

**DATE**

8/5/22

PRESENTING CLINICAL SIGNS

Palpated Mass.

PATIENT

Chewie Graybill

Current Medications: Pred 0.25 ccs BID.

Lab Results: BG 60.

Radiographs: Right kidney enlarged.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Ferret

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Ferret

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The **urinary bladder** was severely overdistended with dependent and suspended debris and dependent sand accumulation. The urethra was not visualized.

AGE

5/1/16

The **left kidney** measured 3.33 cm with moderate hydronephrosis at 1.14 cm owing to overdistention and bladder distention and excessive pressure. Ureters were dilated up to 0.26 cm. The **right kidney** presented similar changes and measured 3.92 cm. Blood flow appeared to be adequate in both kidneys on color flow assessment.

WEIGHT

1470g

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 0.43 cm. The left adrenal gland measured 0.45 cm.

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

IMAGING PERFORMED BY

Rachel Brillhart RDMS

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.

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Gold

Gastrointestinal**INVOICE**

40233

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

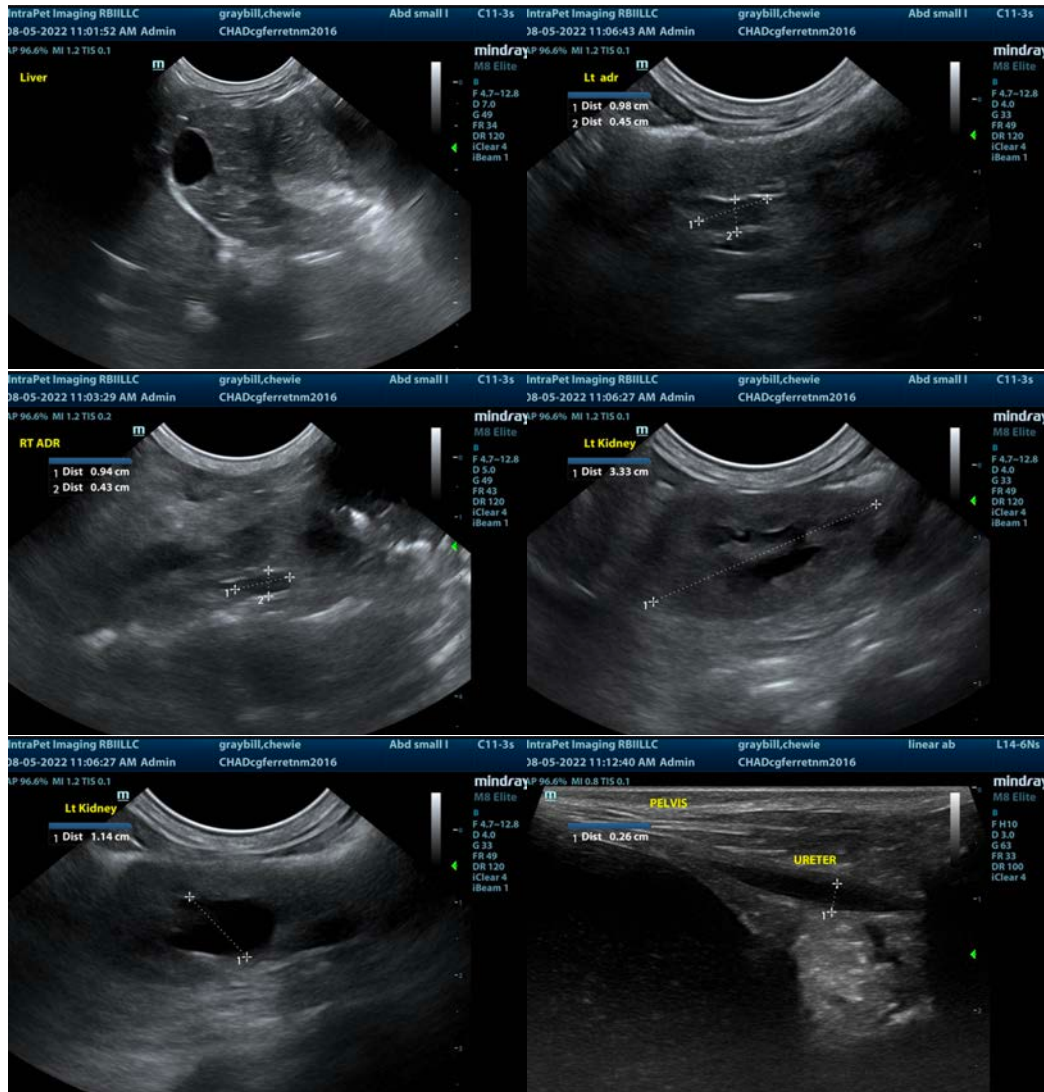
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

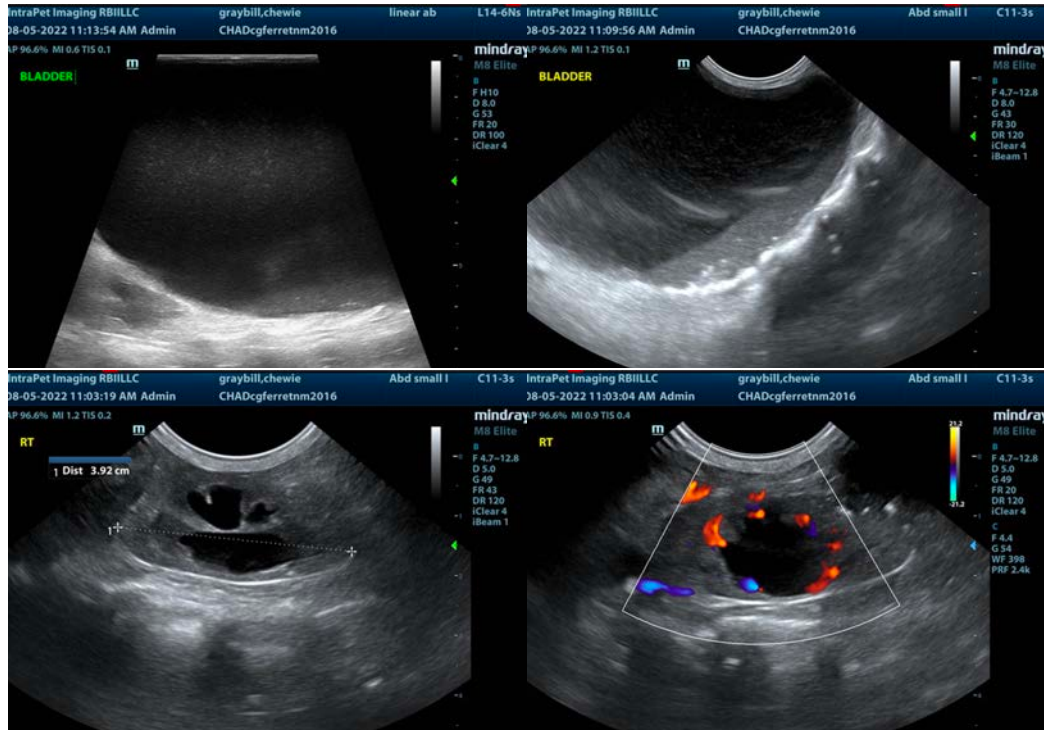
ULTRASONOGRAPHIC FINDINGS

- Severely overdistended bladder with sand and debris
- Bilateral hydronephrosis and hydroureter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with cystostomy, bladder lavage, normograde catheterization to assess for any obstruction plus likely perineal urethrostomy necessary. No evidence of neoplasia. Immediate bladder decompression is essential. Possible distal urethral calculus obstructing this patient, yet this could not be ascertained owing to lack of acoustic window.





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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