



PATIENT PRESENTING CLINICAL SIGNS

Tardis Crocker Physical exam WNL, P has been having intermittent diarrhea and increased urination.

SPECIES Abnormal PE/Chem/CBC/UA Results: mycoplasma positive, CBC/CHEM WNL, increased estradiol 8/4/22

Ferret

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mustelid

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 minimal anechoic urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

MN

AGE

5yr

WEIGHT

2.6lb

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented a 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. An anechoic cyst was present in the cranial pole of the left kidney measuring 5.0 mm. An anechoic cyst was present at the caudal pole of the right kidney measuring 4.0 mm. The left kidney measured 3.1 cm in length. The right kidney measured 3.0 cm in length.

INTERPRETED BY *Adrenal Glands*

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both adrenal glands were of normal size and contour. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.25 cm. The right adrenal gland measured 0.39 cm.

IMAGING PERFORMED BY *Spleen*

Sara Hansen

The spleen presented a focal hypoechoic nodule measuring 3.0 mm, likely benign. The remainder of the spleen was unremarkable. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. The spleen was mildly enlarged measuring 1.2 cm in width.

HOSPITAL NAME *Liver*

H & H Veterinary Care

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. Henery

INVOICE

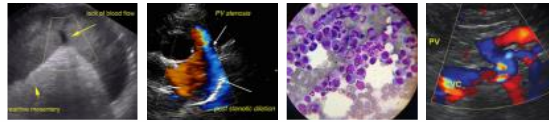
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DATE

03/07/2023

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.



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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

A large amount of abdominal fat was noted.

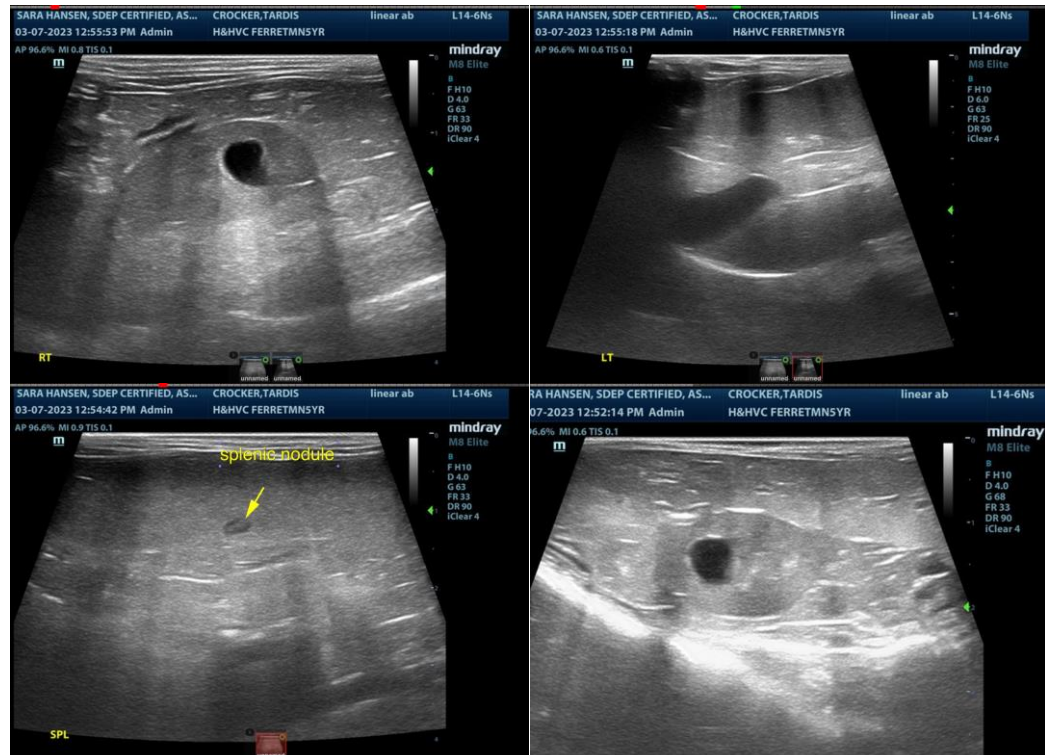
ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with cortical cysts
- Minor splenomegaly with nodular change
- Unremarkable abdomen otherwise
- Structurally normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is indicated.

A structurally unremarkable visceral presentation.





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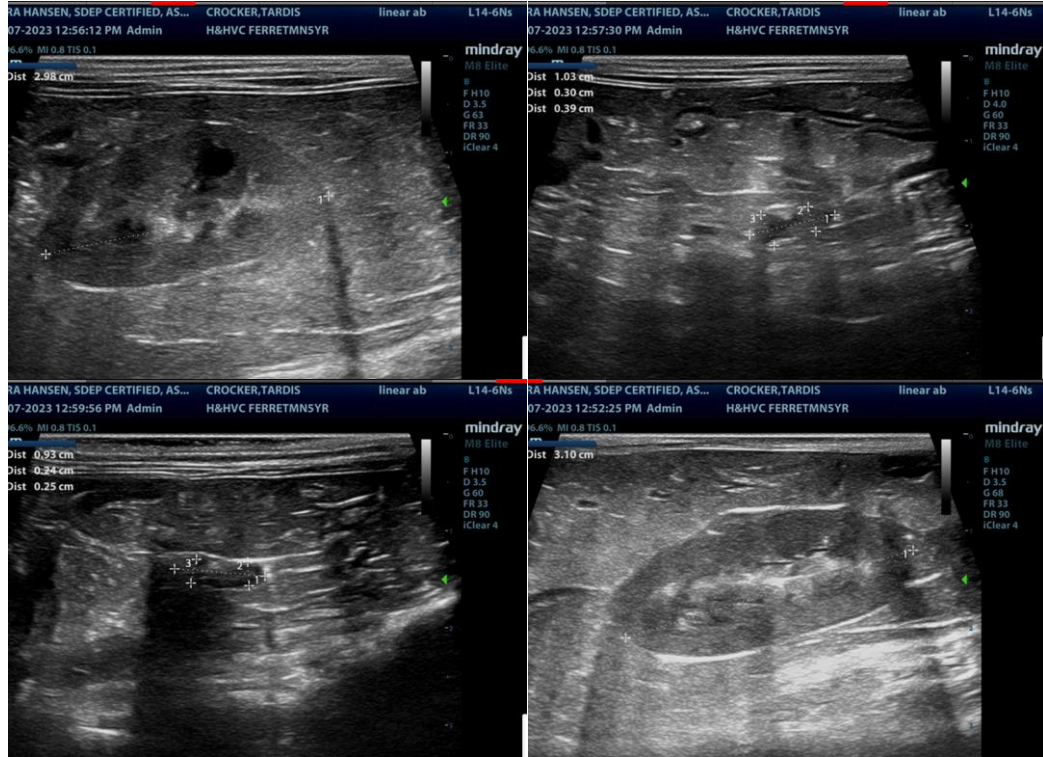
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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