



PATIENT

Ollie Marin

SPECIES

Mustelid

BREED

Ferret

SEX

Male Neutered

AGE

5Y, 3M, 19D

WEIGHT

1.33kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Gina Vecere, DVM,
DACEPM

HOSPITAL NAME

Catskill Veterinary
Services, PLLC

REFERRING VET

Gina Vecere, DVM,
DACEPM

INVOICE

74666

DATE

4-20-26

PRESENTING CLINICAL SIGNS

4/3/2026: Exophthalmos with raised nictitans and poor retropulsion OU, concern for retrobulbar disease and/or cardiac disease with venous distension behind the eyes. Previous elevated IOPs, normal today with 2 doses of dorzolamide q12h; previous inaccurate IOPs suspected given persistent clinical signs.

Previously diagnosed insulinoma, currently receiving diazoxide, plan to evaluate previous bloodwork to confirm.

Historic mast cell tumors, suspect new growth on back of neck.

4/16/2026: Ollie's Chief Complaint/Clinical Signs and Duration: Patient has swollen tumors on both eyes, there is an ulcer on the right eye. The eyes got worse this week and the owner can't see the glode of the patients eye anymore

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: Abnormal: Cornea cloudy with neovascularization OD; thickened raised nictitans OU; poor to absent retropulsion OU with discomfort OD; Ears: Abnormal: Moderate brown debris AU; pinna previously removed AD; Mouth: Abnormal: Mild dental tartar on carnassials; Hair coat and Skin: Abnormal: Healed incisions on right shoulder, 0.5cm erythematous scabbed lesion on back of neck; Chem: AST 35; Glucose 59; Chloride 112; Insulin 138; CBC: MCV 47; MCH 14.6; MCHC 31; Platelet Count 82;

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORAX, & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Head

Bilaterally symmetric, poorly marginated, approximately 1.0 x 0.8 cm sized, soft tissue attenuating masses are seen within the retrobulbar spaces bilaterally resulting in marked bilateral exophthalmos. The lesions show mild to moderate relatively homogeneous contrast enhancement. No focal abscessation, foreign material, or mineralization is identified. The orbital bones are intact without aggressive lysis or proliferation. No overt intraocular changes are seen.

Mild bilateral enlargement of the retropharyngeal lymph nodes is seen.

The salivary glands and thyroid gland present within normal limits.

The tympanic bullae and ears present no significant abnormality.

Thorax

The pulmonary parenchyma is unremarkable with no evidence of pulmonary nodules, masses, or infiltrates.

The trachea and mainstem bronchi are patent.

The heart is within normal limits for size and shape.

No mediastinal mass or lymphadenopathy is identified.

There is no evidence of pleural effusion.



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Abdomen

Marked diffuse splenic enlargement is seen without obvious masses or nodules.

Multiple enlarged mesenteric lymph nodes are seen most pronounced within the epigastric region and mid abdomen. The nodes are moderately enlarged, present heterogeneous enhancement, and measure up to 8mm in diameter.

A small ill-defined soft tissue nodule is suspected within the right pancreatic limb measuring 3.5mm.

Bilateral adrenal prominence is noted with pole diameters measuring up to 5mm in thickness. The right adrenal gland contains focal mineralizations. No clear evidence of vascular invasion or mass effect is seen.

Small, well-defined, cortical renal cysts are seen in both kidneys.

The liver and gastrointestinal tract present within normal limits.

There is no significant free abdominal fluid.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilaterally symmetric retrobulbar soft tissue masses with marked exophthalmos.
- Mild regional retropharyngeal lymphadenopathy bilaterally.
- No CT evidence of thoracic metastatic disease.
- Multiple mesenteric lymphadenopathy.
- Generalized splenomegaly.
- Suspected small pancreatic nodule in the right limb.
- Bilateral adrenal enlargement with right sided mineralization.
- Incidental small renal cysts.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The combination of bilateral retrobulbar masses, regional lymphadenopathy, abdominal lymph node enlargement, and splenomegaly is most consistent with a multicentric disease with lymphoma being the leading differential diagnosis in this species. Less likely differentials include metastatic neoplasia and severe inflammatory or infectious disease.

FNA or biopsy of the retrobulbar lesions is recommended for definitive diagnosis if not performed already.

Cytology/FNA of the retropharyngeal lymph nodes may be attempted as well, however, these are relatively small and limited in accessibility.

The adrenal findings are common in ferrets and may be indicative of adrenal associated endocrinopathy. No CT evidence of aggressive invasion is seen. Normal anatomic variation is a possible differential diagnosis.



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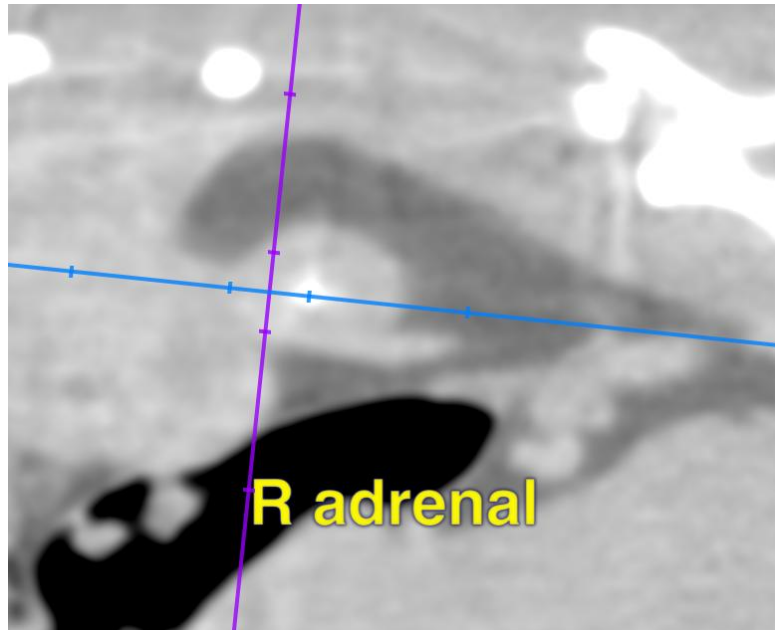
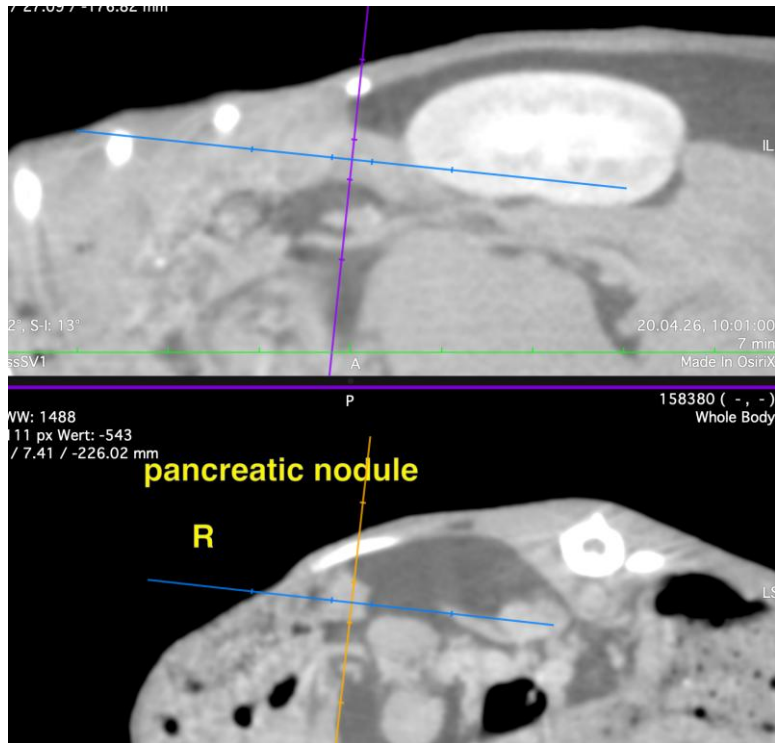
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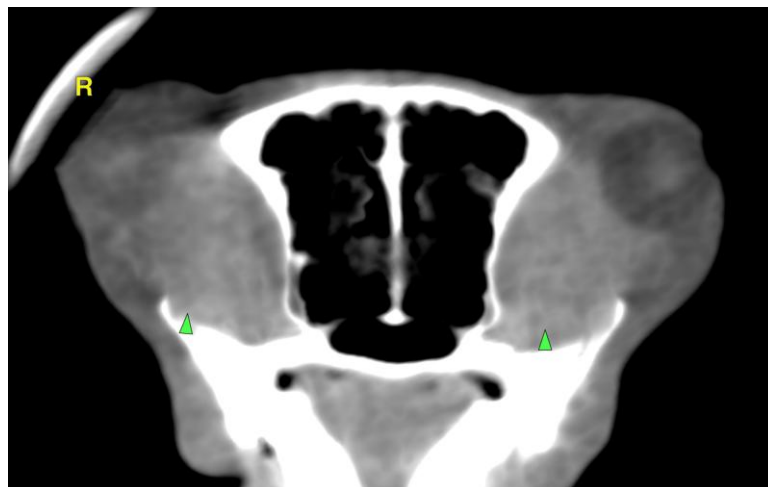
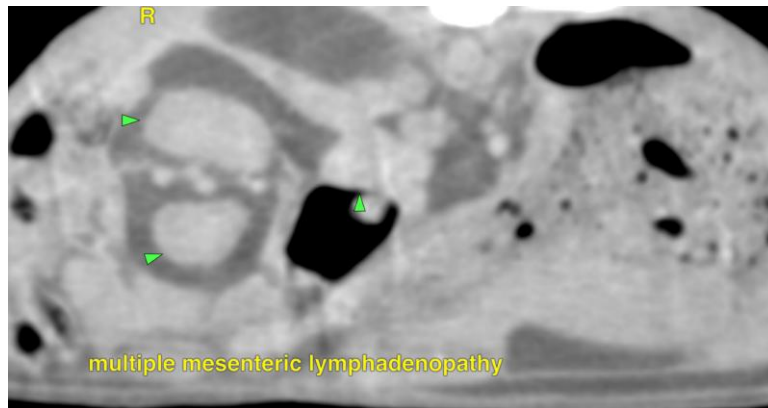
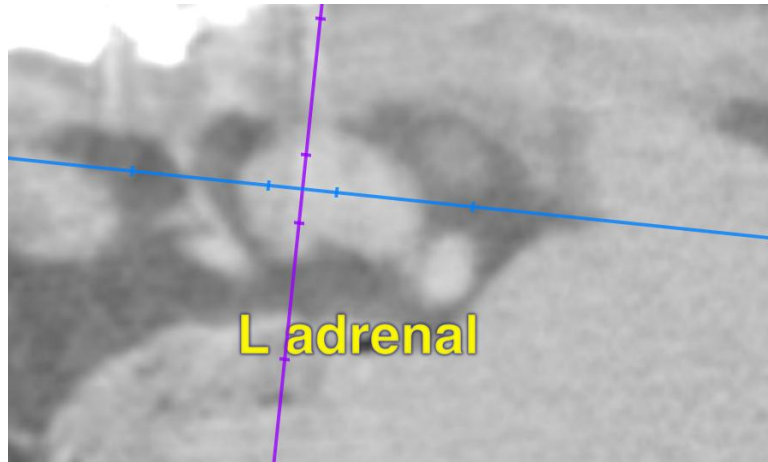
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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