



PATIENT

Violet Gupta

SPECIES

Ferret

BREED

SEX

Spayed female

AGE

4 ½ years

WEIGHT

1.93 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heidi Putnam LVT

HOSPITAL NAME

Northwest Exotic Pet
Vet

REFERRING VET

Dr. Ramsell

INVOICE

74695

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Palpable abdominal mass.

Abnormal PE/Chem/CBC/UA Results: Other than Globulin slightly elevated at 3.3 g/dL and HCT slightly elevated at 69%, all CBC/Chem values were WNL Urinalysis Results showed 2+ squamous cells and 1+ transitional cells, which are cells indicative of adrenal disease in ferrets. Violet did have some clinical signs (thin hair coat, slightly enlarged vulva, somewhat muscle wasted) supportive of adrenal disease.

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.

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 0.3 cm. The right adrenal gland measured 0.25 cm.

Spleen

The **spleen** was enlarged with a uniform parenchymal mass that measured 2.5 cm.

Liver

The **liver** revealed slightly coarse architecture with mildly increased portal markings. The portal hilus revealed a hypoechoic nodule measuring 0.7 cm. The nodule was overlying the pancreas or may be lymph node related. 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



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demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the descending colon. The mesenteric lymph nodes were reactive and measured up to 0.3 cm.

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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.

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Free Abdomen

A hypoechoic structure was noted between the kidney and spleen measuring 0.6 cm. This would be consistent with accessory spleen or potential pancreatic nodule. FNA is indicated.

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ULTRASONOGRAPHIC FINDINGS

Splenic mass. Potentially related to the elevated hematocrit.

Structure, accessory spleen or pancreatic nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with removal of the spleen and hypoechoic structure adjacent to the spleen or FNA of both lesions is possible. Multiple myeloma is a potential given the elevated globulins. Although the adrenal glands structurally appear normal, I cannot rule out emerging adenoma.

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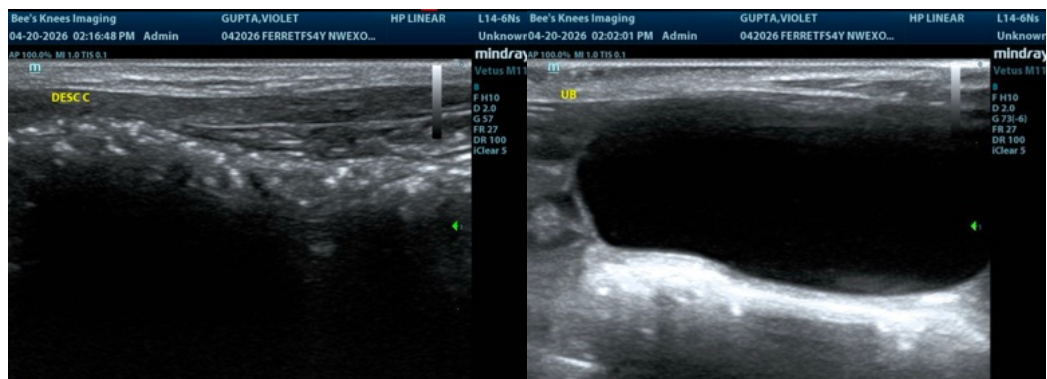
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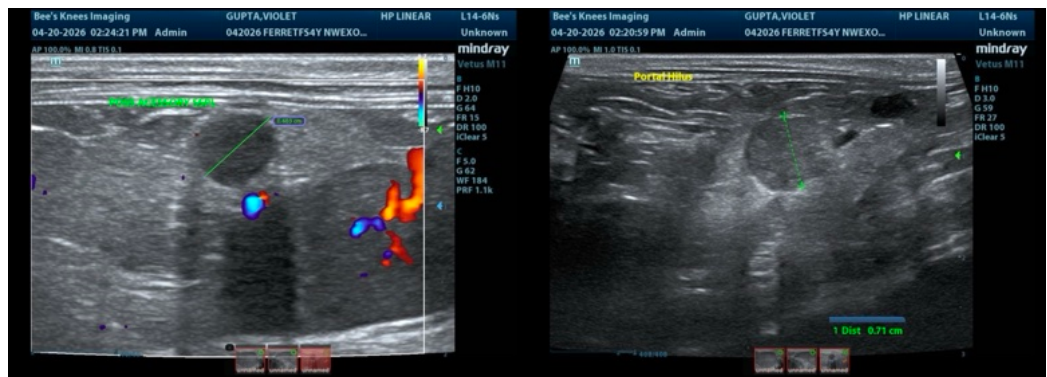
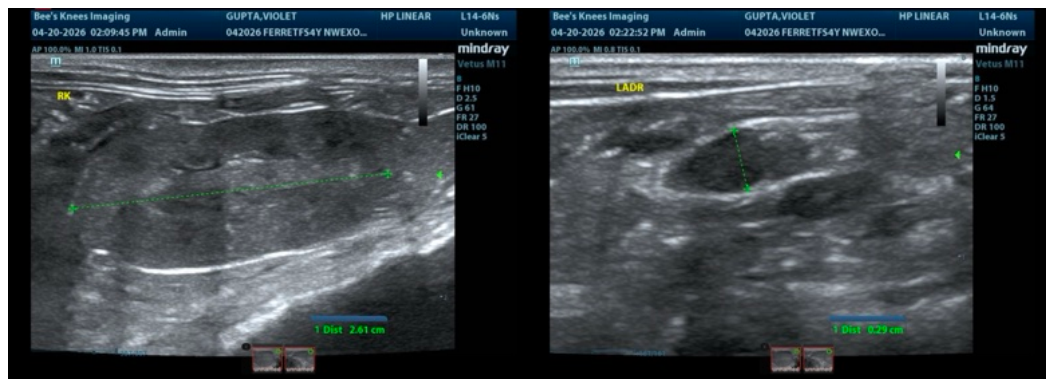
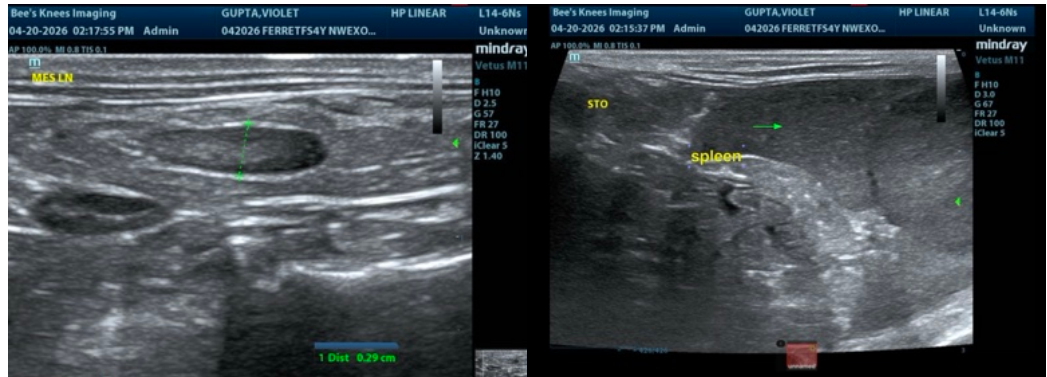
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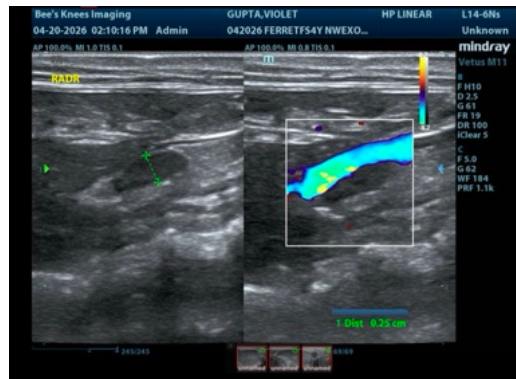
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com