



DATE PRESENTING CLINICAL SIGNS

4/10/26

PATIENT

Jackson Winchester
Johnson

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

4/14/20

WEIGHT

1.56 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Mengers

INVOICE

74400

Patient History: Presented 1/21/26 for cough. Mildly tachypneic and no murmur but muffled heart sounds on PE, quiet lung sounds. CXR showed atelectic caudal lung lobes (L>R), significant pleural effusion w/ loss of cardiac silhouette. Started on lasix and doxycycline x 14 days. Repeat rads on 1/23 showed improvement. Doing well w/ quiet lungs and significantly improved CXR (very minimal cranial pleural effusion) when meds discontinued on 2/6 but increased respiratory rate on 2/25. On PE, lung crackles. Recheck rads showed significant pleural effusion (R>L) again. Doxycycline continued and baytril added x 21 days. Repeat rads on 3/20 showed somewhat improved but lingering pleural effusion. Abx stopped temporarily while lasix continued. Rads on 3/27 showed stable condition but RR worsened and rads on 4/3 showed significant pleural effusion w/ loss of cardiac silhouette again, lung crackling and tackypnea but no heart murmur.

Current Medications: 1/21 - doxycycline (10mg/kg) - 0.76ml (20mg/ml) PO q12h x 21 days - furosemide (2mg/kg) - 0.31ml (10mg/ml) PO q12h (continued to present). 2/25 - baytril (5mg/kg) - 0.72ml (10mg/ml) PO q12h x 21 days - doxycycline (10mg/kg) - 0.76ml PO q12h x 14 days #25ml. 4/3 - clavamox (15mg/kg) - 0.36ml (62.5mg/ml) PO q12hh

Labwork Results: Attached, reported as: 1/21/26 *istat:WNL *2V whole body rads: atelectic caudal lung lobes (L>R), significant pleural effusion w/ loss of cardiac silhouette, ingesta throughout GIT, mild hepatomegaly, mild splenomegaly, kidneys of normal shape and size. 1/23 *2V whole body rads: pleural effusion present but improved. 2/6 *2V whole body rads: MUCH improvement in lungs, minimal pleural effusion cranial lung lobes 2/25*2V whole body rads: significant pleural effusion (R>L). 3/20 *CBC/CHEM10: tp 7.4, glob 3.9 *2V whole body rads: improved but lingering pleural effusion. 3/27 *2V whole body rads: stable pleural effusion 4/3 *2V whole body rads: significant pleural effusion w/ loss of cardiac silhouette

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.

LIMITED ULTRASONOGRAPHIC EXAMINATION

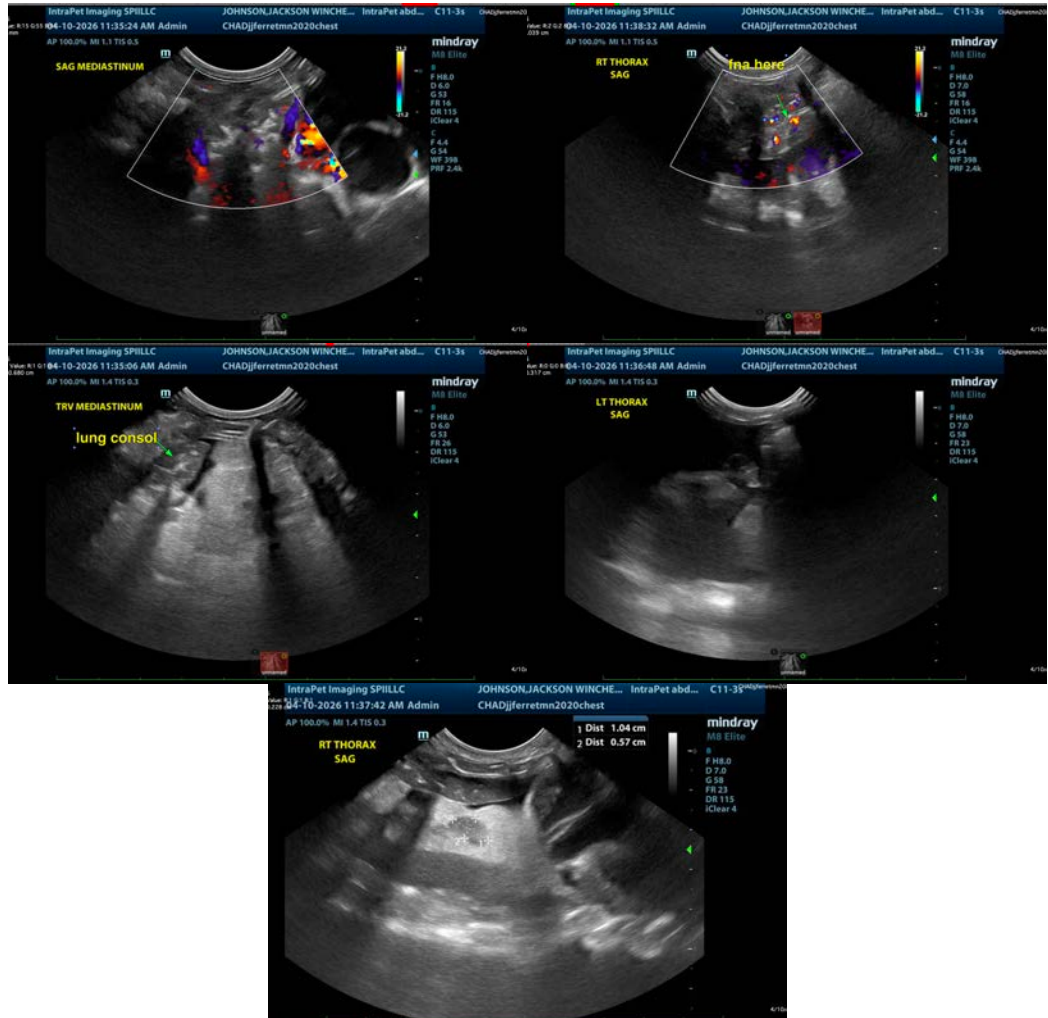
The thorax revealed cranial mediastinal lymph node enlargement up to 1.04 cm with areas of pleural effusion and lung consolidation. Mineralization of the lung consolidation was noted, strongly consistent with carcinoma.

ULTRASONOGRAPHIC FINDINGS

- Non-cardiogenic pleural effusion with lung consolidations and lymphadenopathy – carcinomatosis, lymphomatosis or similar suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and cytospin recommended and/or FNA of the lung for further definition. Abdominal sonogram recommended to assess for primary disease that may be metastatic to the chest.



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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