



DATE PRESENTING CLINICAL SIGNS

04/24/26 Patient History: Severe hemorrhagic colitis; anemia; distended abdomen

PATIENT Current Medications: Carafate 1gm QD, Omeprazole 0.7mg QD, Enrofloxacin 10mg/ml 0.95ml BID
-Petinic 0.4ml QD

Taz Anderson Labwork Results: Labwork attached, reported as anemic.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
SPECIES Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

Ferret

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Ferret

SEX

Neutered Male

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 were noted. Ureteral papillae were normal.

AGE

04/04/17

WEIGHT

1876 grams

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Occasional cortical cysts were noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

INTERPRETED BY

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IVUSS

The **left adrenal gland** was 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 **right adrenal gland** was enlarged hypoechoic and rounded consistent with adenoma and measured 1.57 cm x 1.0 cm.

HOSPITAL NAME

Chadwell Animal
Hospital

Spleen

The **spleen** presented with irregular contour and a hyperechoic nodule in the mid body measuring 0.67 cm. Multifocal rounded hypoechoic lymph nodes were present and enlarged measuring up to 1.0 cm.

REFERRING VET

Dr. Gold

Liver

The **liver** presented with coarse architecture and dilated hepatic veins/vena cava. Multifocal hyperechoic nodular changes were noted in the liver. The gallbladder was mildly thickened.

INVOICE

15417

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small intestine demonstrated normal luminal chyme respectively. No obstructive or overt infiltrative disease was noted. No associated

abnormal lymphatic activity was noted. Colonic wall was slightly thickened yet the colon was empty at the time of the sonogram.

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

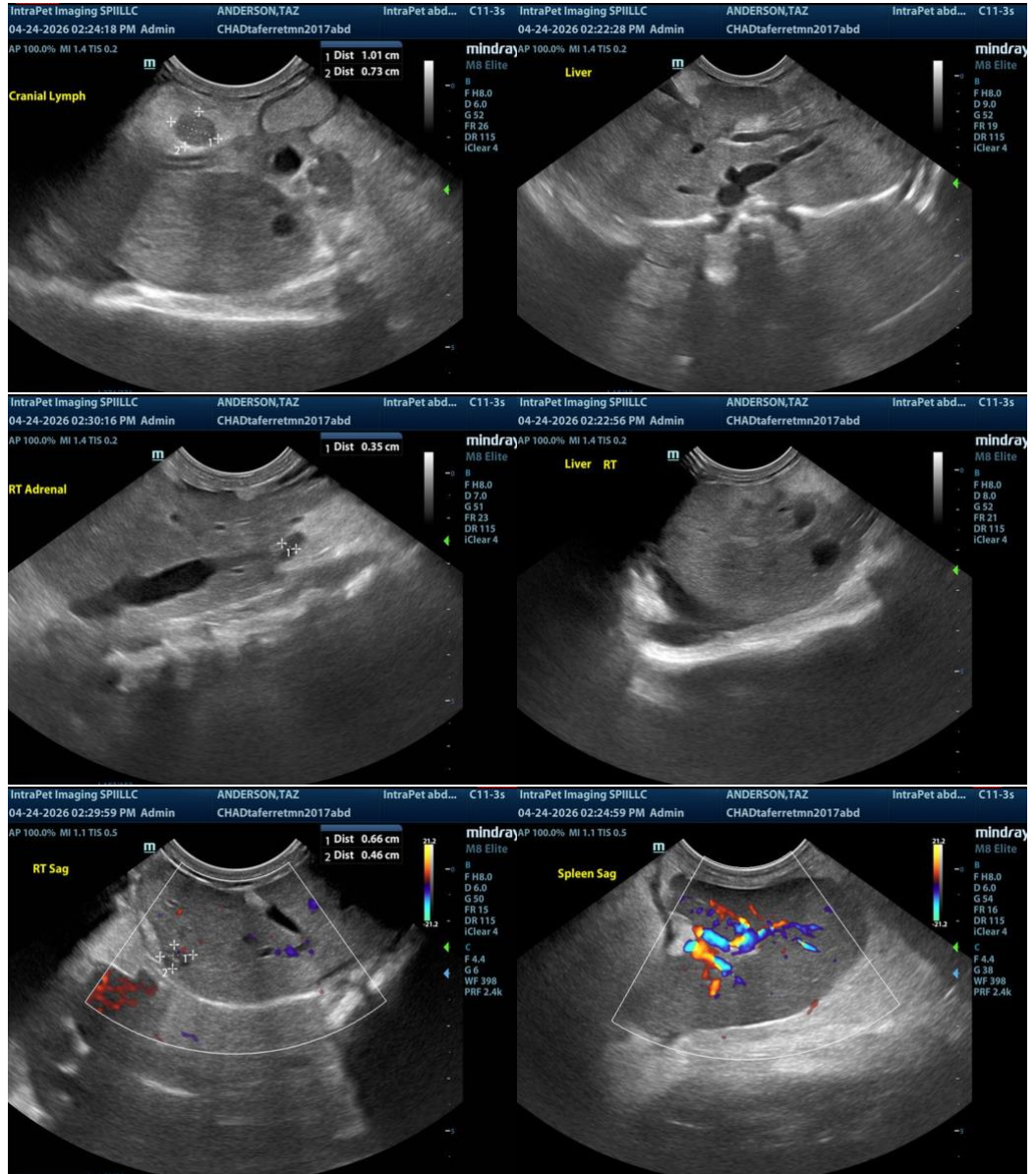
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 2.0 cm x 0.70 cm. Slight free fluid was noted in the abdomen possibly owing to passive congestion from thoracic disease. Pleural effusion was present in the thorax as well.

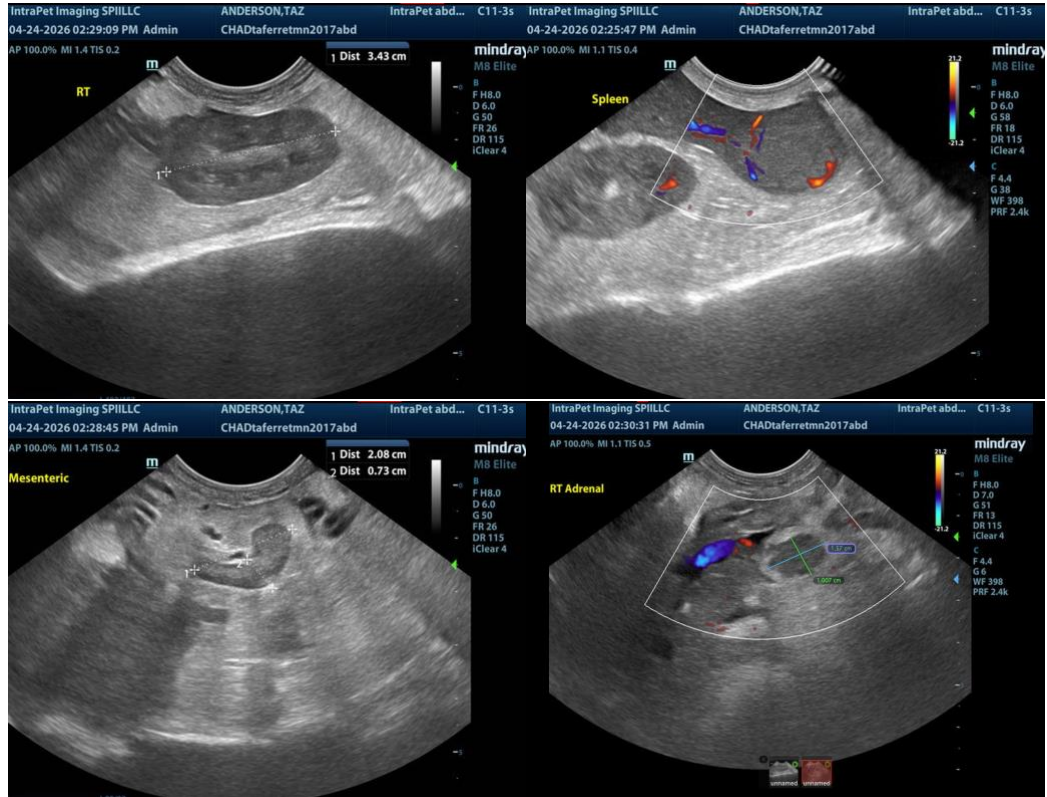
ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with multifocal lymphadenopathy- reactive spleen versus round cell neoplasia.
- Passive congestion liver pattern with secondary ascites- ascites could be owing to lymphatic obstruction as well as passive congestion.
- Mesenteric lymphadenopathy.
- Pleural effusion.
- Age-related renal changes with cortical cysts.
- Thickened colonic wall.
- Partially full stomach.
- Right adrenal adenoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thoracic work up and echocardiogram is warranted to assess for cause of right sided heart failure. 25-gauge FNA of the spleen/liver nodules and abdominocentesis of the free fluid is recommended.







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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