9, Alb 1.8

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 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 2.93 cm. The right kidney measured 3.06 cm.

Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 0.2 cm. The right adrenal gland measured 0.22 cm.

Spleen

The **spleen** revealed slight irregular contour and relatively normal size.

Liver

The **liver** revealed a hypoechoic nodule, measuring 0.74 cm, in the right medial liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Stomach structure was unremarkable. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. There was a significant amount of unhealthy intestine noted with reactive mesentery associated with the small intestine.

Pancreas

A mixed hypoechoic nodule was noted at the right **pancreatic** base, measuring 1.4 cm x 0.65 cm. Other heterogenous changes were noted elsewhere in the mesentery and pancreas.

Free Abdomen

Enhanced **mesentery** was noted throughout the mid abdomen associated primarily with the GI tract. Other lymph nodes were slightly enlarged and rounded.



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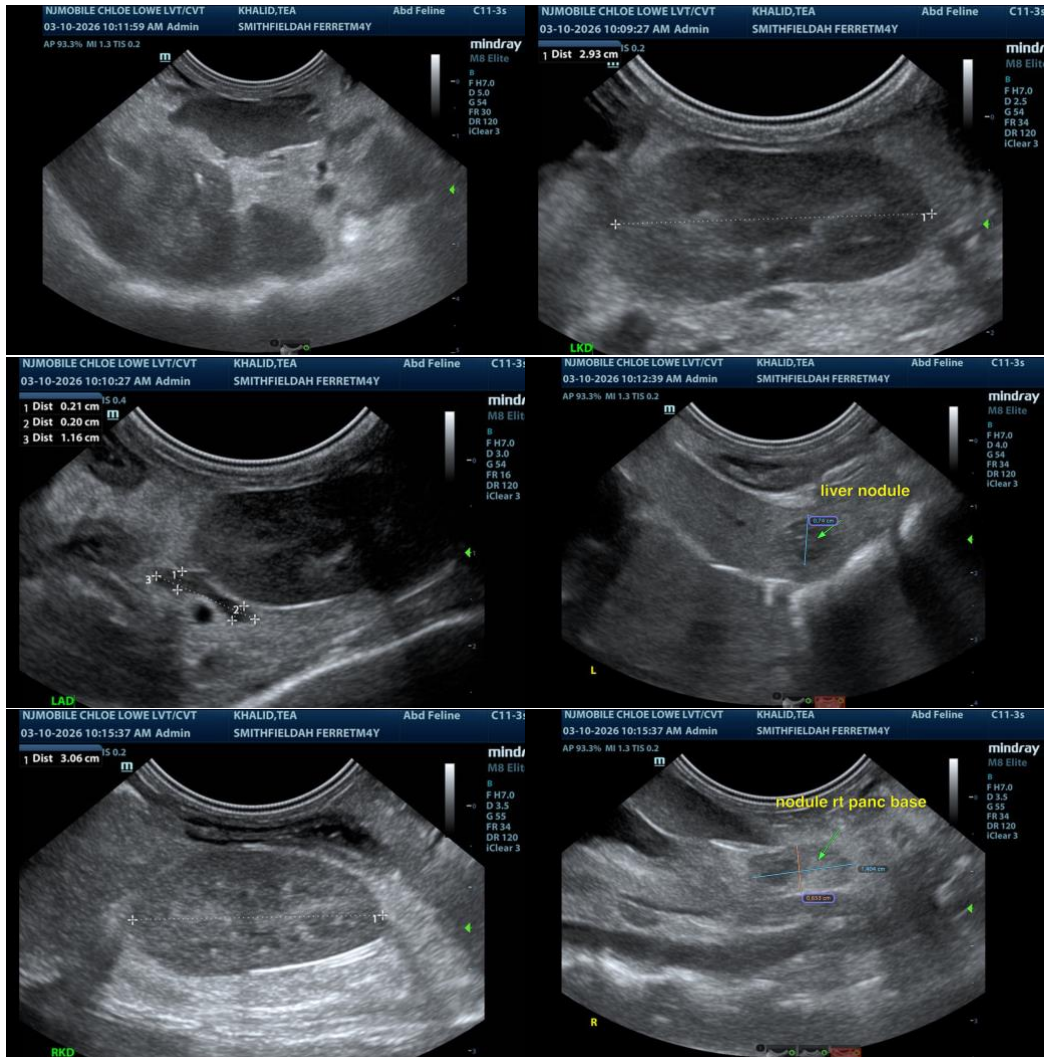
3/10/26

ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis
- Regional mesenteric inflammation
- Liver nodule- hyperplasia versus potential metastatic lesion, given the suspicion of insulinoma
- Right pancreatic nodule, and other nodular changes in the mesentery and pancreas
- Slight irregular splenic contour

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient. Insulinoma is likely the lesion in the right pancreatic base, however, may be metastatic to the liver. Medical management for enteritis ad insulinoma is indicated. Surgical biopsies would be appropriate of the GI tract, right pancreatic limb, and liver nodule as well. Given the low albumin, protein losing enteropathy is suspected.





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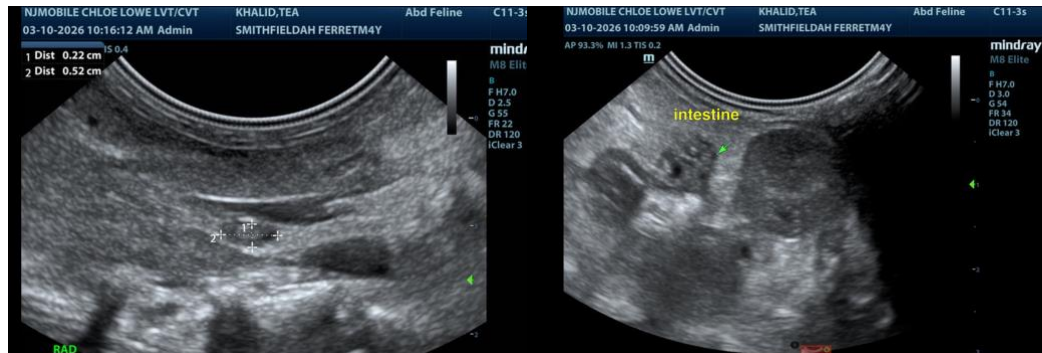
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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