



PATIENT

Bun Bun Tipman

SPECIES

Rabbit

BREED

Mix

SEX

Spayed Female

AGE

7 Years

WEIGHT

4.2 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Heidi Putnam LVT

HOSPITAL NAME

Northwest Exotic Pet
Vet

REFERRING VET

Dr. Ramsell

INVOICE

15914

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Indoor only, no other animals, strict diet, no environmental stressors, clinically well except stool. Starting ~Nov 2025 chronic on/off soft stool- smelly, not eating cecotropes. NEG GI parasites (including giardia/crypto/coccidia), although treated w/ Metronidazole and albon once throughout past months. Chronic use of probiotics (bacteria & yeast) and GI prokinetics PO- only works temporarily until stool becomes soft again. E. cuculi POSITIVE- treated once w Fenbendazole (O did mention fenben helped stool- but then became soft again after stopping). tried 2 rounds of different antibiotics at different times and they made no difference in stool. O mentioned 4/22/26 abdominal "lump" that comes and goes (PE palpation WNL- no mass or organomegaly. discussed cecum changes sizes. etc.)

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The cloudy appearance of the urine is attributed to physiologic calcium excretion, which is a normal finding in rabbits. The bladder neck and proximal urethra are unremarkable. No cystoliths or sonographic evidence of inflammatory or neoplastic urinary bladder disease are identified.

The left kidney is normal in shape and size, measuring 2.81×1.51 cm. Cortical thickness measures 0.22 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified.

The right kidney is normal in shape and size, measuring 2.92×1.46 cm. Cortical thickness measures 0.25 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. Corticomedullary ratio and corticomedullary distinction are preserved. No pyelectasia, hydronephrosis, or nephrolithiasis is identified.

Adrenal Glands

The left adrenal gland measures approximately 0.53 cm in dorsoventral thickness. The right adrenal gland is not confidently visualized.

Spleen

The spleen is not 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 the thoracic cavity. In this patient, the combination of small splenic size and normal anatomic positioning likely limited sonographic visualization.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal Tract

The stomach is moderately distended with ingesta and demonstrates normal mural thickness and preserved mural layering. Gastric wall thickness measures approximately 0.14 cm, and pyloric wall thickness measures approximately 0.36 cm, both within expected published reference ranges for rabbits.

The small intestinal wall measures approximately 0.10 cm in thickness with preserved mural layering and no evidence of obstructive ileus, tympany, or mechanical obstruction. The small intestinal lumen is predominantly empty.

The cecum demonstrates a normal very thin wall and normal luminal contents without evidence of cecal impaction, marked dysbiosis, tympany, or mural abnormality.

The appendix and sacculus rotundus are not confidently visualized. In rabbits, non-visualization of these structures despite an adequate cecal examination commonly reflects the absence of mural thickening or inflammation, allowing them to blend sonographically with adjacent intestinal contents and surrounding structures.

The proximal colon wall measures approximately 0.56 mm and contains scant mixed ingesta with a small amount of fluid. The distal colon demonstrates normal wall thickness measuring approximately 0.40 mm, with formed fecal material and expected distal acoustic shadowing present within the lumen.

Pancreas

The pancreas is not confidently visualized due to its small size and overlying gastrointestinal artifact, which is a common limitation in rabbits.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- No clinically significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of clinically significant gastrointestinal disease is identified.

The stomach, small intestine, cecum, and colon all fall within expected ultrasonographic limits for rabbits, including mural thickness measurements when compared with published reference ranges. Cecal contents and wall appearance are considered ultrasonographically normal, without evidence of marked cecal tympany, inspissated ingesta, severe fluid accumulation, or mural edema/inflammation. The intermittent palpable "abdominal lump" described clinically is most likely compatible with physiologic variation in cecal filling, positioning, and ingesta/gas distribution, which can fluctuate substantially in rabbits over short periods of time.

Overall, the current examination supports a functional rather than structural gastrointestinal disorder. In the context of chronic intermittent malodorous soft stool with reduced cecotroph consumption despite otherwise preserved clinical status, chronic cecotroph dysbiosis/abnormal cecotrophy syndrome and functional cecal dysmotility/dysautonomia remain primary clinical considerations.



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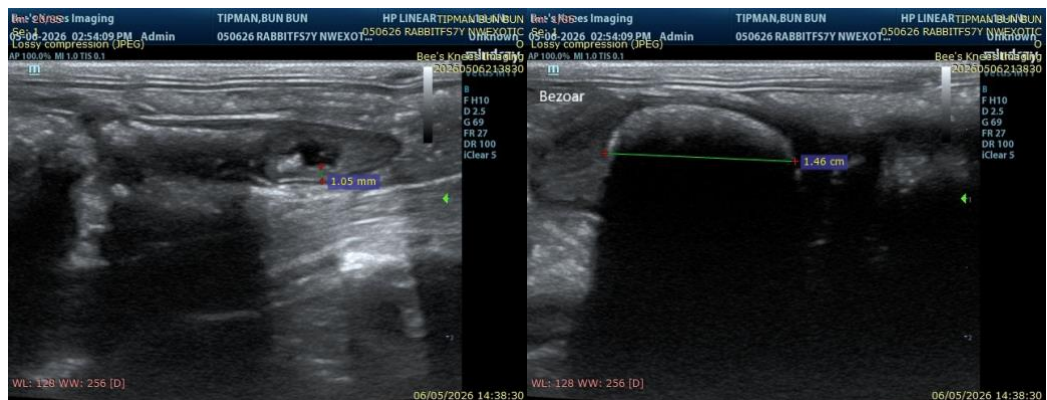
Diet-related cecal dysbiosis is considered possible even in patients receiving apparently appropriate diets, as rabbits may develop chronic instability of cecal fermentation and microbiota composition despite relatively subtle dietary imbalances or individual gastrointestinal sensitivity. Functional alterations in cecal fermentation can lead to production of abnormal, malodorous, poorly formed cecotrophs that are frequently not consumed normally. Importantly, no ultrasonographic abnormalities supportive of severe infiltrative gastrointestinal disease, obstructive disease, or significant chronic inflammatory enteropathy are identified at this time.

Although the patient has a history of positive *Encephalitozoon cuniculi* serology, the current gastrointestinal signs are not considered classically characteristic of primary *E. cuniculi*-associated disease. The reported temporary improvement during fenbendazole administration may therefore have been incidental, indirect, or related to transient modulation of concurrent gastrointestinal dysbiosis rather than direct treatment of a primary parasitic gastrointestinal process.

Recommendations

- Given the absence of significant structural gastrointestinal abnormalities, management should primarily focus on long-term optimization of cecal motility and microbiota balance rather than treatment of overt infiltrative or obstructive gastrointestinal disease.
- Continued strict high-fiber dietary management and minimization of dietary variability are strongly recommended, as subtle alterations in cecal fermentation/microbiota balance may contribute to chronic abnormal cecotrophy in rabbits.
- Continued use of gastrointestinal motility support and/or probiotic therapy may be beneficial if previous clinical improvement has been observed.
- Periodic dental evaluation may also be considered, as chronic low-grade dental disease can contribute to secondary gastrointestinal dysbiosis in rabbits.

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





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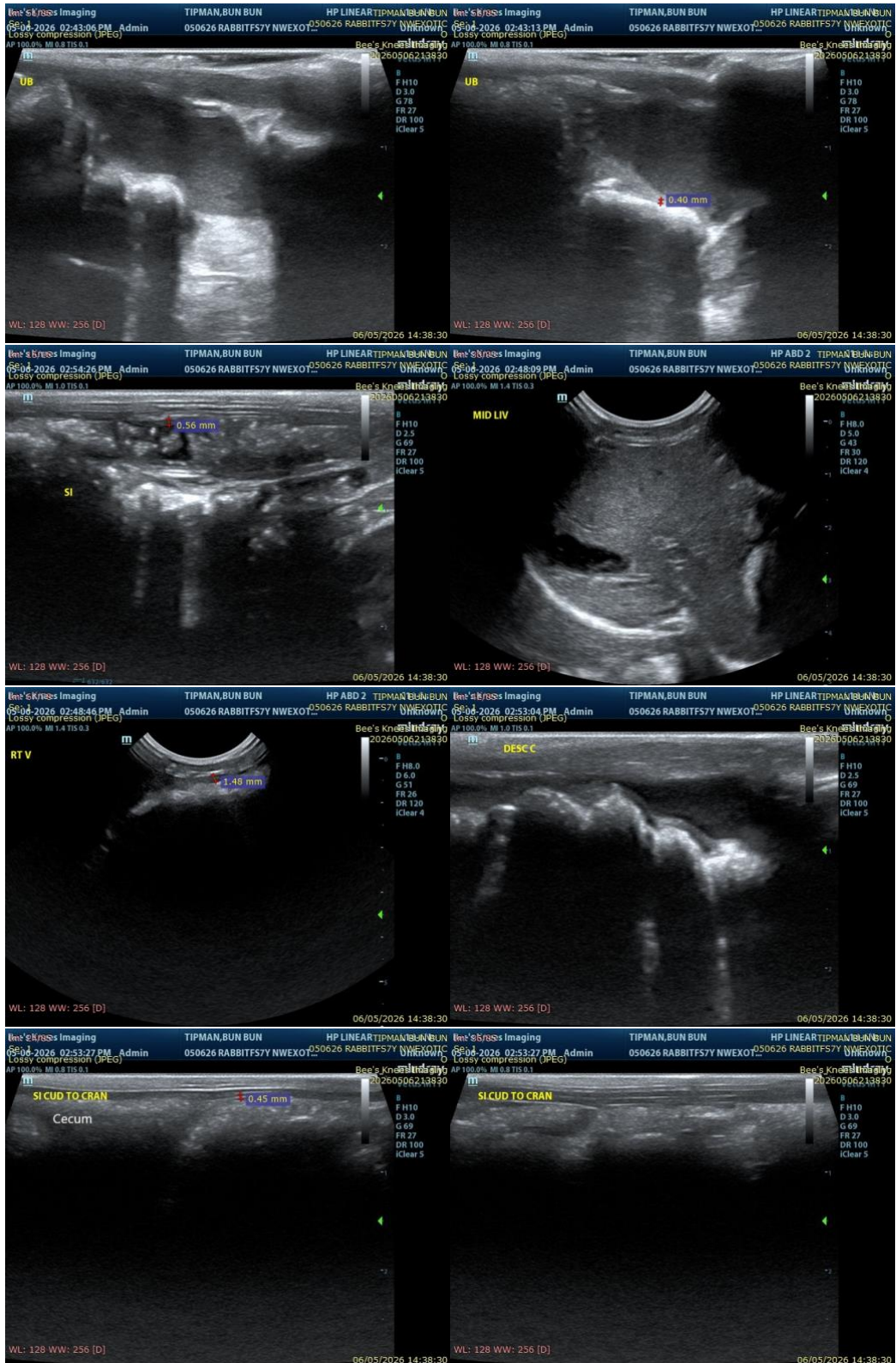
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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