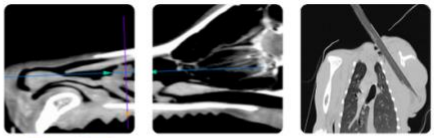

PATIENT

Oat Noicharoen

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

3

WEIGHT

0.77 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

AMC of Corona

REFERRING VET

Dr. Baldwin

INVOICE

36482

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: P recently diagnosed with insulinoma at emergency hospital. P presented for CT scan to see if we could identify a discrete tumor in the pancreas that may be possibly to surgically remove. We noted that there was a large (~6.95-17.96 mm) mediastinal mass in the cranial thorax at the time of imaging and it appears that there is increased contrast concentration in the right internal carotid artery (not 100% sure if that is the correct blood vessel that is hyper contrasting in the neck). P seems to be stabilized with twice daily prednisolone therapy.

Abnormal PE/Chem/CBC/UA Results: HCT: 38 % (43 - 55%) RBC: 6.4 (6.5 - 11.0) HGB: 11.7 (15 - 19) MCHC: 31 (32 - 35) Glucose: 68 (80 - 120) Chloride: 117 (90 - 110) P is still intermittently knuckling on their hind legs despite prednisolone therapy.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

In the cranioventral aspect of the mediastinum, uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen, measuring 8 x 7 x 19 mm.

The sternal and cranial mediastinal lymph nodes are small, unremarkable.

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.

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.

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

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

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The pancreas cannot be clearly delineated and is blending with the gastrointestinal structures.

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

- Cranioventral mediastinal soft tissue mass
- Splenomegaly
- No evidence of pulmonary metastatic disease
- Normal appearing spine

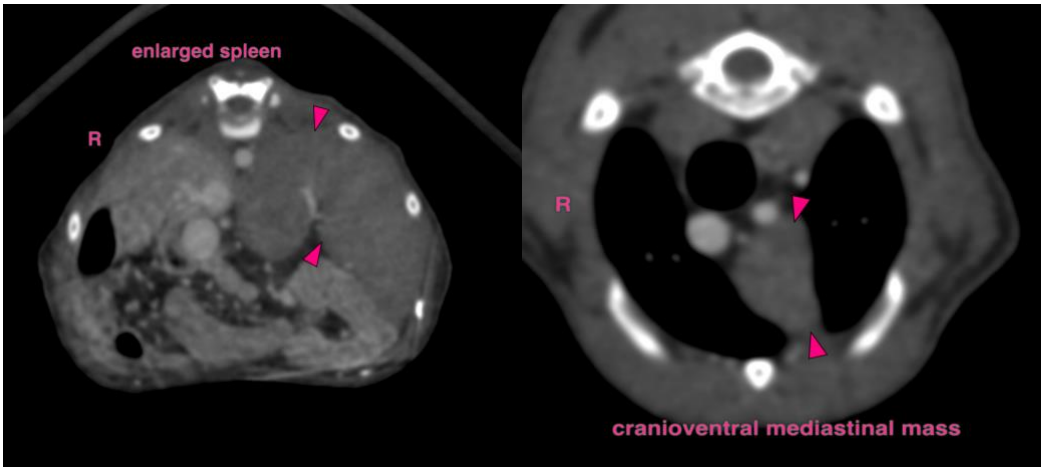
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranioventral mediastinal soft tissue mass can present a mass originating from the thymus – such as thymoma, thymic sarcoma/carcinoma/lymphosarcoma. Ultrasound guided FNA sampling can be performed for specification.

Potential causes for splenomegaly include extramedullary haematopoiesis, neoplasia (especially lymphoma), lymphoid or myeloid hyperplasia, hypersplenism and infectious diseases – FNA sampling can be performed as advanced minimally invasive diagnostic test.

The pancreas cannot be delineated against the gastrointestinal structures.

The appreciated hyperattenuating vascular structure along the neck is likely caused by gravity dependent pooling of contrast medial in local small venous structures.



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.

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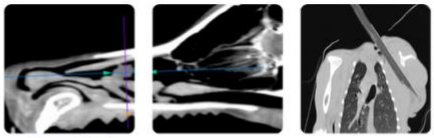

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