



**PATIENT**

Paco Allender

**SPECIES**

Ferret

**BREED**

Ferret

**SEX**

MN

**AGE**

10Y

**WEIGHT**

0.73kg

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**IMAGING PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Armstrong

**INVOICE**

73133

**DATE**

12-29-25

**PRESENTING CLINICAL SIGNS**

Left-sided exophthalmos, Concern for retrobulbar mass, abscess, neoplasia, or other space-occupying lesion. No response to prednisone therapy, Decreases likelihood of steroid-responsive inflammatory condition. Severe leukopenia (panleukopenia) Differential considerations include bone marrow suppression, systemic disease, medication effects, or neoplasia. Rule out neoplastic process Given ocular findings and hematologic abnormalities.

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

A high resolution pre- and post-contrast CT study of the skull, thorax and abdomen 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.

In the ventral aspect of the left orbital cavity an ill-defined, uniform soft tissue attenuating and contrast enhancing swelling is seen. The left ocular bulb is displaced dorsolateral by the mass effect. The rostroventral osseous margins of the left orbital cavity present moth eaten osteolytic lesions.

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 present a thickened wall, and the medial segment of the left external ear canal is obliterated by soft tissue material.

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.

Multiple cranial mediastinal lymph nodes are prominent.

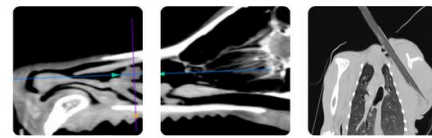
Generalized enlargement of the heart is appreciated – accentuated the right and left ventricle.

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, but zones with dystelectasis of the lung parenchyma.

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

Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

In the cranial abdomen, multiple moderately enlarged and rounded, uniform soft tissue attenuating and heterogeneous contrast enhancing mesenteric lymph nodes are seen.

Both kidneys present multiple, well-defined, roundish intraparenchymal filling defects, measuring up to 10 mm in diameter.

The left adrenal gland presents the expected size. The right adrenal gland cannot be delineated.

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

The spleen is moderately prominent and has rounded margins. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The left phrenicoabdominal vein is prominent and presents a prominent branch to the left gastric vein.

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

- Soft tissue mass ventral aspect left orbital cavity with semiaggressive osteolytic lesions of the associated osseous structures
- Secondary left sided exophthalmos
- Lymphadenopathy multiple cranial mesenteric lymph nodes and cranial mediastinal lymph nodes
- Splenomegaly
- Possible acquired extrahepatic portosystemic shunt via the left phrenicoabdominal vein
- Multiple simple renal cysts
- Cardiomegaly
- Right adrenal gland not visible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for underlying neoplastic disease – the odds for round cell tumor are high.

A differential for the enlarged mesenteric lymph nodes is reactive lymphoid hyperplasia, but the odds are lower.

FNA sampling of the left retrobulbar soft tissue mass and the enlarged mesenteric lymph nodes is warranted for specification.

The cardiomegaly can be a sequela to general anesthesia and bradycardia; however, a cardiac echo can be used to rule out cardiomyopathy.



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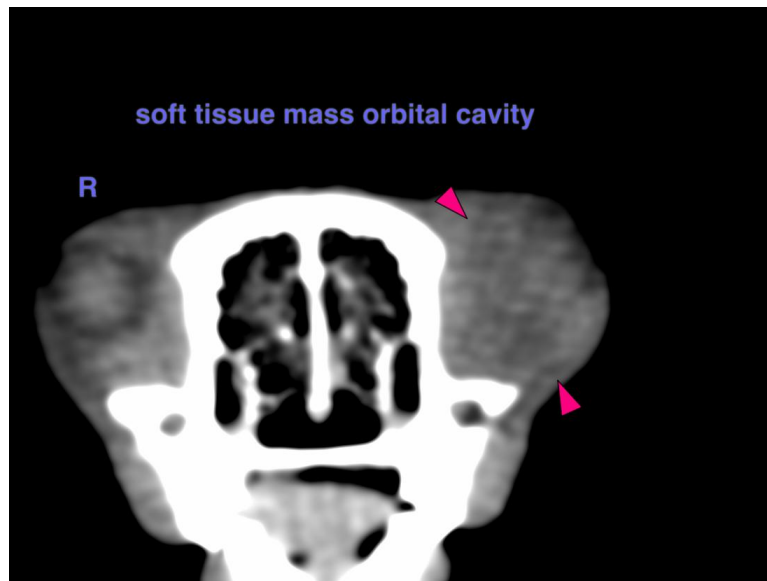
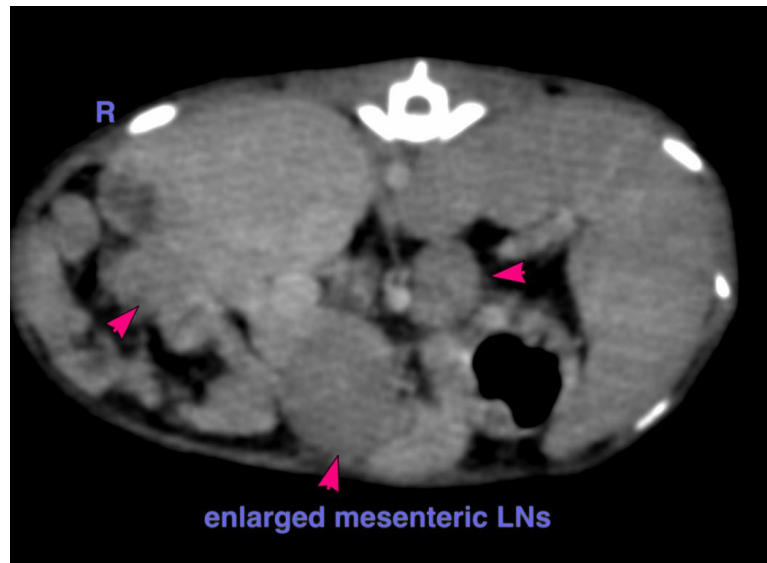
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)