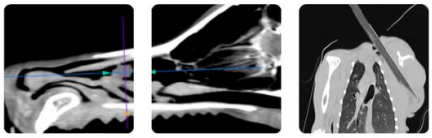

PATIENT

Ginger Dominguez

SPECIES

Ferret

BREED

Ferret

SEX

FS

AGE

6Y

WEIGHT

0.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Armstrong

INVOICE

73694

DATE

2-10-26

PRESENTING CLINICAL SIGNS

9month history of mildly enlarged peripheral LN. Chronically mildly elevated WBC count and low PCV, intermittently responsive to antibiotics. Mild lethargy/ADR for ~6 months. Bone marrow aspirate unremarkable, LN biopsy inconclusive. Concern for infectious disease vs lymphoma vs other.

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, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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 presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. The mesenteric lymph nodes are small and unremarkable.

Both kidneys present mild irregular margins. In the caudal pole of the left kidney, a well-defined, ovoidal shaped parenchymal filling defect is seen, measuring up to 7 mm in size.

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

The spleen presents mild increased volume. The splenic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The liver is normal in size and shape. Throughout the hepatic parenchyma, multiple well-defined, roundish parenchymal filling defects are seen, measuring up to 5 mm in diameter.

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

- Mild splenomegaly
- Multiple simple hepatic cysts
- Left sided simple renal cortical cysts
- Normal skull
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential causes for splenomegaly include extramedullary hematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia, hypersplenism and infectious diseases. If applicable, workup can be complemented by FNA sampling of the spleen.

No additional clinically relevant abnormalities are appreciated.

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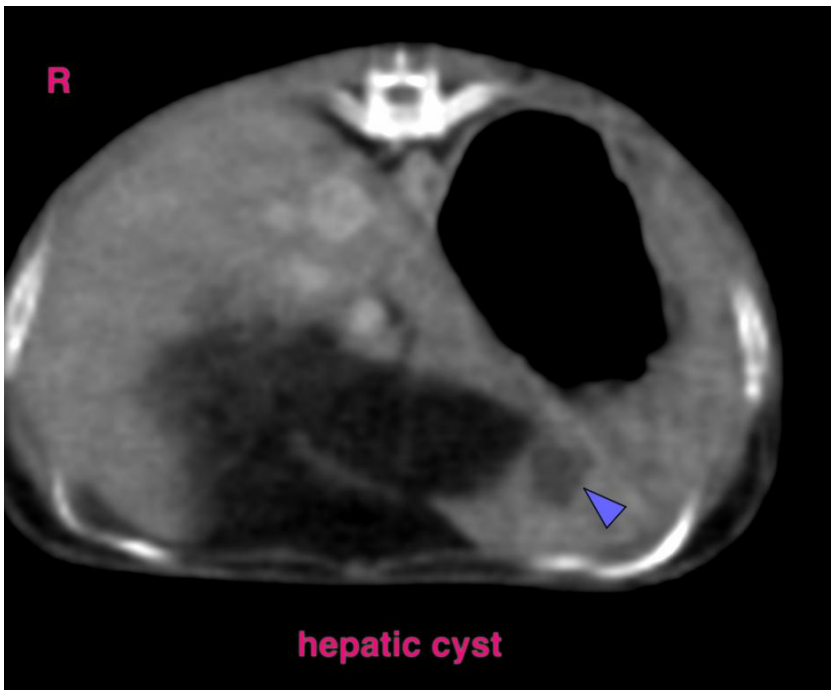

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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