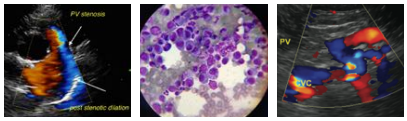
IMAGING PERFORMED BY

IntraPet.com



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

**DATE**

3/9/23

**PATIENT**

Marshmellow Fong

**SPECIES**

Ferret

**BREED**

**SEX**

Neutered male

**AGE**

2/8/19

**WEIGHT**

3.17 lbs

**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Bayside Animal
Medical Center

**REFERRING VET**

Dr. DeLozier

**INVOICE**

43245

## PRESENTING CLINICAL SIGNS

Presented for "distended abdomen", prominant spleen, caudal abdominal mass opacity, and very mild bilaterally symmetric thinning hair present on PE.
Current Medications: None listed.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

## 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 was 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. An anechoic cyst was noted in the left kidney and measured 0.5 cm. The right kidney measured 3.11 cm. The left kidney measured 3.46 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 0.57 cm and the right adrenal gland measured 0.25 cm.

### *Spleen*

The **spleen** was enlarged, uniform and folded upon itself caudally. This is consistent with hypersplenism.

### *Liver*

The **liver** revealed mildly coarse architecture with slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

### *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. Retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Epigastric lymph nodes were slightly enlarged and rounded measuring 0.68 x 0.4 cm. The lymph nodes were slightly cystic.

### *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*

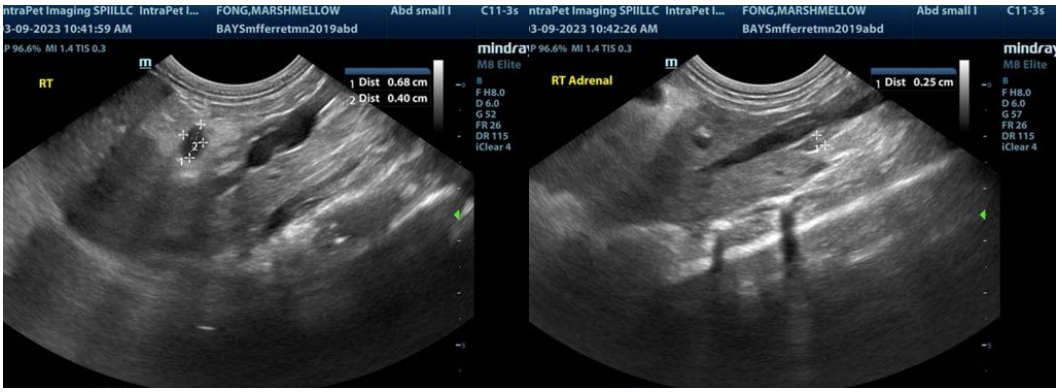
Grouping of lymph nodes were mildly enlarged in the midabdomen and measured 1.34 x 0.71 cm. Slight amount of free fluid was noted adjacent to the spleen at the point of splenic folding.

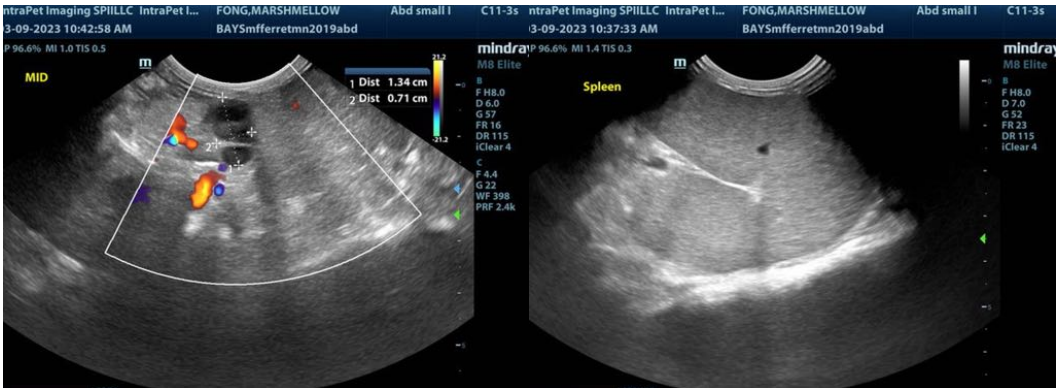
## ULTRASONOGRAPHIC FINDINGS

Hypersplenism. Reactive spleen versus emerging round cell neoplasia.
Mesenteric and epigastric lymphadenopathy.
Benign hepatopathy.
Retained ingesta.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue then I strongly recommend FNA.





**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