



PATIENT

Houdini Boell

SPECIES

Ferret

BREED

Ferret

SEX

NM

AGE

n/a

WEIGHT

1kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

72661

DATE

11-18-25

PRESENTING CLINICAL SIGNS

Not eating, soft stool, loss of serosal detail of cranial right abdomen.

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal and cranial mediastinal lymph nodes are prominent; the attenuation and contrast enhancement pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

The serosal fat along the mesentery of the jejunum presents generalized soft tissue striation. The mesenteric lymph nodes are mildly prominent.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.



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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

At the caudal aspect of the caudal extremity of the spleen, a well-defined nodular lesion is appreciated, presenting the same attenuation and contrast enhancement pattern like the spleen.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

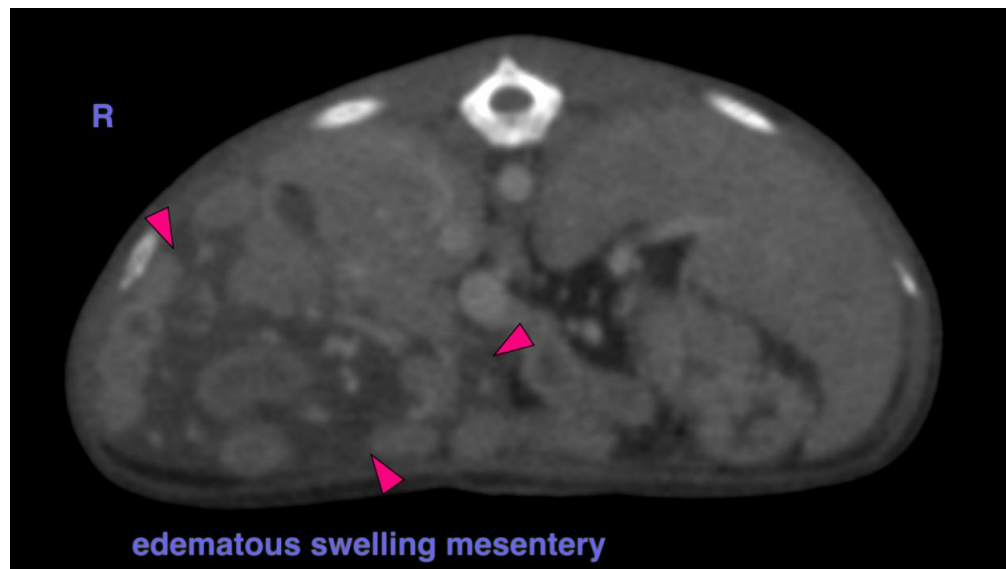
The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy sternal, cranial mediastinal and multiple mesenteric lymph nodes
- Mild edematous swelling/peritonitis mesentery of the small intestinal tract
- Splenunculus versus lymphadenopathy
- Normal skull

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild edematous swelling/peritonitis of the mesentery of the small intestinal tract in combination with the presenting clinical signs is suggestive for underlying enteritis along with reactive lymphoid hyperplasia of the regional lymph nodes. Theoretically neoplastic infiltration of the lymph nodes is a potential – such as lymphoma. If not done so yet recommend complementing workup by FNA sampling of the lymph nodes ± fecal testing for parvovirus infection, dysbacteriosis or parasitic disease.





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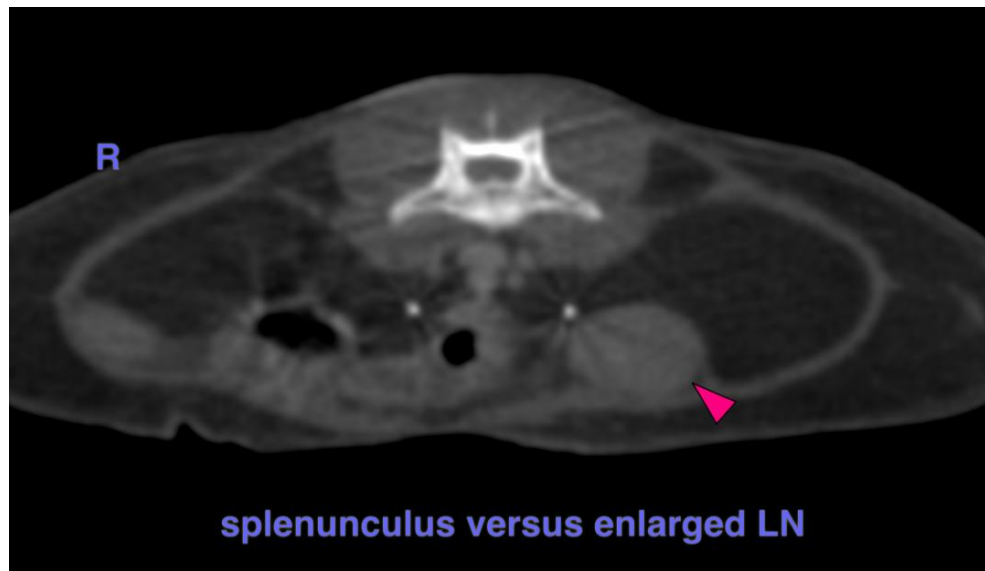
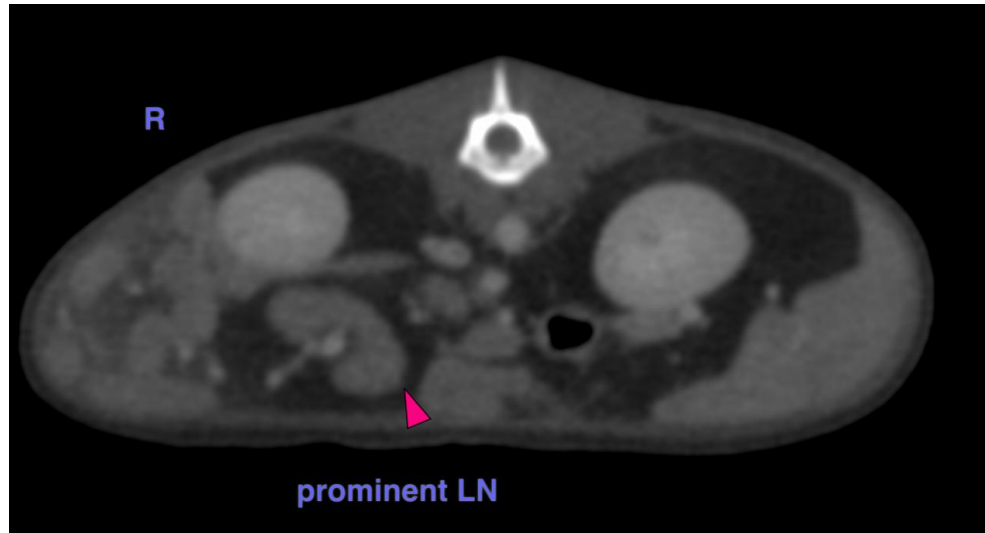
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com