

# A ferret that does not fare well

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## Signalment:

1.5-year-old, male neutered ferret

## History and clinical findings:

6-week history of diarrhea with intermittent melena, bruxism of increased frequency and severity, increasing lethargy and recent vomiting (twice). Treatment with Clavamox®, sucralfate, chloramphenicol, buprenorphine, and prednisolone had been ineffective. The ferret lives with another ferret. A cat is also present in the house but has no contact with the ferrets.

## Diagnostics:

### *Abdominal ultrasonography*

A well-margined, irregularly-shaped, soft tissue mass in right cranial abdomen, enlarged mesenteric lymph nodes.

### *Cytology*

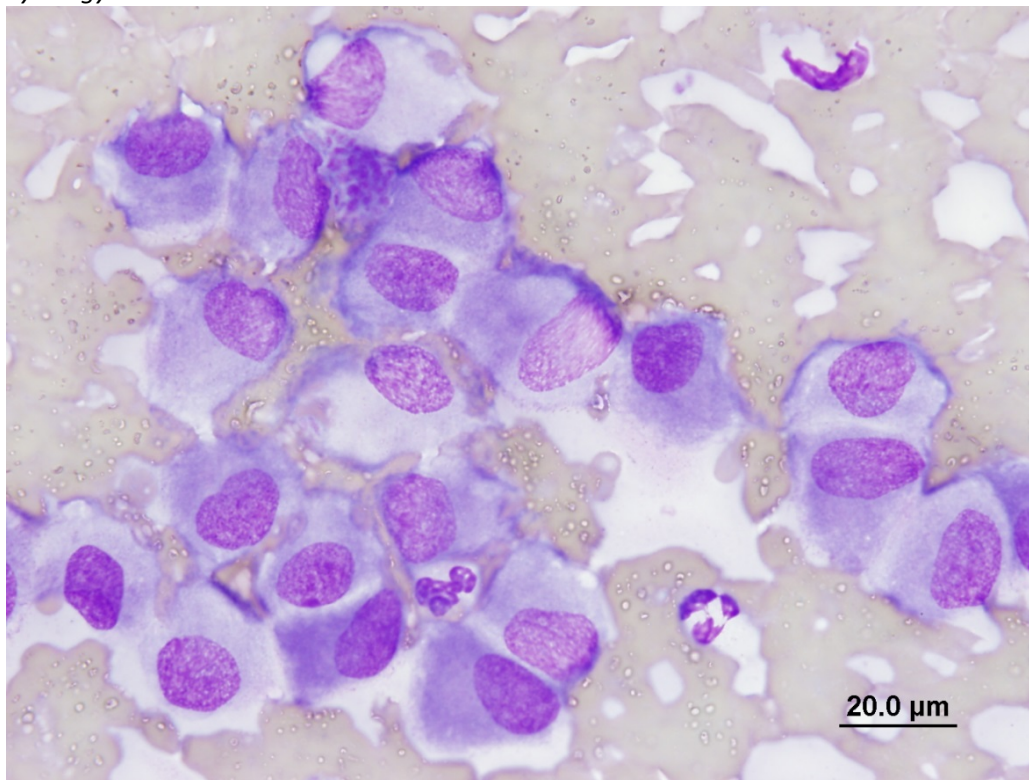


Figure 1

Fine needle aspirate of abdominal mass. Modified Romanowsky stain, 100x.

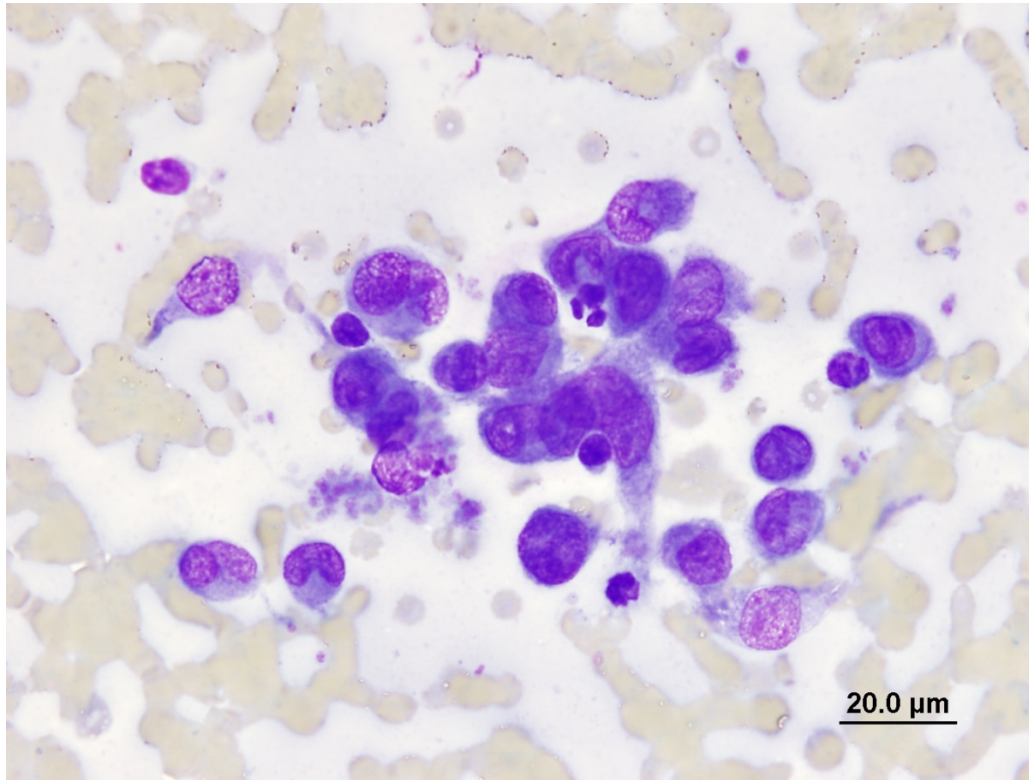


Figure 2  
Fine needle aspirate of abdominal mass. Modified Romanowsky stain, 100x.

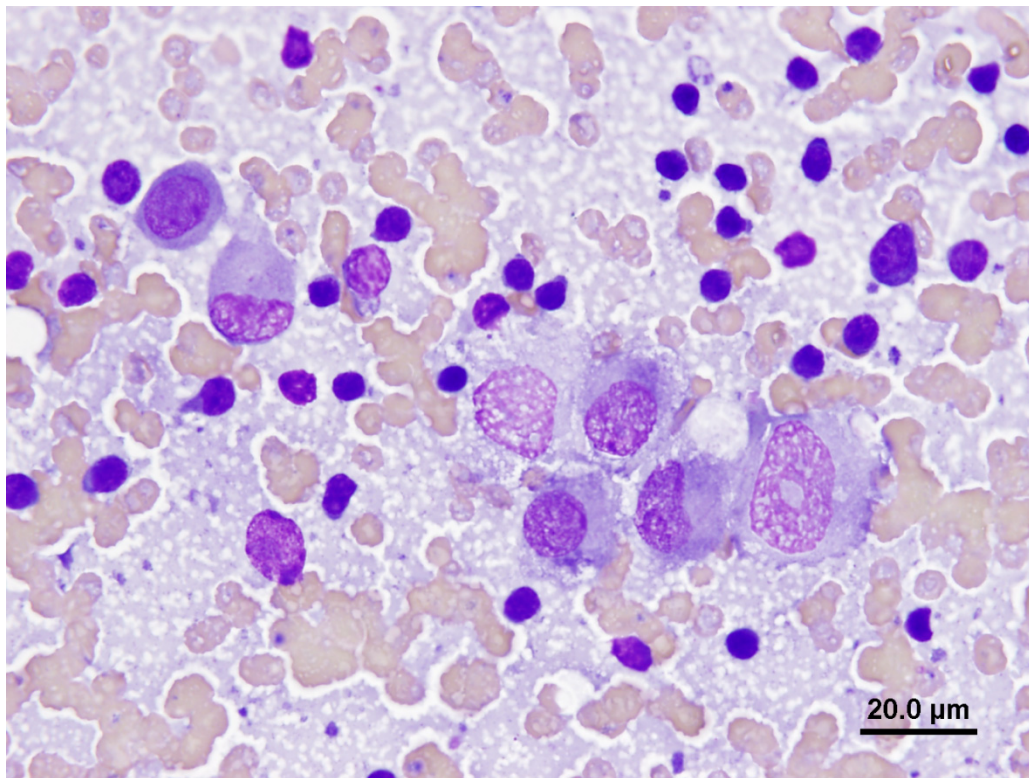


Figure 3  
Fine needle aspirate from a mediastinal lymph node. Modified Romanowsky stain, 100x.



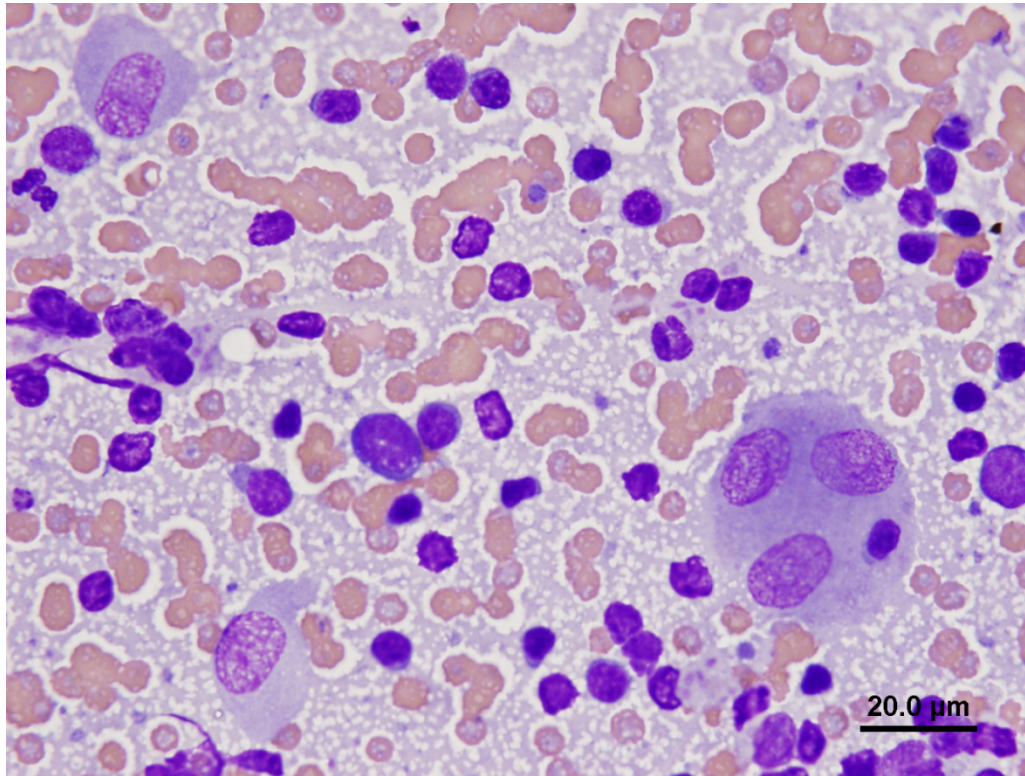


Figure 4  
Fine needle aspirate of mediastinal lymph node. Modified Romanowsky stain, 100x.

**Questions:**

What are the differential diagnoses based on the cytology, signalment, history, and clinical signs?  
What further tests could be done to reach a definitive diagnosis?