**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

History: History of weight loss and decreased appetite. No vomit or diarrhea. PE unremarkable except for being thin and severe dental disease.

Current Medications: Not provided by the veterinarian.

Lab Results: BW: BUN 94

**PATIENT**

ColbyHundley

Radiographs: Mass effect cranial to right kidney. Mass has mineralization inside it.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**SPECIES**

Ferret

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Standard

**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 with minimal urine present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Neutered male

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 left kidney measured 3.53 cm. The right kidney measured 2.77 cm.

**AGE**

1/1/15

**WEIGHT**

575 g

**Adrenal Glands**

A 1.49 x 0.98 cm mineralizing mass was noted in the region of the right **adrenal gland**. The vena cava and phrenic vein appeared to be void of invasion. However, the mass impinges upon the caudal aspect of the right liver and the vena cava. Clean resection may be challenging. The left adrenal gland was normal in size and contour measuring 0.34 cm in width.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was folded upon itself with slight scalloping contour. This is essentially normal for this species and measured 1.0 cm in width.

**HOSPITAL NAME**

Chadwell AH

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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.

**REFERRING VET**

Dr. Haskin

**INVOICE**

91116

**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. Occasional lymph node enlargement 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**

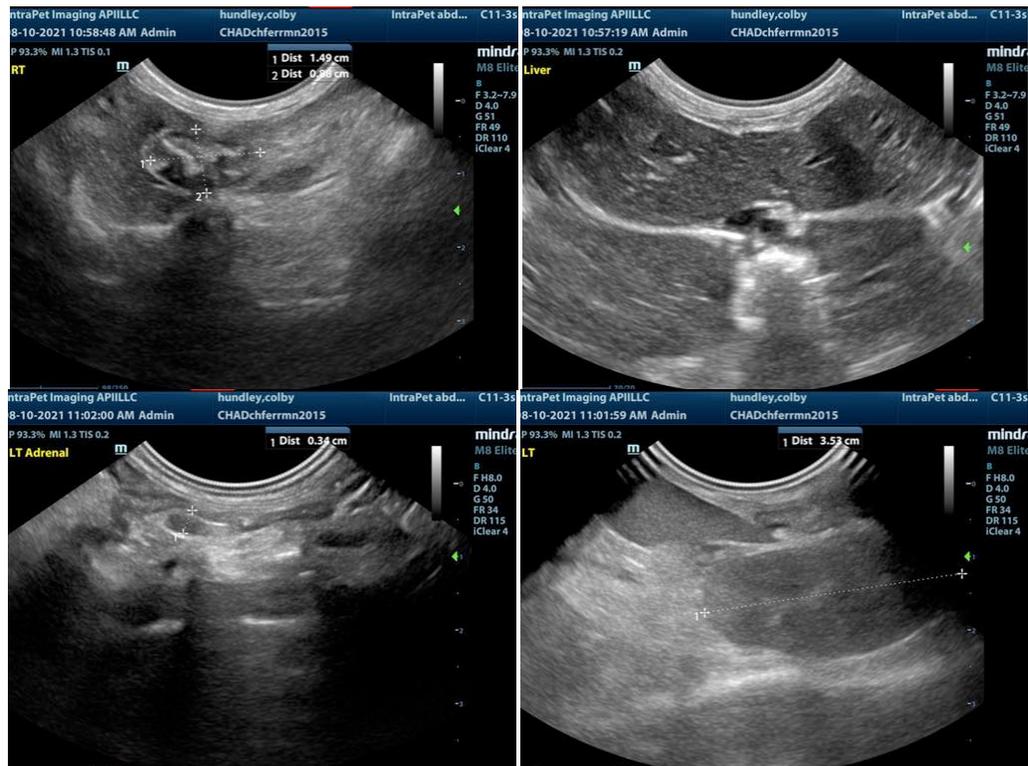
Trace free fluid was noted adjacent to the spleen. However, this is likely owing to the folding of the spleen.

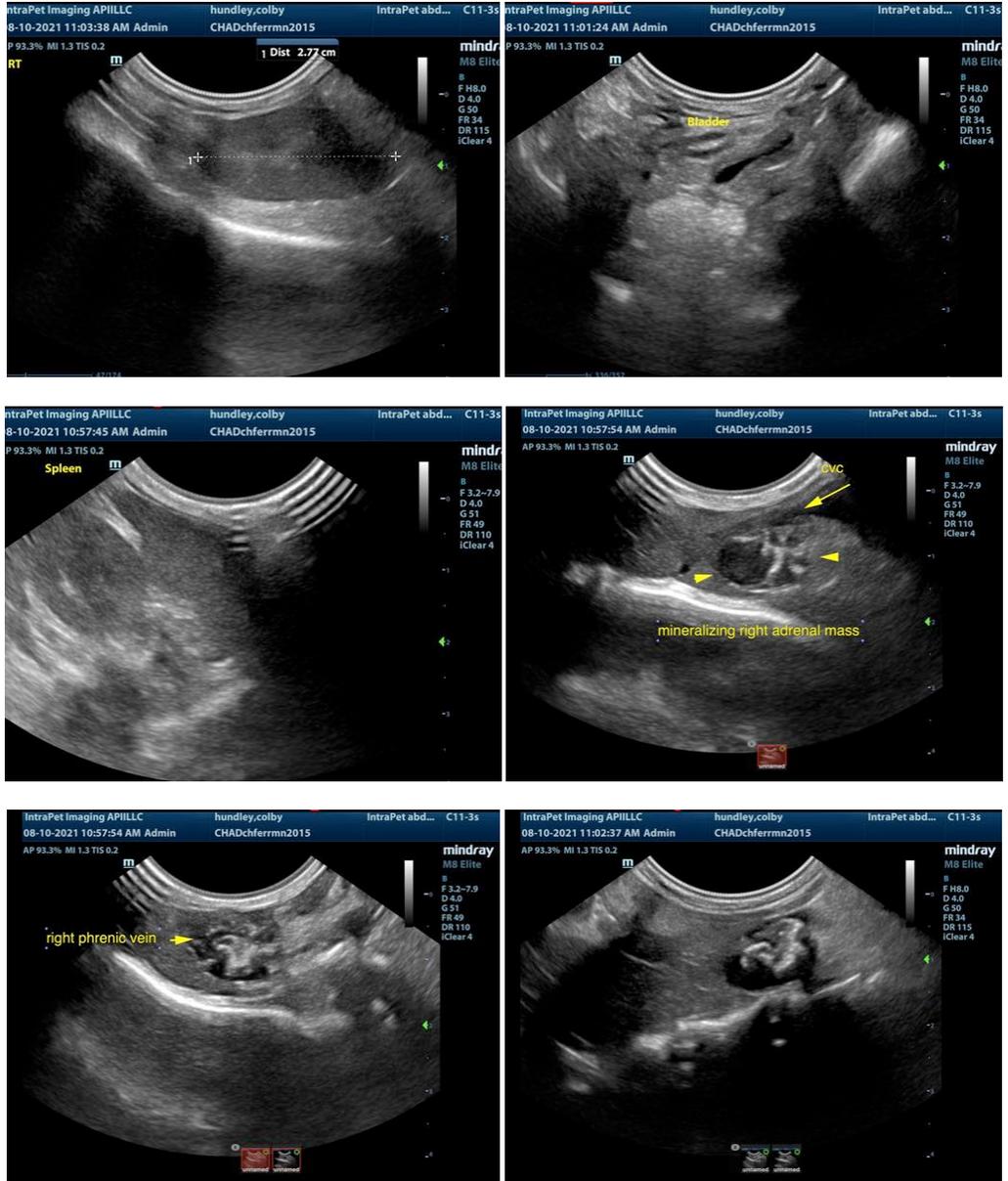
### **ULTRASONOGRAPHIC FINDINGS**

- Mineralizing right adrenal mass, consistent with carcinoma. No obvious evidence of invasion or metastatic disease. However, impingement upon the vena cava and the right liver was present.
- Occasional lymph node enlargement was noted.
- Free fluid, likely owing to the folding of the spleen.
- Otherwise, normal geriatric abdomen.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical consult is recommended or medical management.





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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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