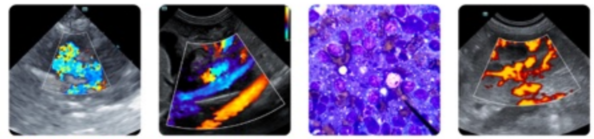


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Turbo Chen

SPECIES
Rabbit

BREED
Mini Rex

SEX
Female

AGE
5 years

WEIGHT
1.85 kg

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Chaley Hunt, LVT

HOSPITAL NAME
SVS Imaging Western Michigan

REFERRING VET
Dr. Levy

INVOICE
77644

DATE
5/18/26

PRESENTING CLINICAL SIGNS

History: What did the patient present for? What are his/her symptoms?
Patient has chronic, recurrent GI stasis that resolves with supportive care at home within an hour-two hours. No history of severe dental disease but rDVM performed dental trimming in April 2026. presented to EVH for GI signs 5/2 and diagnosed with concern for GI stasis/distension on radiographs. Examination demonstrated palpable, abnormal mass effect in mid-caudal coelom. Radiographs demonstrate no significant mass effect, but superimposition of kidney/cecum in region. Patient responded to aggressive medical management with fluids, lidocaine, opioid and mass effect decreased but did not resolve even at discharge. Plan for AUS to assess for mass effect/abnormalities and determine if associate with chronic GI stasis episodes. Bloodwork (PCV/TP and chemistry) unremarkable
Current Medications None
Relevant clinical exam findings and abnormal lab values
No significant concerns at time of AUS
Differential diagnoses
Cecal impaction (foreign material vs. food distension) vs. lymphadenopathy vs. abscess vs. granuloma vs. neoplasia (open) vs. normal variant for patient

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The mildly cloudy appearance of the urine is considered compatible with normal physiologic calcium excretion commonly observed in rabbits. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 2.79×1.39 cm, with a cortical thickness of 0.23 cm in the sagittal plane. The renal cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

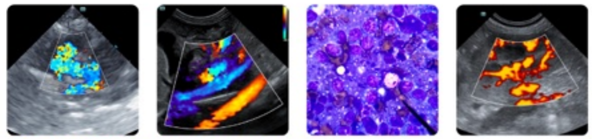
The right kidney is normal in shape and size: 2.49×1.28 cm, with a cortical thickness of 0.20 cm in the sagittal plane. The renal cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Not confidently visualized.

Spleen

Splenic is not confidently visualized. In rabbits, the spleen is normally small and positioned along the greater curvature of the stomach, with the dorsal and medial portions frequently extending partially into



PATIENT

Turbo Chen

SPECIES

Rabbit

BREED

Mini Rex

SEX

Female

AGE

5 years

WEIGHT

1.85 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

SVS Imaging Western Michigan

REFERRING VET

Dr. Levy

INVOICE

77644

DATE

5/18/26

the thoracic cavity. In this patient, the combination of small splenic size and normal anatomic positioning likely limited sonographic visualization.

Liver

The liver appears subjectively normal in size, contour, and echogenicity. The hepatic parenchyma is mildly coarse in echotexture but otherwise homogeneous. Color Doppler demonstrates visible hepatic vascular flow.

The gallbladder is not confidently visualized, which can be a normal finding in rabbits.

Gastrointestinal

The stomach is moderately distended with ingesta and demonstrates a normal wall thickness and preserved layering pattern (fundus: 1.18 mm; pylorus: 2.99 mm).

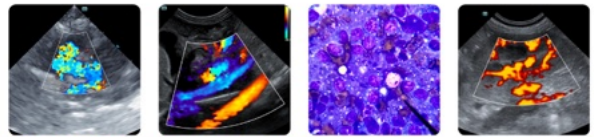
The small intestinal loops demonstrate preserved wall layering and subjectively normal wall thickness where measurable. Mild-to-moderate diffuse fluid distension of portions of the small intestine is present, associated with reduced but persistent intraluminal motility and intermittent to-and-fro movement of luminal fluid.

The cecum demonstrates a normal very thin wall measuring 0.34-0.36 mm, with normal luminal contents. The appendix wall measures 2.21 mm. The sacculus rotundus measures 2.32-2.71 mm in thickness. The proximal colon/fusus coli contains a combination of empty folded segments and regions containing normal cecotroph material. The distal colon demonstrates a normal thin wall with formed fecal material within the lumen.

One markedly abnormal segment of gastrointestinal tract is identified, although its precise anatomic origin cannot be definitively determined due to regional distortion and severe distension. This segment may represent distal ileum immediately proximal to the cecal junction. The affected loop demonstrates severe focal luminal dilation containing markedly impacted heterogeneous hyperechoic material, compatible with either a compacted foreign body, severe trichobezoar, or mixed impacted ingesta/trichobezoar material. Marked distal acoustic shadowing is present. Mild regional hyperechoic mesenteric/peritoneal reaction surrounds the affected loop, accompanied by mild regional lymphadenomegaly and a small volume of adjacent free fluid. Evaluation of mural integrity is partially limited due to marked luminal distension and mural tension.

Free Abdomen

Mild focal peritoneal effusion is present adjacent to the abnormal intestinal segment, associated with localized reactive mesenteric/peritoneal changes and mild regional lymphadenomegaly. No pneumoperitoneum is identified.



PATIENT

Turbo Chen

SPECIES

Rabbit

BREED

Mini Rex

SEX

Female

AGE

5 years

WEIGHT

1.85 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

SVS Imaging Western Michigan

REFERRING VET

Dr. Levy

INVOICE

77644

DATE

5/18/26

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Severe focal dilation of an intestinal segment, suspected to represent distal ileum, containing markedly impacted material with strong acoustic shadowing.
- Regional peritoneal/mesenteric inflammatory reaction.
- Small localized abdominal effusion.

SECONDARY FINDINGS

- Subtle regional lymphadenomegaly
- Mild diffuse fluid distension of portions of the small intestine with to-and-fro luminal motion compatible with functional ileus/partial obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

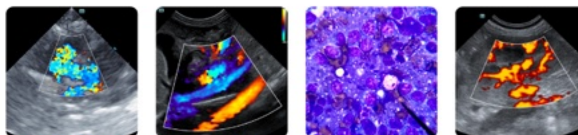
The dominant ultrasonographic abnormality is a severely distended intestinal segment containing markedly impacted intraluminal material with associated focal reactive peritonitis, mild regional lymphadenomegaly, and localized abdominal effusion. Based on location and appearance, this most likely represents a mechanical obstructive process involving the distal small intestine/ileocecal region, potentially secondary to a severe trichobezoar, compacted ingesta, or less likely an intraluminal foreign body. The marked acoustic shadowing and severe focal impaction further support a mechanically obstructive intestinal lesion.

The measured cecal wall thickness (0.34-0.36 mm), appendix wall thickness (2.21 mm), sacculus rotundus thickness (2.32-2.71 mm), pyloric wall thickness (2.99 mm), and distal colonic wall thickness remain within or near reported reference ranges for rabbits. Therefore, primary inflammatory disease centered on the appendix, sacculus rotundus, cecum, or proximal colon (including appendicitis, typhlitis, or sacculitis) is considered less likely based on the current ultrasonographic appearance.
The mild diffuse small intestinal fluid distension with to-and-fro luminal motion supports at least partial functional obstruction/ileus. The associated localized inflammatory reaction and free fluid raise concern for mural compromise or evolving devitalization; however, no definitive ultrasonographic evidence of perforation or pneumoperitoneum is identified at this time. Assessment of complete mural integrity remains partially limited due to severe distension of the affected segment.

An infiltrative mural neoplasm is considered less likely, as a discrete mural mass or clear loss of wall layering is not identified. However, ultrasound alone cannot completely exclude an underlying mural lesion acting as a nidus for obstruction.

Recommendations

- Given the severity and focal nature of the obstructive changes, together with the associated regional inflammatory reaction and difficulty assessing mural integrity, a surgical obstructive lesion remains a significant concern. Although short-term clinical improvement with aggressive medical management may occur in some rabbits with partial obstruction, surgical consultation is strongly recommended given the suspicion for a focal mechanical obstructive lesion and the presence of localized reactive peritonitis and abdominal effusion.
- Continued aggressive supportive care and analgesia, together with close monitoring for worsening abdominal pain, progressive gastric/small intestinal distension, lethargy, or hemodynamic deterioration, are advised pending surgical intervention or in the event surgery



PATIENT
Turbo Chen

SPECIES
Rabbit

BREED
Mini Rex

SEX
Female

AGE
5 years

WEIGHT
1.85 kg

INTERPRETED BY
Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY
Chaley Hunt, LVT

HOSPITAL NAME
SVS Imaging Western Michigan

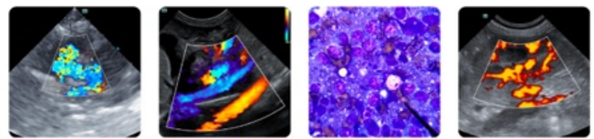
REFERRING VET
Dr. Levy

INVOICE
77644

DATE
5/18/26

is declined.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient’s clinical status.



PATIENT

Turbo Chen

SPECIES

Rabbit

BREED

Mini Rex

SEX

Female

AGE

5 years

WEIGHT

1.85 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

SVS Imaging Western Michigan

REFERRING VET

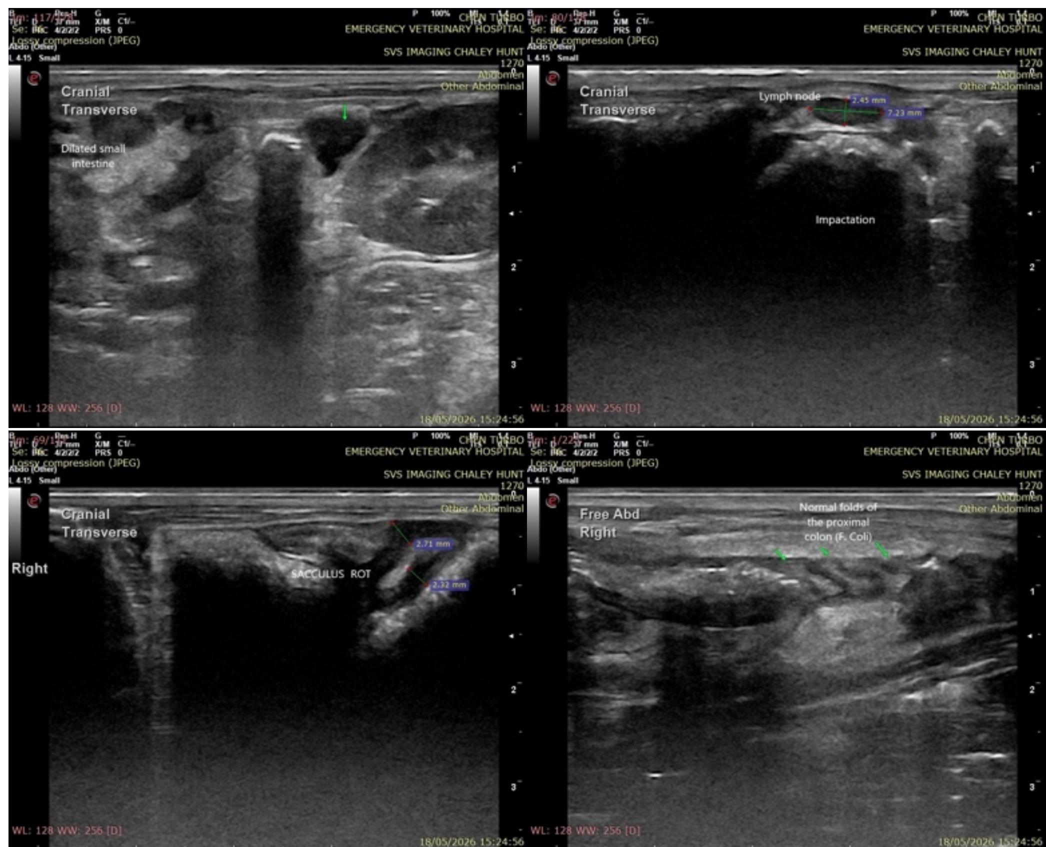
Dr. Levy

INVOICE

77644

DATE

5/18/26



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