

**PATIENT**

Touka VanAllen

**SPECIES**

Lagamorph

**BREED**

Flemish Giant

**SEX**

Spayed female

**AGE**

2019

**WEIGHT**

10.7 lbs

**INTERPRETED BY**

Alicia Angosto  
Guerrero, DMV, PgDip,  
MSc. MV Esp  
Ultrasound in  
Domestic and Wild  
Animals

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Cherryville AH

**REFERRING VET**

Dr. Laury

**INVOICE**

71512

**DATE**

2/11/26

**PRESENTING CLINICAL SIGNS**

History: ~1# weight loss

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
**Urinary System**

The urinary bladder is moderately distended. The wall appears thin and smooth. Mild urine cloudiness is present, consistent with physiologic calcium excretion typical of rabbits. The bladder neck appears normal. No uroliths or mural abnormalities are identified.

The left kidney measures 3.89×2.27 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary differentiation is preserved. The renal sinus is hyperechoic, as expected in rabbits. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney measures 3.66×2.14 cm, with a cortical thickness of 0.39 cm in the sagittal plane. The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary differentiation is preserved. The renal sinus is hyperechoic, as expected in rabbits. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

**Adrenal Glands**

The left adrenal gland measures 0.37 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measures 0.40 cm at the cranial pole and 0.41 cm at the caudal pole. These measurements fall within expected limits for adult rabbits.

**Spleen**

Splenic thickness measures 0.39 cm. The spleen has a normal shape and homogeneous echotexture.

**Liver**

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

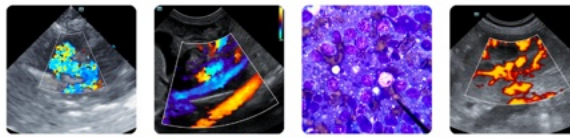
Not visualized (common in rabbits).

**Gastrointestinal**

The stomach is distended with a food pattern producing marked acoustic shadowing from the mucosal layer, consistent with a high pellet/dehydrated food content or gastric stasis. Gastric wall thickness is within normal limits (body: 0.12 cm; pylorus: 0.37–0.40 cm) with preserved layering.

The small intestine measures 0.13 cm in thickness with preserved wall layering. The duodenum measures 0.11 cm. The cecum demonstrates a very thin normal wall (0.52–0.58 mm) with normal contents. The appendix measures 2.43–2.60 mm and appears normal. The *sacculus rotundus* was not visualized. The distal colon measures 0.62–0.74 mm with formed feces present.

A focal segment of small intestine (jejunum-ileum) is markedly thickened, measuring between 1.11 cm and 2.38 mm in wall thickness with complete loss of normal wall layering and severe architectural distortion (mass-like lesion).



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**Pancreas**

The pancreas was not visualized due to the small size and the artifacts from the gastrointestinal tract.

**Peritoneal Cavity**

No abdominal effusion is identified.

In the right cranial abdomen (epigastric region), the peritoneum appears markedly hyperechoic with associated edema and hypoechoic linear striations.

In the mid-abdomen, at the level of the mesenteric arterial root, two markedly enlarged, irregularly margined, markedly hypoechoic and mildly heterogeneous structures are identified measuring 3.46x2.09 cm and approximately 1.17 cm in thickness, respectively. Their location and morphology are most consistent with severely enlarged and structurally distorted mesenteric lymph nodes.

**ULTRASONOGRAPHIC FINDINGS**

This study demonstrates a severely thickened focal small intestinal segment with complete loss of mural architecture, accompanied by markedly enlarged and structurally distorted mesenteric lymph nodes at the level of the mesenteric arterial root.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

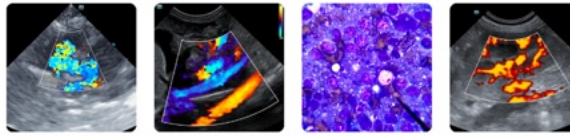
The combination of severe intestinal architectural loss and pronounced mesenteric lymphadenopathy strongly supports infiltrative disease. In rabbits, intestinal lymphoma is reported more frequently than primary intestinal adenocarcinoma and commonly presents with nodal involvement.

Hematologic findings reveal a macrocytic, hypochromic anemia with inflammatory leukogram characterized by neutrophilia, marked monocytosis, and mild toxic change. These findings are also consistent with infiltrative systemic disease.

Overall, findings are most consistent with infiltrative small intestinal neoplasia, with lymphoma considered the leading differential diagnosis.

**Recommendations**

- Ultrasound-guided fine-needle aspiration of the enlarged mesenteric lymph nodes is recommended as a first-line diagnostic step, given their accessibility and marked structural alteration.
- Ultrasound-guided fine-needle aspiration of the intestinal lesion may be technically feasible in experienced hands; however, given the marked mural disruption and ulceration, sampling of the enlarged mesenteric lymph nodes is considered safer and diagnostically preferable as an initial step.
- If cytology is inconclusive and clinical deterioration occurs, exploratory laparotomy with biopsy may be considered.



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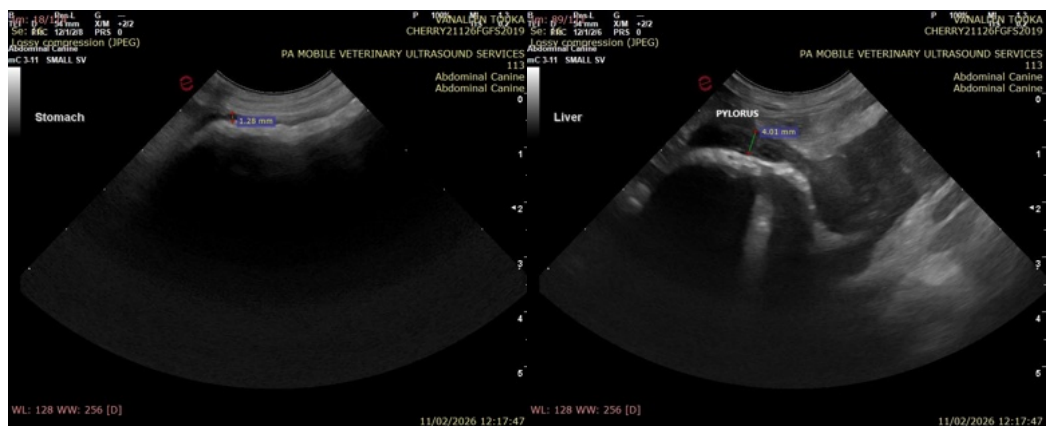
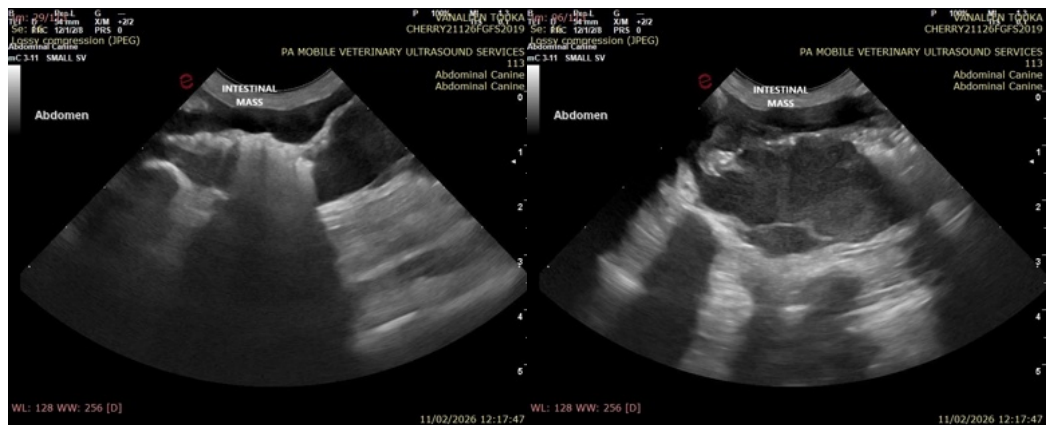
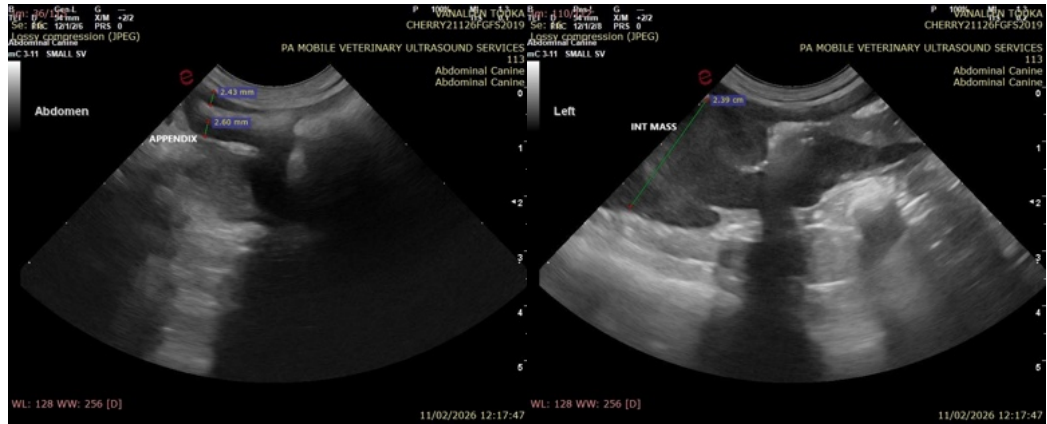
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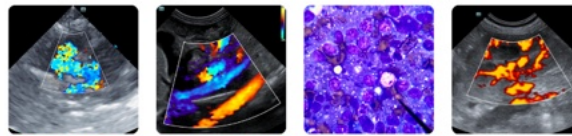
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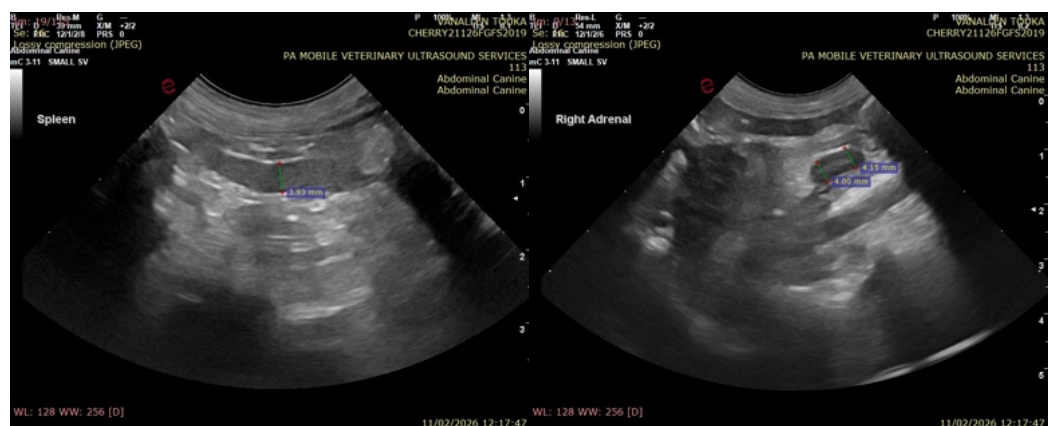
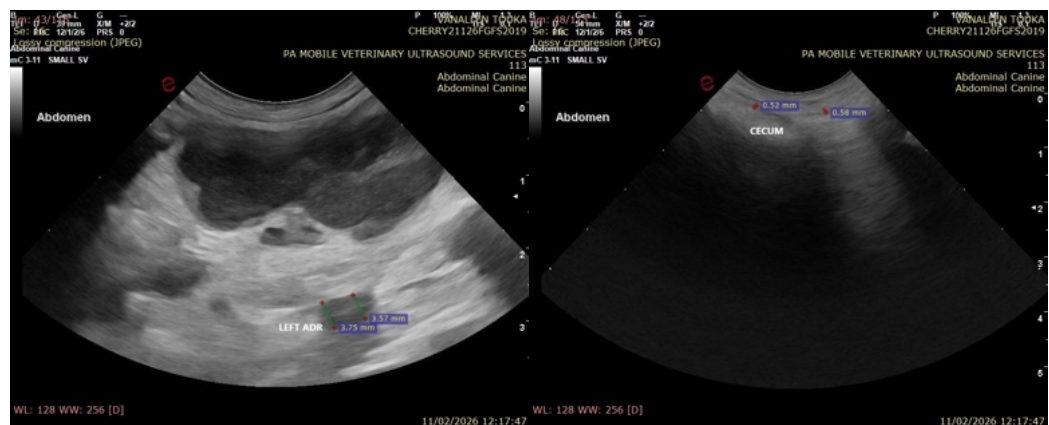
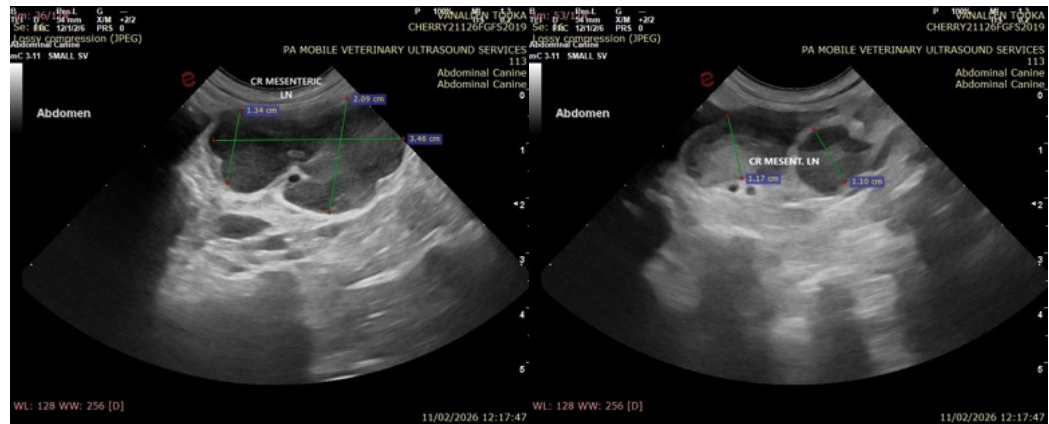
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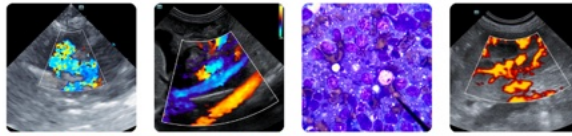
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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MV Esp Ultrasound in Domestic and Wild Animals  
[info@SonoPath.com](mailto:info@SonoPath.com)

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