



**PATIENT**

Chomp Love

**SPECIES**

Mustelid

**BREED**

Ferret

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

2.56 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP(CFM), Cert.  
 IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Amazon Park Animal  
 Hospital

**REFERRING VET**

Dr. Jones

**INVOICE**

16241

**DATE**

05/15/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Had US via ASNW on 8/14/2025: "right adrenal gland enlargement, this thickening is most likely due to hormonally induced hyperplasia secondary to adrenal-associated endocrinopathy." Deslorelin implant placed 9/17/2025; within 3 weeks, hair grew back on caudal dorsum, vulvar hyperplasia subsided. Came back for recheck on 3/12/2026 with urgent urination and mildly swollen vulvar - did have bacterial cystitis and responded well to treatment. Presented yesterday with stranguria and swollen vulva, clearly has at least partial urinary obstruction, again bacterial cystitis is present. ABNORMAL Labwork Values Rod bacteria present in urine sediment with increased WBC Current Medications Amoxiclav liquid 48 mg/ml - 0.2 mls PO twice daily

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm resented 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.

The **uterus** was dilated with echogenic debris in this patient. The uterine body extended beyond the cranial bladder with slight free fluid.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight microcystic cortical changes were present in the right kidney. The left kidney measured 3.0 cm in length. The right kidney measured 2.9 cm in length.

**Adrenal Glands**

The **left adrenal gland** was normal in size and contour measuring 0.33 cm width.

The **right adrenal gland** was enlarged, mineralized and rounded measuring up to 0.9 cm x 1.46 cm width.

**Spleen**

The **spleen** presented with mild uniform enlargement consistent with hyperplasia. Potential for underlying round cell neoplasia.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**



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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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**

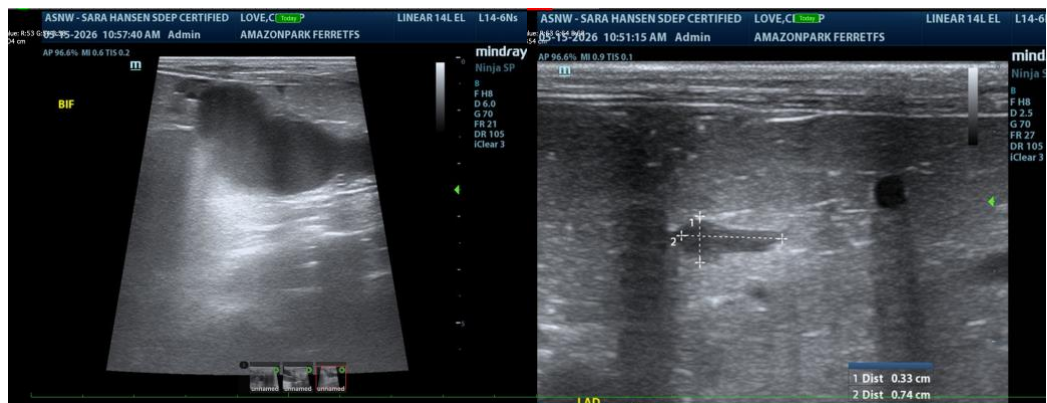
An occasional microcystic mesenteric lymph node was noted yet not overtly pathological and common finding for this species.

**ULTRASONOGRAPHIC FINDINGS**

- Dilated uterus with debris and fluid.
- Enlarged right adrenal gland- right adrenal adenoma or more likely carcinoma.
- Splenic enlargement.
- Mesenteric lymph node.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend immediate exploratory surgery in this patient with reduction of what's suspected to be stump pyometra, with removal down to the cervix indicated as well as right adrenalectomy.





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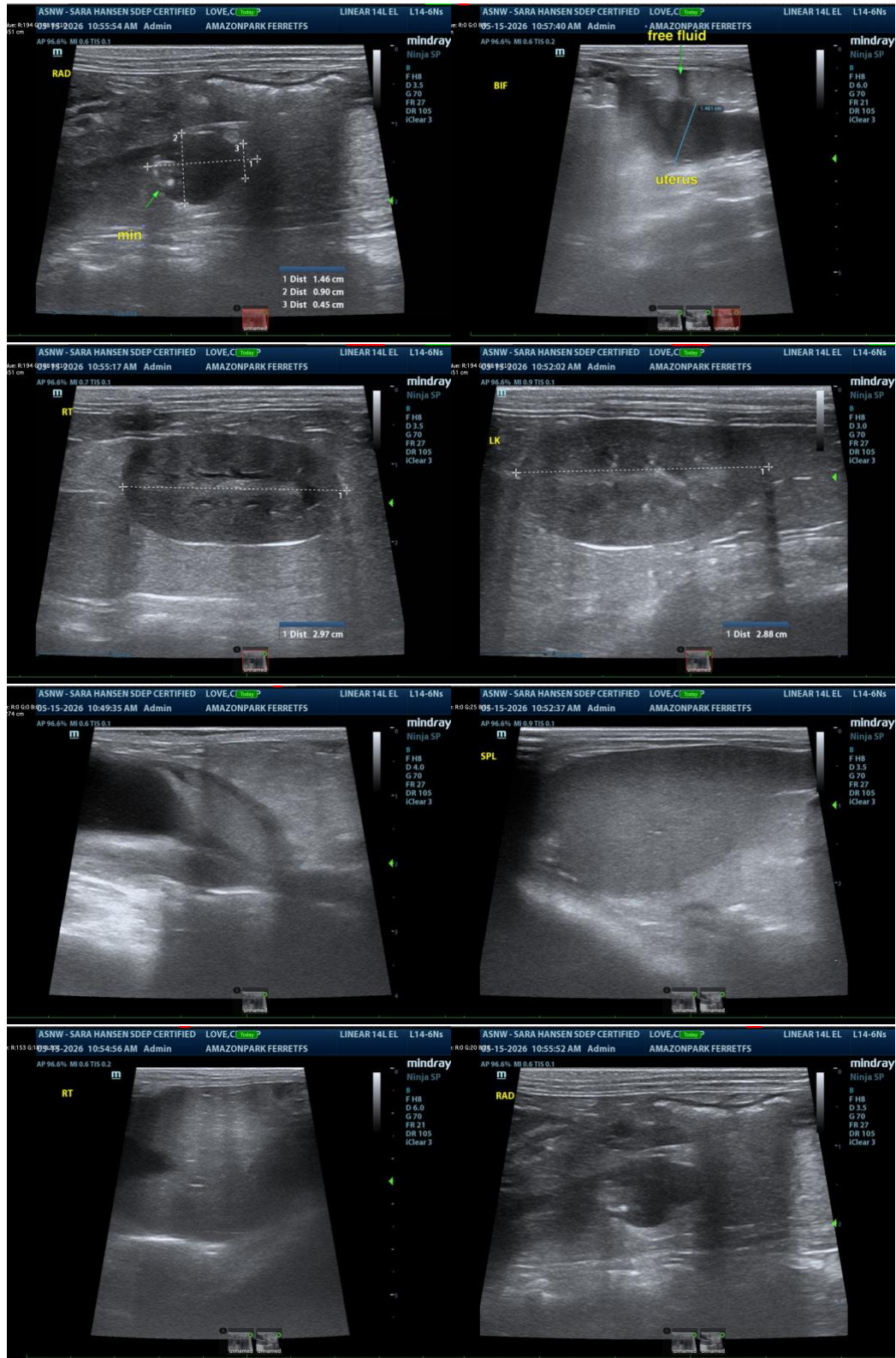
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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