

**PATIENT PRESENTING CLINICAL SIGNS**

Dexter Fossa Hair loss; intermittent straining to urinate. Mild splenomegaly. Anemia, thrombocytopenia, hypoalbuminemia, hypoglycemia. Elevated ALT/AST/GGT

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Mustelid Ferret

**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.

**BREED**

Ferret

**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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 2.7 cm with tract pyelectasia noted. The left kidney measured 2.67 with slight pyelectasia of 0.16 cm and echogenic debris.

**AGE**

6 Years

**Adrenal Glands**

The **left adrenal gland** was mildly enlarged at 0.64 cm in width. The **right adrenal gland** measured 0.4 cm.

**WEIGHT**

902 g

**Spleen**

The **spleen** presented multifocal micronodular changes with scalloping contour.

**Liver**

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

The **liver** presented heterogeneous changes with passive congestion pattern. The gallbladder was unremarkable. Hepatic lymph nodes were enlarged.

**Gastrointestinal**

The **gastrointestinal tract** revealed variable gastrointestinal thickening with areas of loss of detail.

**IMAGING BY**

Pamela Harrigan, RDCS

**Pancreas**

Regional inflammation was noted around the **pancreas**, extending from the lymphoproliferative process.

**HOSPITAL NAME**

Littleton AH

**Free Abdomen**

A 2.34 cm x 1.36 cm mixed hypoechoic lymph node mass was present with other smaller lymph nodes present. Enhanced mesentery noted throughout the mid abdomen.

**REFERRING VET**

Dr. Christy Cox

Pleural effusion noted through the diaphragm. Rapid view of the heart revealed volume overload and tachycardia.

**ULTRASONOGRAPHIC FINDINGS**

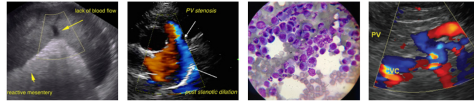
**INVOICE**

25002

- Enlarged left adrenal gland
- Multifocal lymphadenopathy with regional masses
- Infiltrative splenic pattern
- Heterogeneous liver

**DATE**

8/26/21



**PATIENT**

Dexter Fossa

- Variable gastrointestinal thickening
- Renal pyelectasia
- Pleural effusion – may be paraneoplastic owing to lymphatic obstruction or possibly cardiac related

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**REFERRING VET**

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**INVOICE**

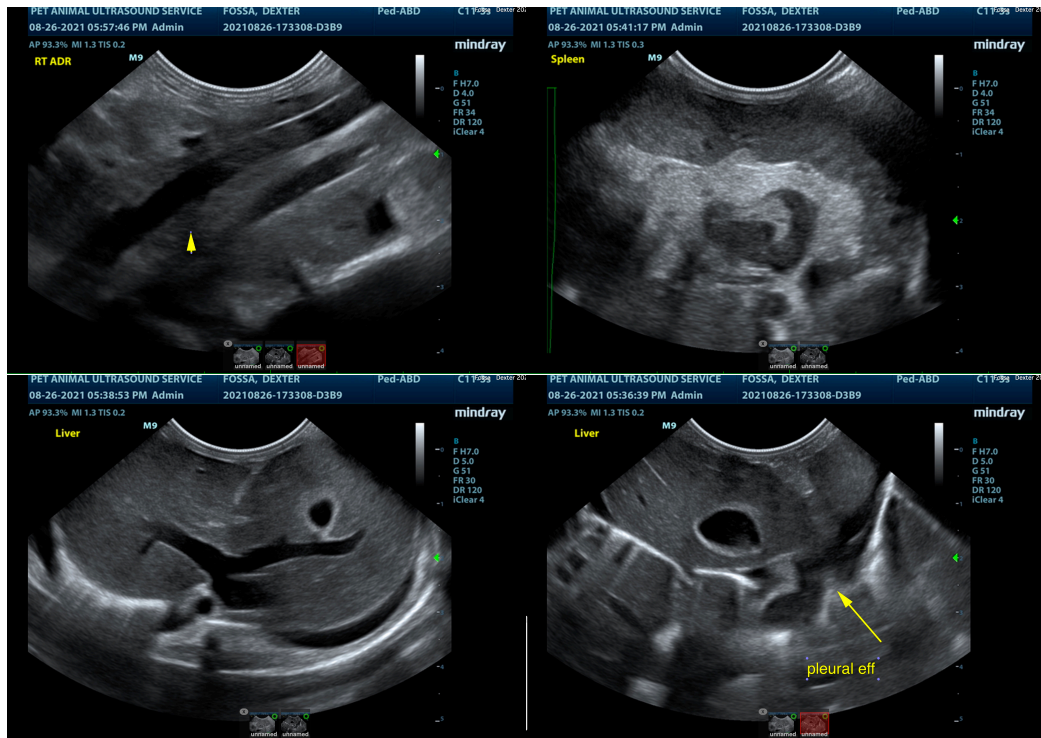
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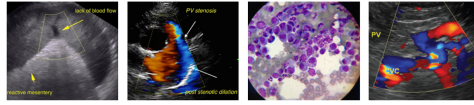
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I believe there are multiple issues in this patient with lymphoproliferative disease as well as cardiac disease. Lasix therapy warranted. FNA of the spleen and lymph nodes would be warranted. Full echocardiogram warranted. Prognosis is poor long term. The left adrenal gland may represent neoplasia versus hyperplasia, however is not the primary issue in this patient. Ideally pleurocentesis with cytospin would be performed to assess for exfoliating neoplasia versus transudate, the former of which would indicate lymphatic obstruction, the latter of which would indicate pleural effusion owing to cardiac failure.





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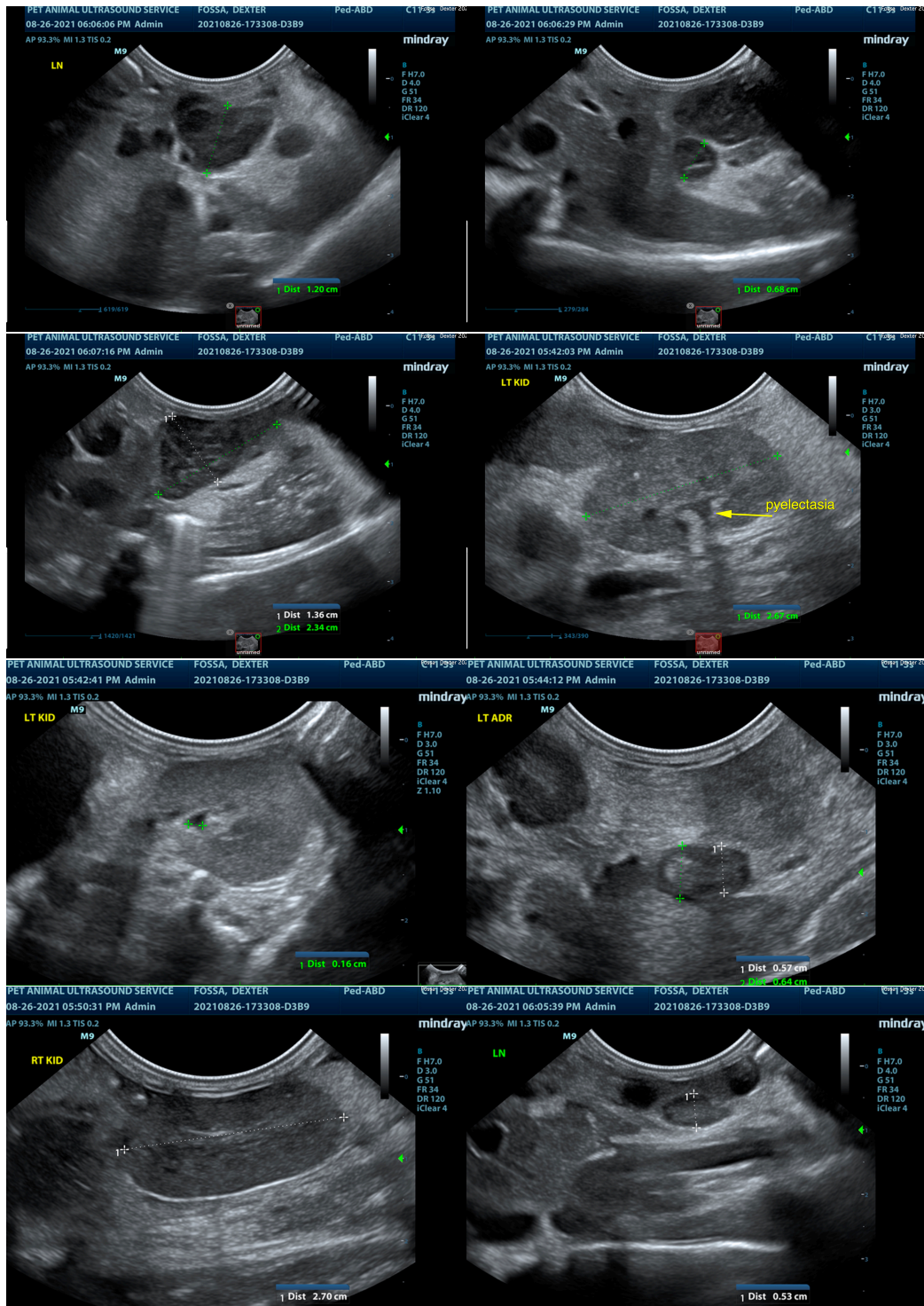
Dr. Christy Cox

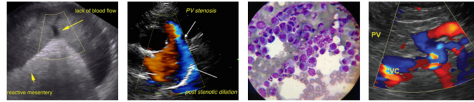
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**PATIENT**

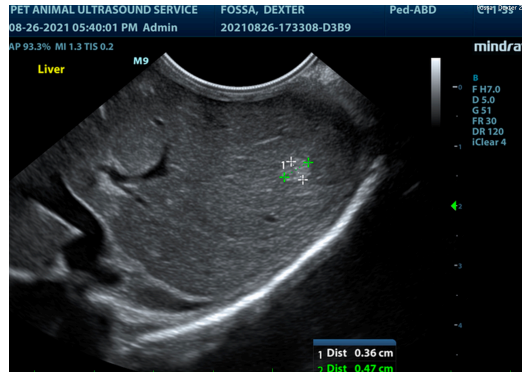
Dexter Fossa

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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.

**AGE**

6 Years

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  
 info@SonoPath.com

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