



PATIENT

Skeeter Shields

SPECIES

Ferret

BREED

Ferret

SEX

M Neutered

AGE

3Y

WEIGHT

635g

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center
of Corona

REFERRING VET

Bart Huber

INVOICE

74944

DATE

5-7-26

PRESENTING CLINICAL SIGNS

Presented to ER for lethargy and anorexia of 2 day duration. Their initial work up showed hypoglycemia, mild ALT elevation, leukocytosis, anemia . A POCUS showed possible mass in the pancreatic area. Referred to us for more work up. Our initial work up confirmed ER findings but patient readily ate some a/d after exam. Review of rads from ER showed loss of detail in cranial abdomen.

CT - stomach wall appears thickened? and possible free gas in abdomen.

Rule outs - liver disease, insulinoma, septicemia, helicobacter, bowel rupture, bowel neoplasia, Abnormal PE/Chem/CBC/UA Results: Chems - mild elevation of ALT at 455 U/L (65-346 - VEG normals, Carpenter's 49- 243), glucose 41 mg/dL (65-145) CBC RBC 5.01 6.35 - 11.20 M/ μ L L Hematocrit 20.9 37.0 - 55.0 % L Hemoglobin 7.8 11.0 - 17.0 g/dL L WBC 10.27 2.00 - 10.00 K/ μ L H Neutrophils 4.90 0.62 - 3.30 K/ μ L H Monocytes 2.71 0.18 - 0.90 K/ μ L H

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

In the peritoneal cavity, a moderate amount of fluid attenuating material is appreciated along with a small amount of free peritoneal gas. The peritoneal fat presents moderate soft tissue striation.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the parenchyma of the left kidney, multiple well-defined, roundish parenchymal filling defects are seen; measuring up to 3.6 mm in diameter.

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

The wall of the pyloric antrum and pylorus of the stomach are thickened, measuring up to 6.3 mm in width. In the caudal aspect of the pyloric antrum a discontinuity of the gastric wall is seen with gas dissecting into the peritoneal cavity. The small intestinal loops are generalized mildly distended by fluid attenuating material.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Generalized thickening of the wall of the wall of the pyloric antrum and pylorus
- Perforated gastric ulcer
- Secondary septic peritonitis
- Multiple simple renal cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT is consistent with a perforated gastric ulcer and secondary septic peritonitis – underlying gastritis is most likely as the wall layering appears to be maintained. I consider the odds for underlying primary gastric neoplasm low (e.g. adenocarcinoma, lymphosarcoma). Surgical management is indicated.



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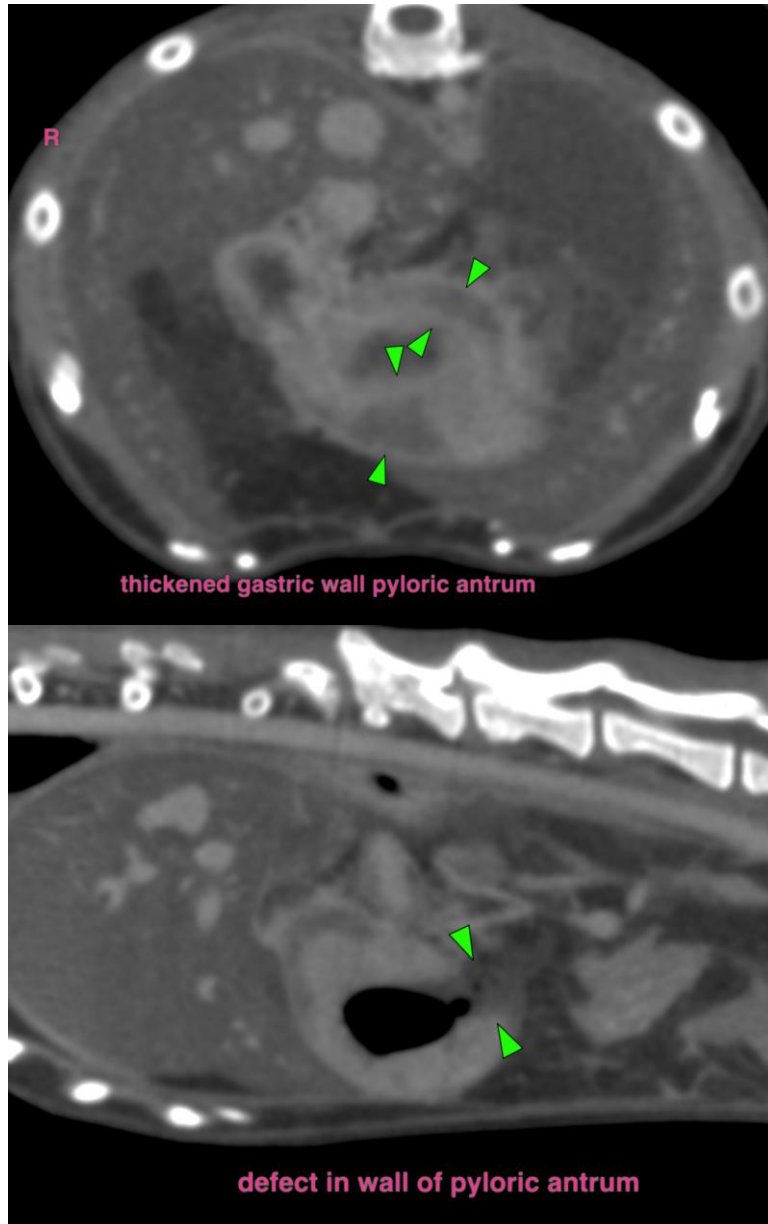
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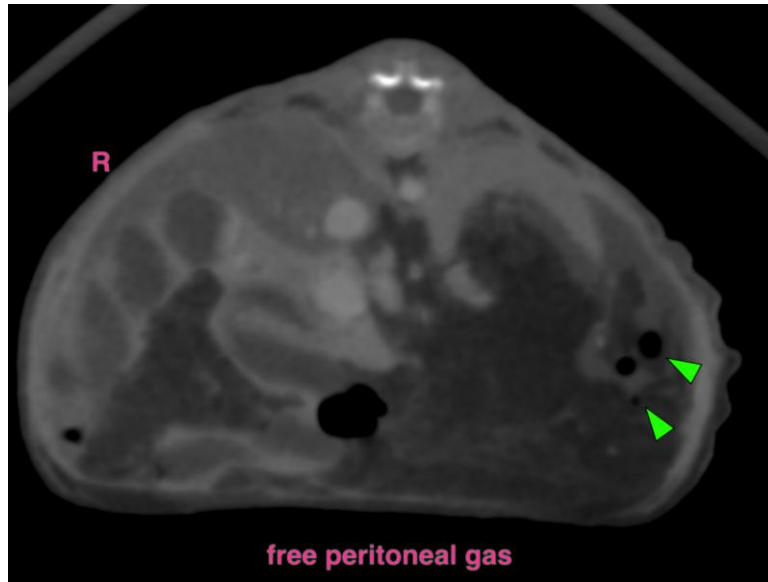
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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