

**DATE**

7/6/22

PRESENTING CLINICAL SIGNS

History: Pet had stranguria, no abnormalities noted on radiograph that would have resulted in urinary issues.
 Pet just passed large bladder stone
 Pet also has underlying cardiac disease, insulinoma - poorly controlled

PATIENT

Nicodemus Phillips

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

7/29/16

WEIGHT

1.4 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Warm & Fuzzy VC

REFERRING VET

Dr. Urie

INVOICE

16508

Current Medications: Pred, diazoxide, gaba, amoxicillin, depomedrol injections

Lab Results: Recent blood work (4/28) hypoglycemia, Urinalysis

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined. Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed minor increased cortical echogenicity and slight irregular contour. Slight mineralization was noted. Minor cortical cystic changes were noted. The right kidney measured 2.5 cm. The left kidney measured 2.5 cm.

Adrenal Glands

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 left adrenal gland measured 0.4 cm.

The **right adrenal gland** was mineralized and mildly swollen, measuring the upper limits of normal at 1.02 cm x 0.57 cm. No evidence of vascular invasion or capsular expansion noted.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Caudal folding of the spleen was noted. The spleen measured 9.0 mm in width.

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

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

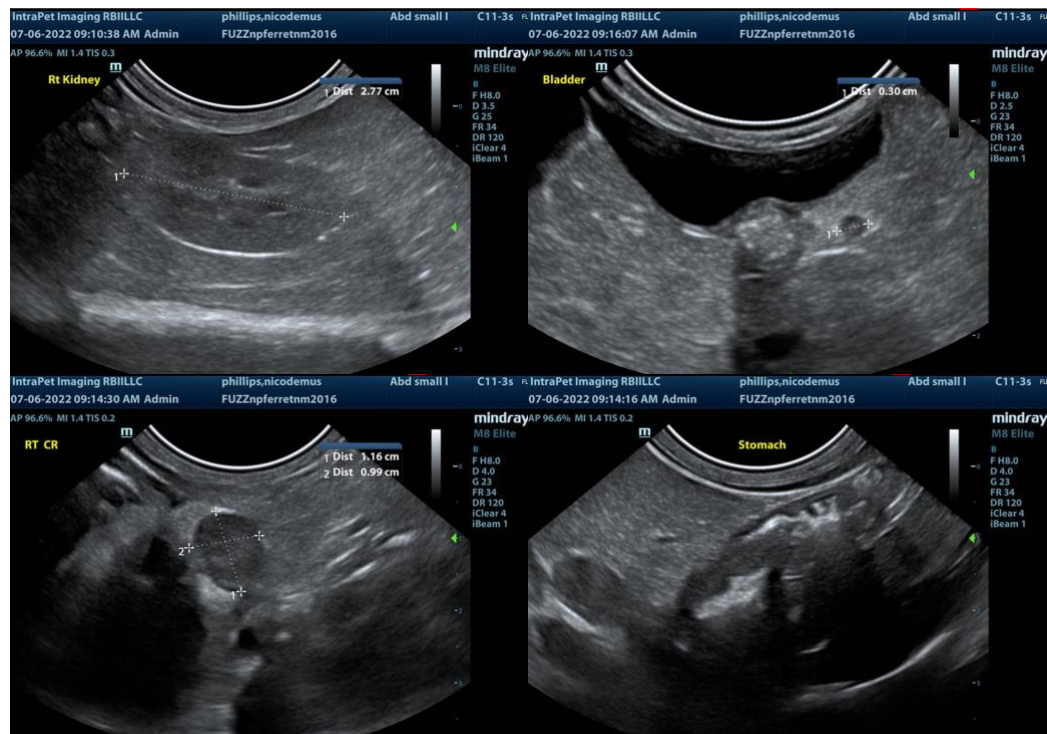
A mesenteric **lymph node** was mildly enlarged, measuring 1.16 cm x 1.0 cm. An epigastric lymph node was mildly enlarged, measuring 4.0 mm in width.

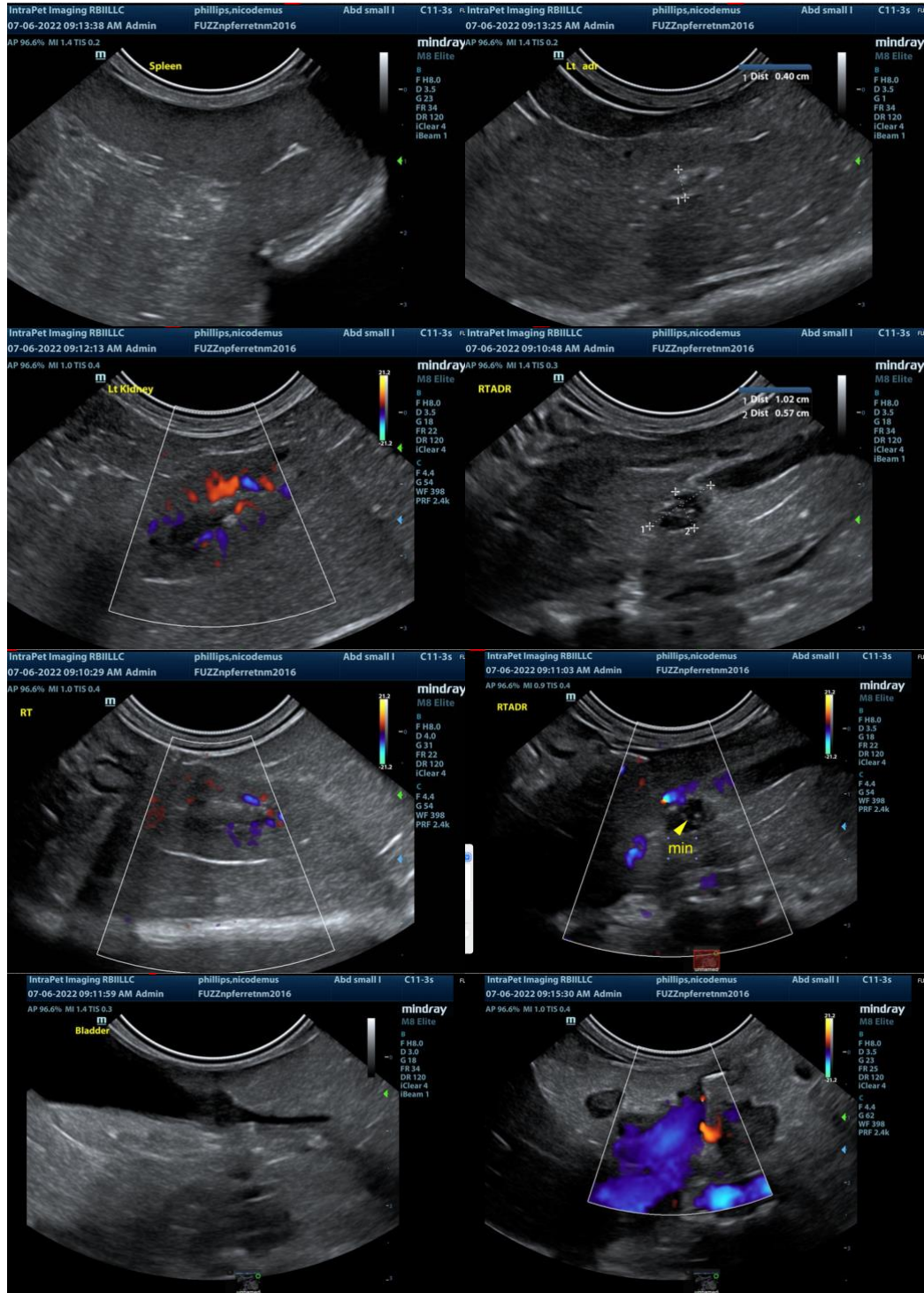
ULTRASONOGRAPHIC FINDINGS

- Minor degenerative renal changes with polycystic cortices
- Variable lymphadenopathy
- Enlarged right adrenal gland with mineralization, potential carcinoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland should be monitored. If the patient has any clinical signs with adrenal disease, the right adrenalectomy should be considered.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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