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Clinical Sonography & Telecytology

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DATE

6/29/22

PATIENT

Gotham Fanning

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

11/5/17

WEIGHT

2.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Claws N Paws AH

REFERRING VET

Dr. Singh

INVOICE

39118

PRESENTING CLINICAL SIGNS

Seen at ER for lethargy and anorexia, distended abdomen.

Current Medications: Sucralfate 1g/10mL 1mL TID #21, Amoxicillin drops 1/2mL BID for 7-10 days, Omeprazole 10mg 0.07mL SID.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 were 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. The right kidney measured 2.88 cm. The left kidney measured 3.02 cm.

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 right adrenal gland measured 0.29 cm. The left adrenal gland measured 0.31 cm.

Spleen

The **spleen** was slightly enlarged with minor scalloping contour. The spleen was folded upon itself caudally.

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

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. Epigastric lymph node slightly enlarged at 5.0 mm.

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 mid abdomen revealed a cystic lymph node or pancreatic nodule. Ultrasound guided FNA recommended.

PRIMARY FINDINGS

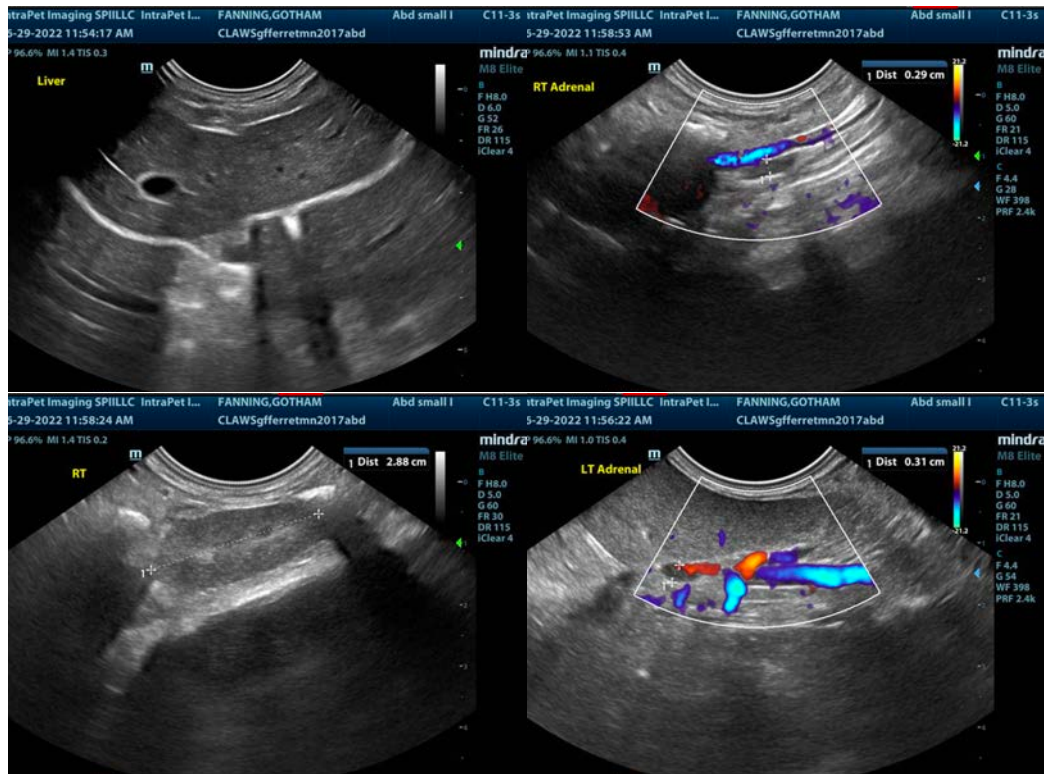
- Splenic enlargement – reactive spleen versus emerging round cell neoplasia

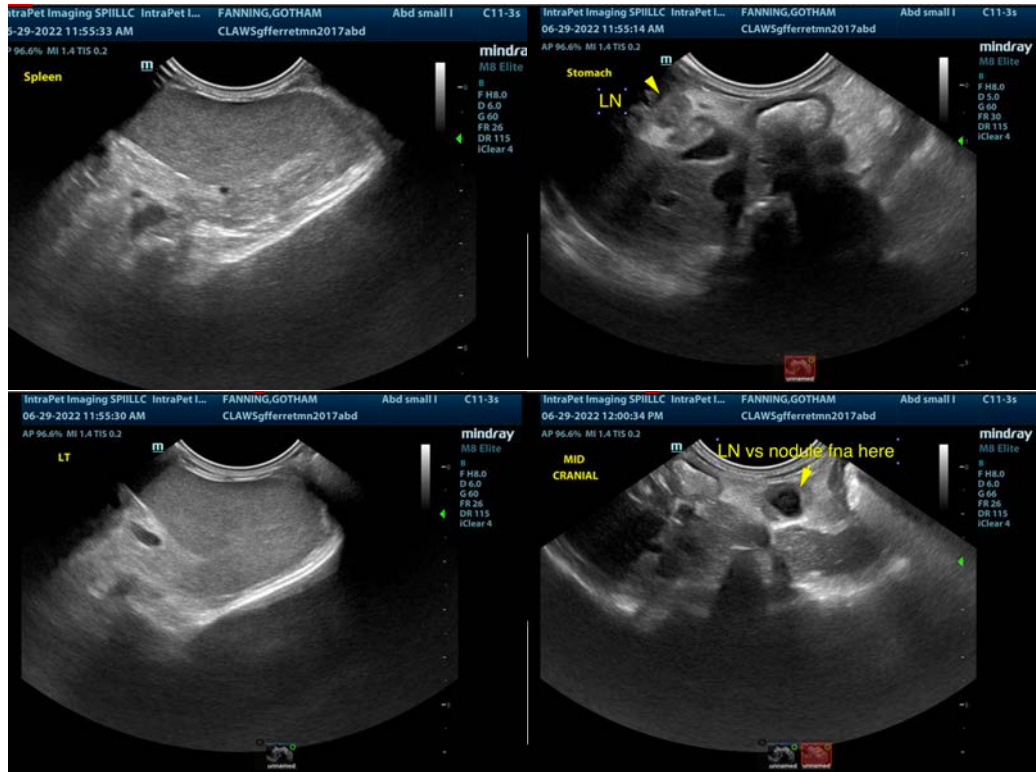
SECONDARY FINDINGS

- Gastric ingesta
- Minor epigastric lymphadenopathy
- Pancreatic nodule or lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen indicated for further definition. FNA of the mid abdominal cystic lymph node or pancreatic nodule.





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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