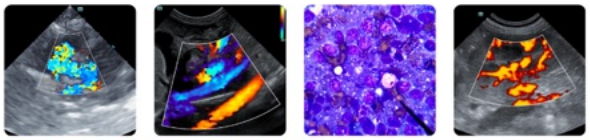

PATIENT

Snowy Ortega

SPECIES

Mustelid

BREED

Ferret

SEX

Neutered male

AGE

5 years

WEIGHT

1.37 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Moore

INVOICE

74436

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: presented for tenesmus and diarrhea. Having difficulty urinating. Painful upon palpation of middle abdomen. Nauseous
Abnormal PE/Chem/CBC/UA Results: hypoproteinemia hypoglycemia 54 pending cytology of MILN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed concentric wall thickening measuring up to 0.4 cm.

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 3.2 cm. The right kidney measured 3.0 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.

Spleen

The **spleen** was significantly enlarged and irregular with scalloping contour. The spleen measured up to 1.6 cm in width.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The liver was normal in size and contour. 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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node was mildly enlarged, hypoechoic and swollen measuring up to 1.0 x 0.6 cm. The largest mesenteric lymph node measured 1.5 x 0.9 cm. Some reactive mesentery 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

Slight areas of free fluid were noted as well.

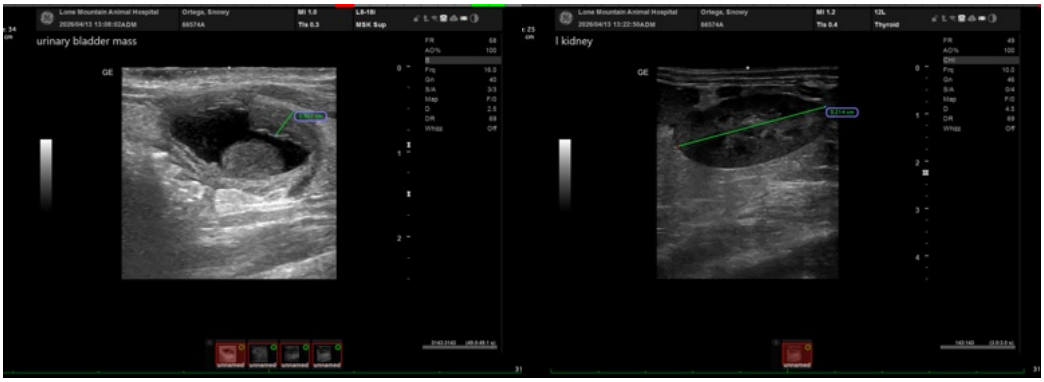
ULTRASONOGRAPHIC FINDINGS

Concentric bladder wall thickening. Concern for interstitial cystitis or pseudomembranous cystitis. Given the global presentation of the abdomen, bladder lymphoma cannot be ruled out.

Splenomegaly and multi-focal, lymphadenopathy, strong concern for round cell neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the mesenteric lymph nodes is recommended along with cytology and culture. Attention should be paid towards positioning of the mesenteric artery when sampling this lymph node. FNA of the spleen is indicated. FNA of the liver would be ideal to ensure that micrometastasis is not an issue. Prognosis is guarded depending upon cytology results.



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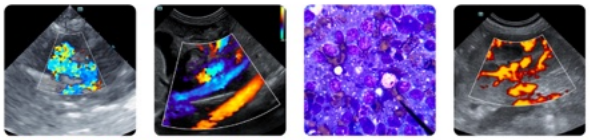

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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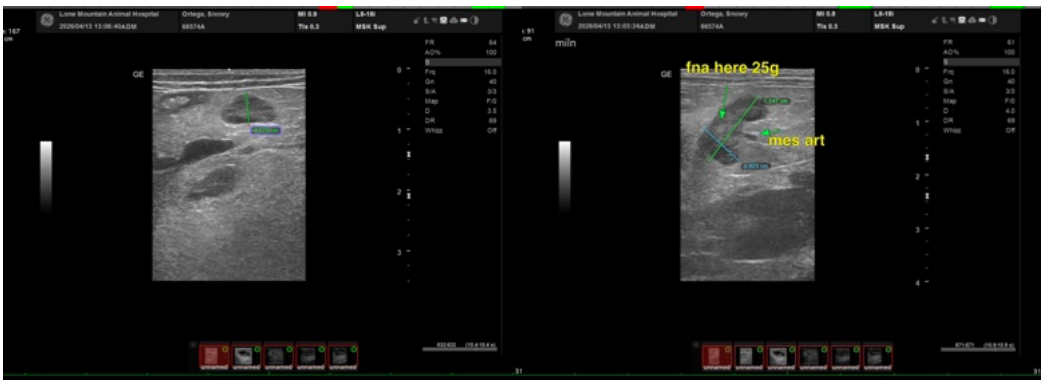

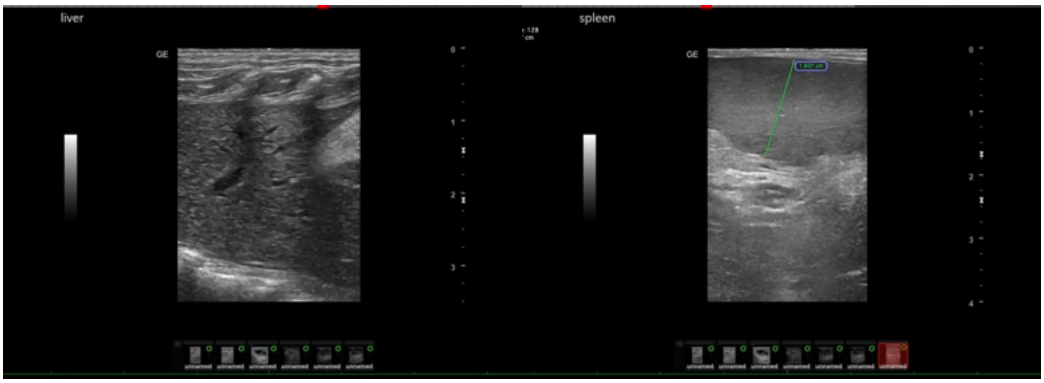

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com