

PATIENT

Ferret PetCo

SPECIES

Ferret

BREED

PRESENTING CLINICAL SIGNS

History: symptoms noted on Friday, p returned by customer, abdominal distension noted after. Customers had p for 2 weeks before returning due to time constraints - feeding nakona cat food - P appears normal otherwise, no other issues, no discomfort or change_ History: Friday 7/28 P returned to Petco by O after two weeks due to change of living situation. P housed with children. O had P on canned cat food, rapid diet changes at time of adoption and return to store. On return exam associates noted that P stomach was distended. P acting otherwise normal, good appetite, normal urination and fecals, no apparent discomfort or change in behavior. -KK
Abnormal PE/Chem/CBC/UA Results: Labwork pending.

SEX

Spayed female

AGE

4 months

WEIGHT

1.92 lbs

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 was noted. Ureteral papillae were normal.

The left kidney was completely hydronephrosed and measured 3.0-3.5 cm. Anechoic fluid was noted. The right kidney was normal in size and contour.

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.

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 was noted.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Robyn Lantz

HOSPITAL NAME

Eastgate Vet

REFERRING VET

Dr. Kelley

INVOICE

46449

DATE

8/3/23



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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

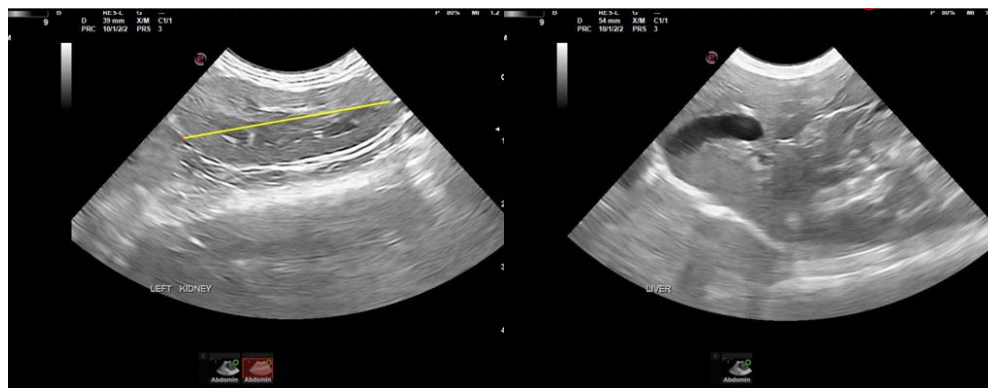
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Left renal hydronephrosis, possible congenital issue or adhesion obstructing the ureter or passed calculus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of calculi present at the time of the sonogram. IVP would be ideal to assess right renal function. However, this is likely minimal. Nephrectomy should be considered.





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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
info@SonoPath.com