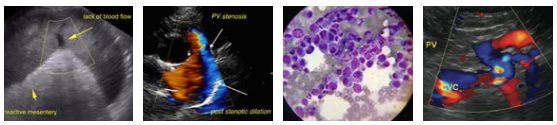


PATIENT
Scooter Akin

SPECIES
Ferret

BREED
Ferret

SEX
Neutered male

AGE
6 years

WEIGHT
3 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Albany AH

REFERRING VET
Dr. Flanagan

DATE
3/6/23

Invoice
43111

PRESENTING CLINICAL SIGNS

History: Chronic but controlled Insulinoma, recently started losing hair around shoulders, but intermittent vomiting with good appetite.
Abnormal PE/Chem/CBC/UA Results: Slight anemia 30%, Neutrophilic shift 79% Current Medications pred, diazoxide, cerenia, famotidine, metoclopramide, sucralfate Radiographic Findings No obvious abnormalities

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The prostate is enlarged in this patient and measured 0.7 cm.

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 3.34 cm. The left kidney revealed pyelectasia. Anechoic cysts were noted in the cranial pole of th left kidney and measured 0.5 cm.

Adrenal Glands

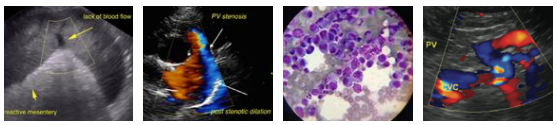
The right **adrenal gland** is enlarged and measured 0.79 x 0.55 cm with areas of mineralization. The left adrenal gland was enlarged, irregular and hypoechoic measuring 0.94 x 0.92 cm with focal areas of mineralization.

Spleen

The **spleen** was enlarged and irregular with scalloping contour and minor, heterogenous parenchymal changes. This is most consistent with reactive spleen and the possibility of emerging round cell neoplasia.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 large amount of abdominal fat was noted.

ULTRASONOGRAPHIC FINDINGS

Enlarged, irregular left adrenal gland with mineralization, likely primary clinical issue in this patient.

Prominent right adrenal gland.

Prominent prostate, likely related to the left adrenal gland.

Prominent spleen, suppressed round cell neoplasia is a potential given the prednisone therapy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend left adrenalectomy or medical management in this patient for primary adrenal disease.

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Clinical Sonography & Telecytology
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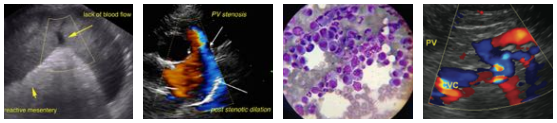

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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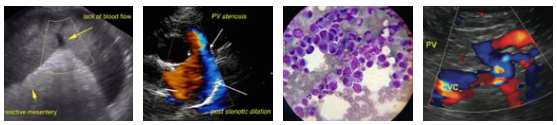

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com