**PATIENT**Peppermint
Christensen**SPECIES**

Ferret

BREED

Albino

SEX

Spayed Female

AGE

5 years

WEIGHT

2 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VETDr. Barajas Brook-Falls
VH**INVOICE**

30201

DATE

5/9/22

PRESENTING CLINICAL SIGNS

Presented for wellness check with weight loss. Palpation revealed a possible mass in abdomen. Abdominal radiographs reveal large sub lumbar lymph node enlargement. Eating and drinking normal. Abnormal PE/Chem/CBC/CBC/UA Results: No current BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.3 cm. The left kidney measured 3.0 cm with slight microcystic cortical changes.

Adrenal Glands

The right **adrenal gland** was normal in size and contour measuring 0.5 cm. The left adrenal gland is normal in size and contour measuring 0.29 cm.

Spleen

The **spleen** revealed slight scalloping contour. This is consistent with reactive spleen that is common in this species. There is a possibility of emerging round cell neoplasia.

Liver

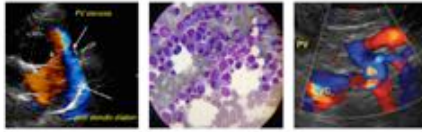
The **liver** revealed coarse architecture with mildly increased portal markings. This is consistent with history of inflammatory hepatopathy. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes are also enlarged and rounded measuring up to 0.6 cm.

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

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Pancreas

The **pancreas** revealed a hypoechoic, mixed echogenic nodule with cystic changes measuring 1.47 cm with pericapsular enhanced fat. The cystic lesion in the right base of the pancreas is undifferentiated, yet may be lymph node or pancreatic in origin.

Free Abdomen

A 1.1 x 0.91 cm hypoechoic structure was noted medial to the spleen. This is likely lymph node.

ULTRASONOGRAPHIC FINDINGS

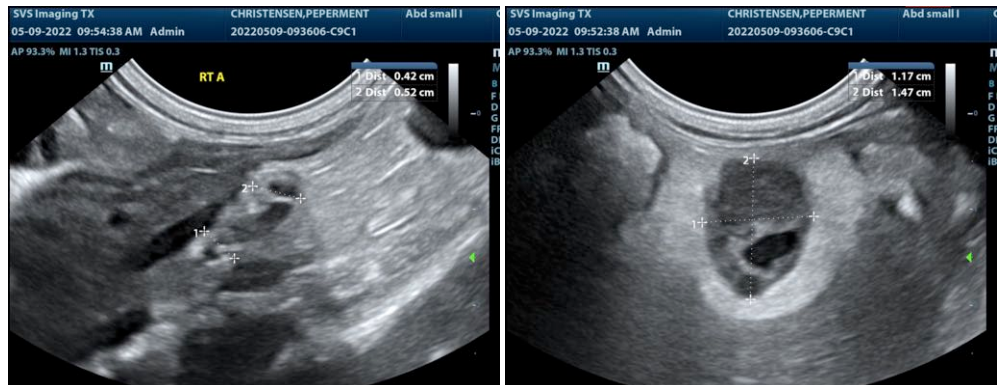
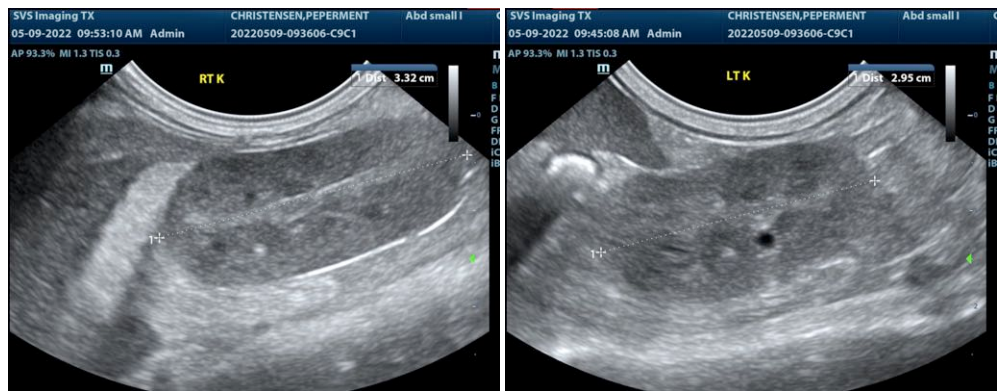
Multi-centric lymphadenopathy.

Pancreatic nodule or overlying cystic lymph node.

Splenic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen, accessible lymph nodes and the cystic nodular lesion in the pancreas are all indicated. If hypoglycemia is an issue then pancreatic insulinoma is a strong potential. Reactive lymphadenitis versus round cell neoplasia.



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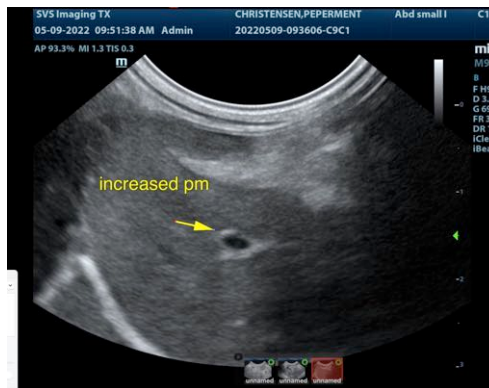
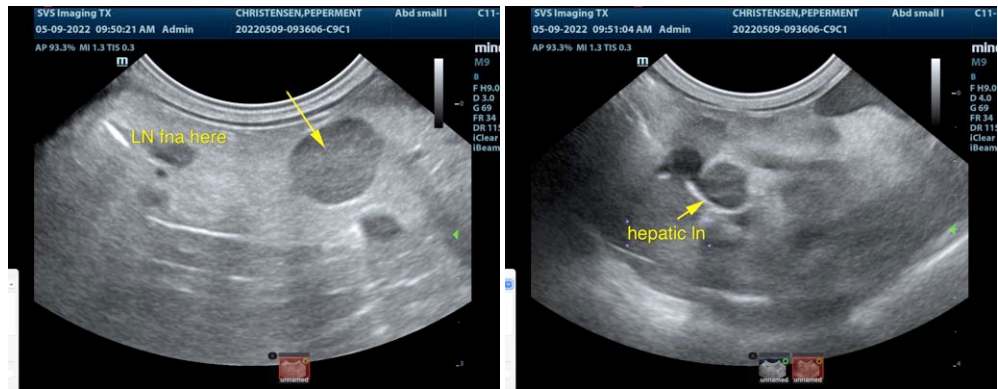
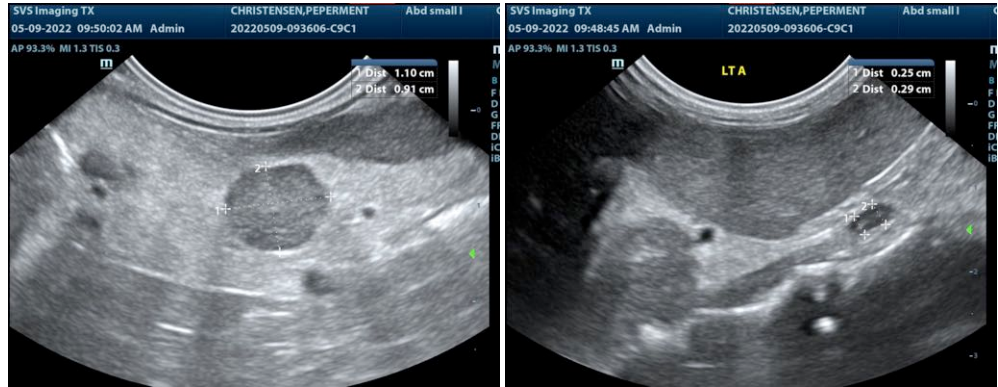
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com