



PATIENT PRESENTING CLINICAL SIGNS

Sally Strenger
Several day history of decreased appetite, lethargy, weight loss
Abnormal PE/Chem/CBC/UA Results: No recent lab work

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mustelid

Urinary System

BREED

Ferret

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.

SEX

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 2.35 cm. The left kidney was slightly subnormal in size at 2.0 cm. An anechoic cyst was noted in the caudal pole of the left kidney, measuring 7.0 mm.

AGE

8 Years

Adrenal Glands

WEIGHT

1.43 Pounds

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 0.60 cm x 0.20 cm. The right adrenal gland measured 0.70 cm x 0.30 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged with slight scalloping contour. The spleen measured 1.8 cm at maximum width.

IMAGING PERFORMED BY

Dr. Jack Reese

Liver

The **liver** revealed a left medial cyst measuring 1.0 cm. A separate adjacent cyst was also noted measuring 1.0 cm with both parenchymal and fluid filled portions. The gallbladder and common bile duct were unremarkable.

HOSPITAL NAME

Willow Run VC

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.

REFERRING VET

Dr. Jack Reese

Pancreas

INVOICE

39095

The **pancreas** revealed a 5.0 mm hypoechoic egg-shaped structure, consistent with abscess or cyst. Other smaller hypoechoic nodular changes noted in the pancreas. The left limb of the pancreas was enlarged, hypoechoic and mildly irregular with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

DATE

6/28/22

- Moderate degenerative renal changes with cysts
- Polycystic liver



PATIENT

Sally Strenger

- Cystic pancreas with possible pancreatic abscess
- Enlarged spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Mustelid

Recommend ultrasound guided FNA of the pancreas, liver and pancreatic cysts to assess for any evidence of infection or possible neoplasia. Reactive spleen likely. No overt evidence of neoplasia. However, pancreatic carcinoma cannot be completely ruled out.

BREED

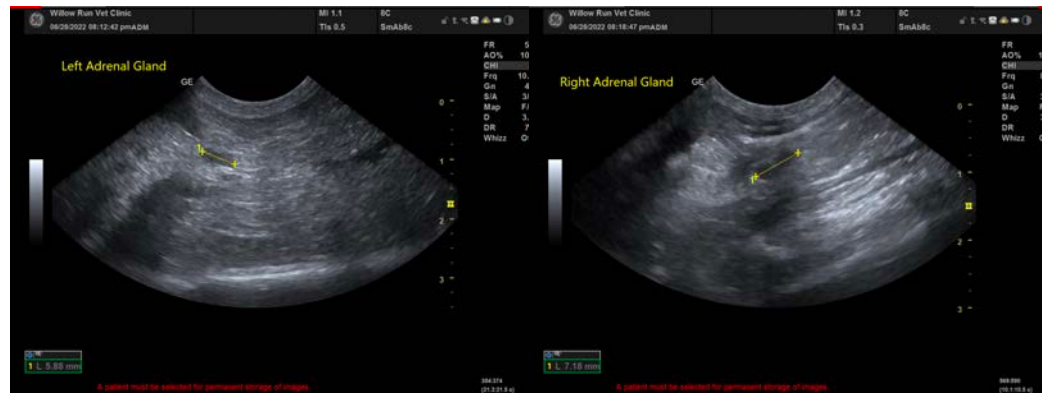
Ferret

SEX

Spayed Female

AGE

8 Years

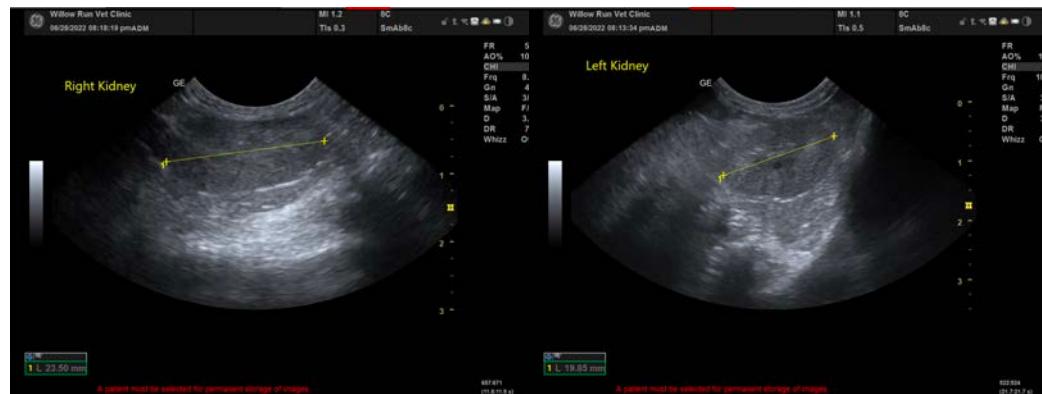


WEIGHT

1.43 Pounds

INTERPRETED BY

Eric Lindquist, DMV
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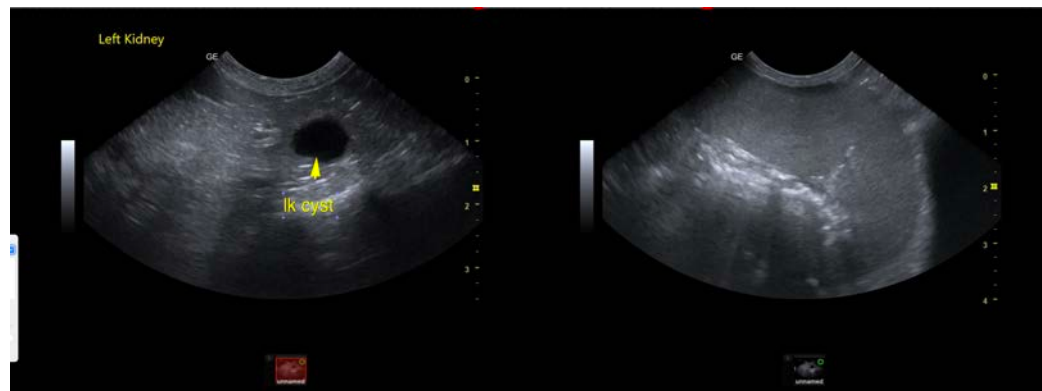


IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run VC



REFERRING VET

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PATIENT

Sally Strenger

SPECIES

Mustelid

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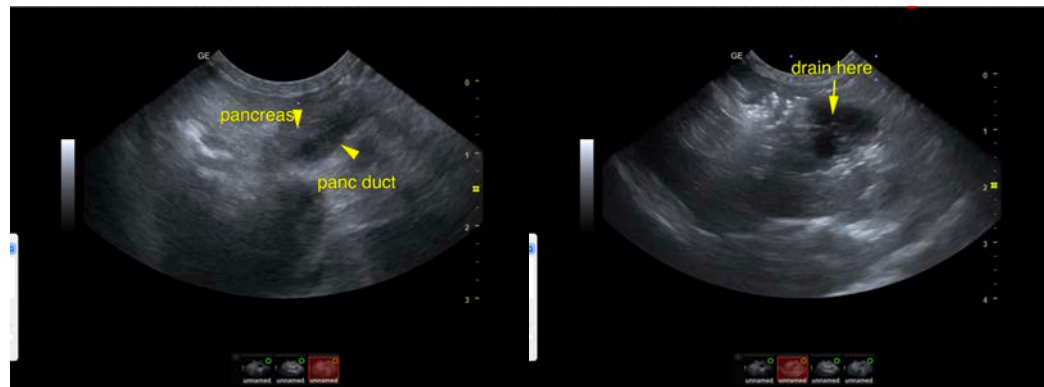
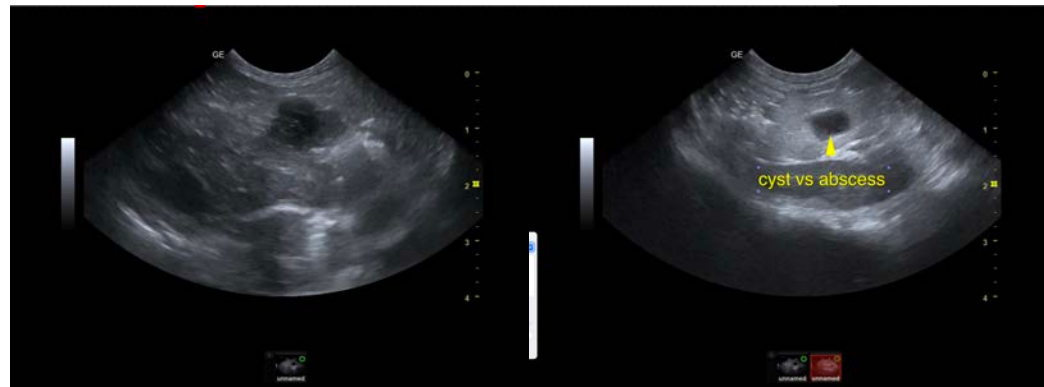
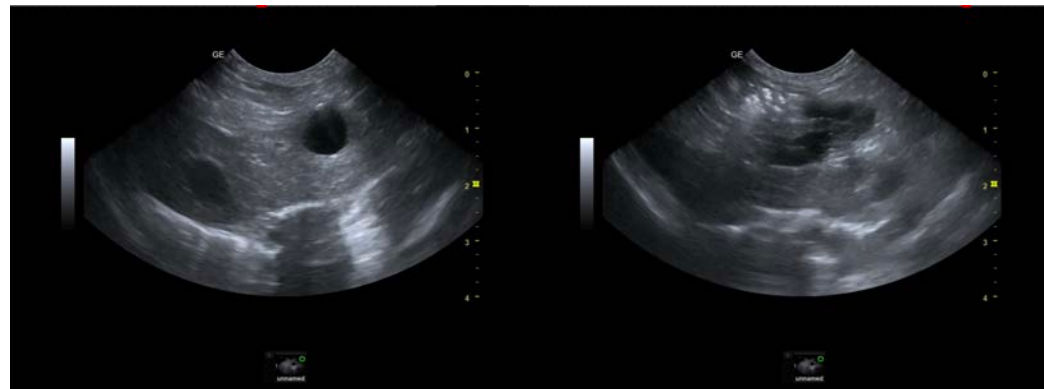
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DATE

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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

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