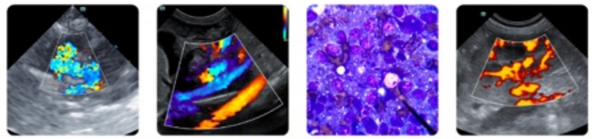


PATIENT

Touka VanAllen

SPECIES

Lagamorph

BREED

Flemish Giant

SEX

Spayed female

AGE

2019

WEIGHT

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

RJ

HOSPITAL NAME

Cherryville AH

REFERRING VET

Dr. Laury

INVOICE

73832

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- Recheck ultrasound. Clinic history indicates patient had CT/FNA at AMC 3.4.26 - not included
- Medication: Metacam, gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes, consistent with physiologic calcium excretion typical of rabbits. The bladder neck and proximal urethra appear normal. No calculi or sonographic evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.11×2.35 cm, with a cortical thickness of 0.39 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

The right kidney is normal in shape and size, measuring 4.19×2.44 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio and definition are preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.43 cm at the cranial pole and 0.39 cm at the caudal pole. The right adrenal gland measures 0.52 cm at the cranial pole and 0.56 cm at the caudal pole.

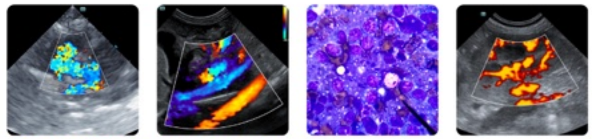
Spleen

Splenic thickness is 0.53 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to falciform fat. No hepatic lymphadenopathy is identified.

Gallbladder is only partially visualized.



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Gastrointestinal

The stomach is distended with a food pattern. Wall thickness is within normal limits (body: 0.10 cm; pylorus: 0.47 cm) with preserved layering.

The small intestine measures approximately 0.13 cm in thickness with preserved wall layering. The lumen appears unremarkable, with no evidence of ileus, tympanism, or obstruction.

The cecum shows a very thin wall with normal contents. The appendix measures 1.94 mm and appears within normal limits. The sacculus rotundus was not visualized. The proximal colon measures 1.11 mm and appears normal. The distal colon measures 0.67 mm and contains formed feces.

A previously described abnormal intestinal segment is again identified. This segment shows marked thickening, measuring approximately 1.39–1.48 cm in total thickness (including lumen and poorly defined wall layers), with loss of normal wall layering and a mass-like appearance. The affected segment extends over an estimated length of approximately 5 cm. Measurements were obtained in regions with luminal collapse to improve comparability with the prior study.

Pancreas

Not visualized (common in rabbits due to small size and artifacts related with ingesta).

Free Abdomen

A very small amount of free fluid is present within the gastro-splenic recess.

Cranial mesenteric lymph nodes measure approximately 0.48 cm in thickness and 1.34x0.7 cm. They are rounded and markedly hypoechoic.

PRIMARY FINDINGS

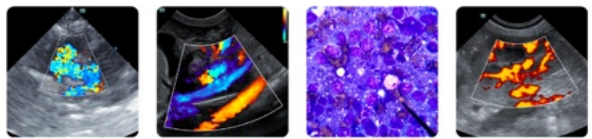
- Thickened focal small intestinal segment with complete loss of mural architecture.
- Enlarged cranial mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously identified segment of markedly abnormal small intestine persists, characterized by severe wall thickening and loss of normal mural architecture, consistent with an infiltrative intestinal process.

However, when compared to the prior examination, there is a measurable reduction in intestinal thickness (approximately 30–35%), suggesting a degree of interval improvement.
More notably, the previously described mesenteric lymphadenopathy has markedly decreased in size (greater than 50% reduction), although lymph nodes remain mildly enlarged and hypoechoic.

Although no information regarding prior diagnostic or therapeutic interventions is available, this



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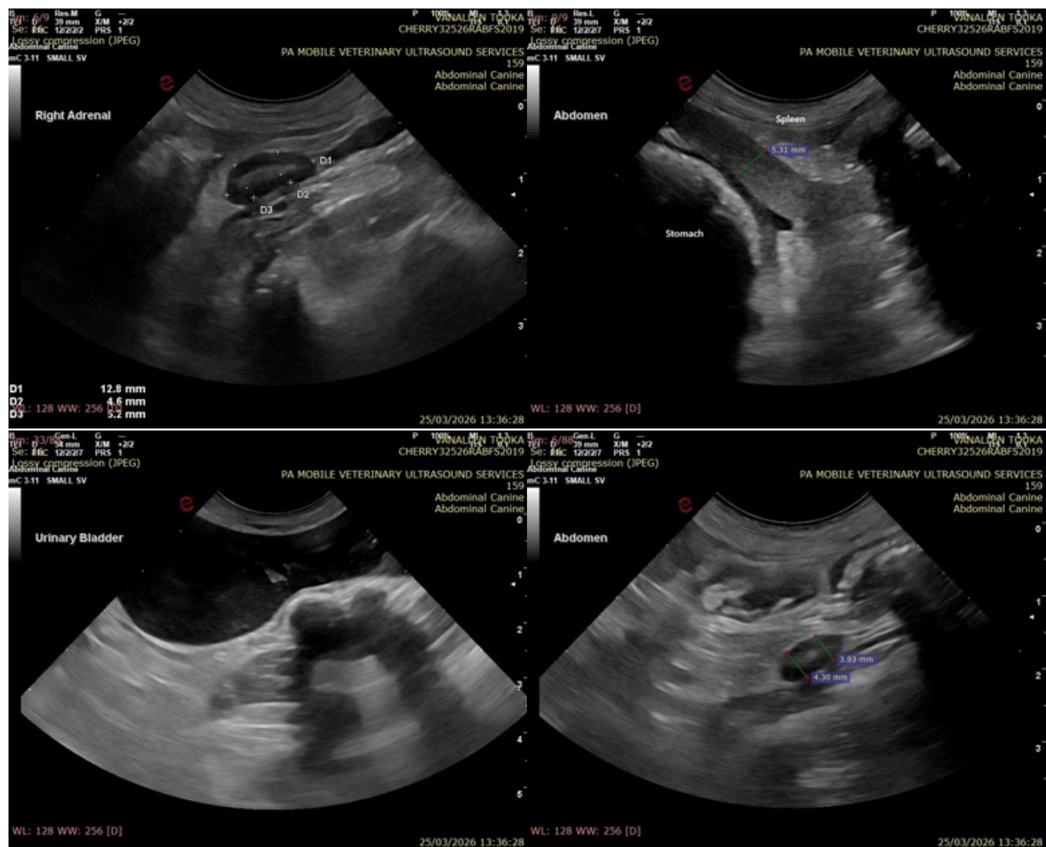
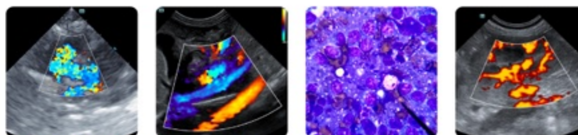
pattern of change—particularly the substantial reduction in lymph node size combined with partial reduction of the intestinal lesion—may be consistent with a treated infiltrative process with partial response, such as intestinal lymphoma.

Despite this apparent improvement, the persistence of a markedly abnormal intestinal segment with complete loss of normal wall layering remains highly concerning for underlying infiltrative disease, and resolution of the primary lesion is incomplete.
No new lesions, generalized lymphadenopathy, or significant effusion are identified.

Recommendations

- Correlation with clinical history regarding previous treatment (chemotherapy, medical therapy) is strongly recommended.
- Correlation with the results of the previously performed CT and FNA (AMC, 03/04/26) is strongly recommended, as this information is critical for interpretation of the current findings.
- Continued imaging follow-up to assess progression or further response.





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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com