



PATIENT

Fluffy Hunko

SPECIES

Rabbit

BREED

Rabbit

SEX

Male

AGE

9 Weeks

WEIGHT

1.4 pounds

INTERPRETED BY

Alicia Angosto
Guerrero, DMV, PgDip,
MSc.

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Paws Wings Scales

REFERRING VET

Dr. Stancel

INVOICE

12098

DATE

11/05/25

PRESENTING CLINICAL SIGNS

GI Stasis- possible obstruction vs. GDV. Eating but not defecating. Abdomen distended w/ Ges, increased RR. Meds: Simethicone, Gabapentin, TMS

Abnormal PE/Chem/CBC/UA Results: Rad consult from VEG showed possible linear radioopaque gastric luminal foreign material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is poorly distended. The wall of the urinary bladder appears thin and smooth. The urine is anechoic. The pelvic urethra and ureteral papillae appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

Both kidneys have a normal shape and size. The cortex is isoechoic in comparison to the normal liver parenchyma. The cortex-to-medulla ratio is within normal limits, and the corticomedullary differentiation is preserved. The renal sinus appears hyperechoic, as expected in rabbits. There is no evidence of pyelectasis, nephrolithiasis, or hydronephrosis.

Adrenal Glands

The adrenal glands are uniform in size and contour, with homogeneously hypoechoic parenchyma. The left adrenal gland measures 0.22 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

Due to its anatomical location and small size, visualization of the spleen in rabbits is challenging and, in this case, was not possible.

Liver

The liver appears subjectively normal in size, structure, and contour. The parenchyma is uniform and slightly hypoechoic compared to the spleen, with a mildly coarse echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin, and the luminal contents are primarily anechoic. The extrahepatic bile ducts are not dilated.

Gastrointestinal

The stomach is markedly distended with a dehydrated food pattern. The gastric wall (body: 0.45 mm) appears of normal thickness and layering. The pylorus was not visualized. The small intestine has a normal wall thickness (0.77 mm) and preserved layering. Most small intestinal loops are fluid-filled and mildly distended, with visible to-and-fro motion. No solid or linear foreign material was clearly identified in the provided video images.

The cecum shows a very thin wall with normal contents, although some regions appear to contain slightly more fluid. The appendix wall measures 1.29–1.45 mm, with normal luminal content. The distal colon has a normal wall thickness (0.35 mm) and contains scant fecal material.

Pancreas



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In rabbits, the pancreas is a diffuse organ that cannot be reliably evaluated by ultrasound due to interference from gastrointestinal gas. No signs of inflammation were detected in the area examined.

Free Abdomen

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A small amount of turbid abdominal effusion is present. While a minimal amount of clear fluid can be a normal finding in rabbits, the turbid character of this effusion suggests a potentially inflammatory or infectious component, and abdominocentesis for cytologic and biochemical evaluation is recommended.

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Rabbit

PRIMARY FINDINGS

SEX

Male

- Marked gastric distension with a dehydrated food pattern.
- Fluid-filled and dilated small intestinal loops showing to-and-fro motion.
- Cecal content partially fluid with mild luminal variability.
- Small amount of turbid peritoneal effusion.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

1.4 pounds

Ultrasound findings are consistent with intestinal functional obstruction (ileus) or a partial mechanical obstruction, as indicated by the fluid-filled and dynamic small intestinal loops with to-and-fro motion and the markedly distended stomach.

Although radiographs suggested possible linear luminal material, no solid or linear foreign body was identified ultrasonographically. In rabbits, similar obstructive patterns can result from gastric or proximal small intestinal stasis secondary to dehydration, pain, stress, dysbiosis, or early gastrointestinal obstruction (hair, food impaction, or fibrous bezoar).

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The turbid peritoneal effusion may reflect reactive peritonitis or early leakage of proteinaceous fluid, but could also be a nonspecific reactive finding in the context of severe gastrointestinal stasis. Given the young age (9 weeks), a functional stasis secondary to dysautonomia, pain, or dehydration is statistically more likely than a true mechanical obstruction; however, a foreign body cannot be ruled out. With a marked gastric and small intestinal distension with an empty colon – a mechanical obstruction remains a strong differential.

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Rebecca Hamilton

Recommendations

- Abdominocentesis of the turbid effusion for cytologic and biochemical analysis is strongly recommended, as results would be critical to guide decision-making regarding surgical exploration versus continued medical stabilization.
- Continue supportive care (fluid therapy, analgesia).
- If no clinical or imaging improvement within 12–24 hours, proceed with exploratory laparotomy to confirm and treat a potential physical obstruction.

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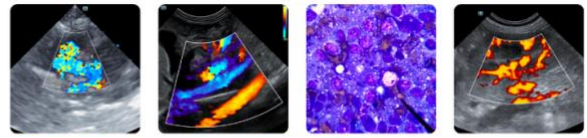
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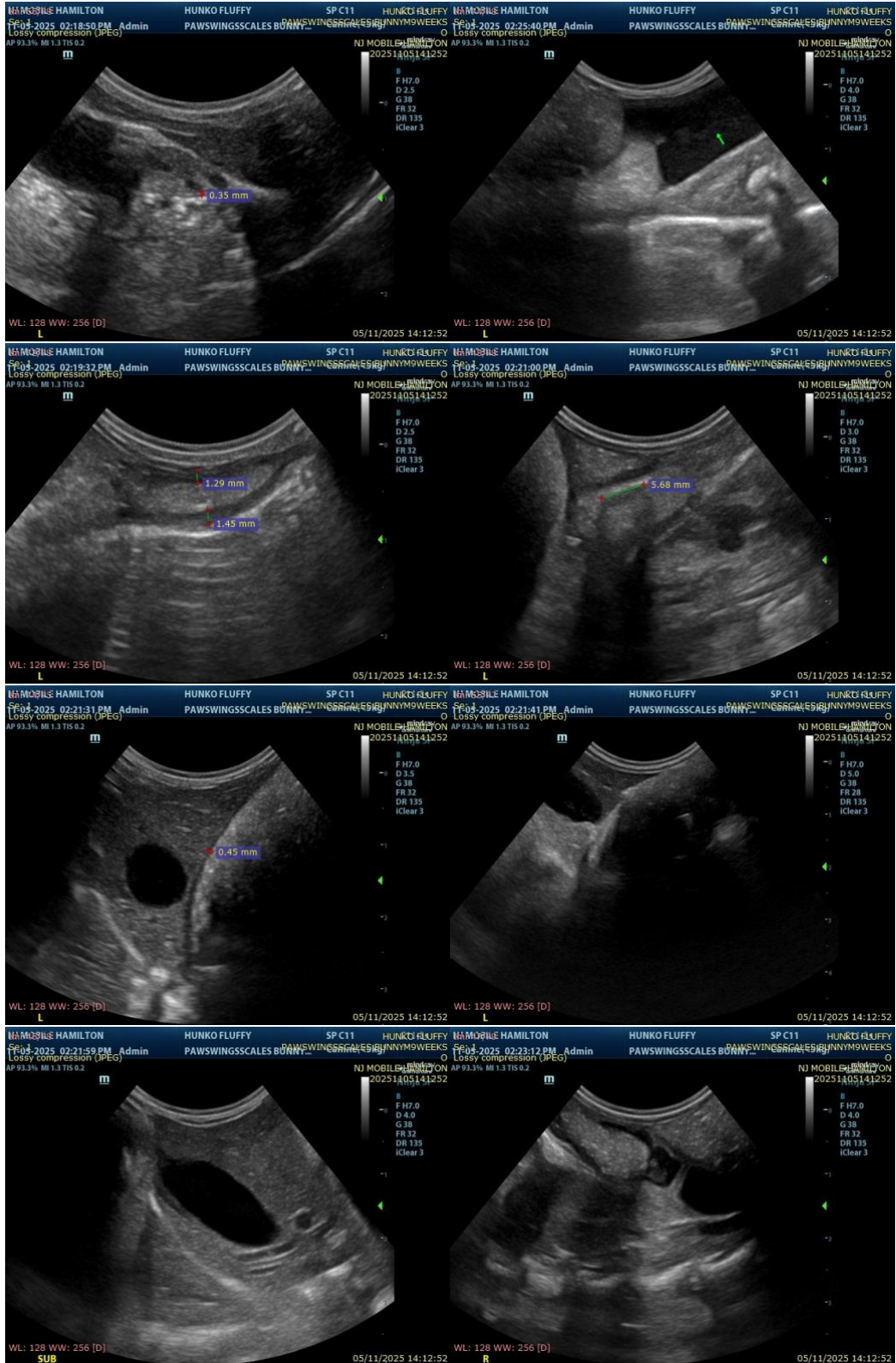
Dr. Stancel

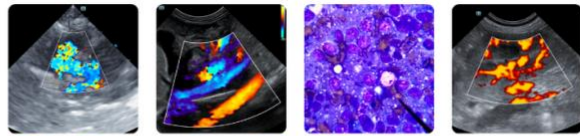
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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