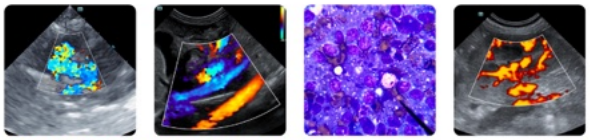


PATIENT

Leche Velez

SPECIES

Rabbit

BREED

Lop

SEX

Female

AGE

5 years

WEIGHT

7.56 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Grasso

INVOICE

78166

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: 5/28: Presented for not eating/defecating 2 days prior, at this time had started acting better and did eat/defecate. Owner noted she was hyperventilating at home and was lethargic.
Radiographs showed NSF.
Owner called again on Saturday she was not defecating again, recommended abd ultrasound.
At time of drop off today owner stated she is eating very little and is still not defecating (has a history of coming in for hind end grooming due to feces stuck to her). Patient was BAR today.

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 cloudy appearance of the urine is attributed to normal urinary calcium excretion, a common physiologic finding in rabbits. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 2.72×1.79 cm, and the cortical thickness measures 0.29 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 2.88×1.87 cm, and the cortical thickness measures 0.27 cm in the sagittal plane. Both kidneys demonstrate cortical echogenicity that is isoechoic 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 evaluation demonstrates a normal vascular pattern.

Reproductive system

The uterus is moderately distended and contains fluid within the lumen. Multiple endometrial cysts are present. One uterine horn is more distended than the contralateral horn and contains echogenic fluid with abundant suspended echoes, resulting in a more turbid appearance than expected for simple fluid accumulation.

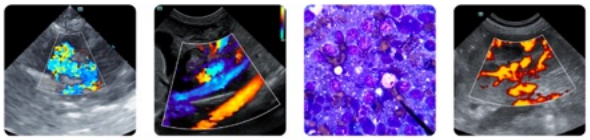
Spleen

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 visualized portions of the liver are subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is homogeneous and of normal echogenicity and echotexture. No focal hepatic abnormalities are identified within the portions examined.

The gallbladder is not visualized.



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Gastrointestinal tract

The stomach is mildly filled with ingesta. The visualized gastric wall is within normal limits in thickness and maintains normal wall layering. The pylorus could not be visualized.

The small intestinal wall thickness is within normal limits, and normal wall layering is preserved throughout the examined segments. A small intraluminal bezoar measuring 3.5 mm is identified; however, there is no proximal gastrointestinal dilation to suggest mechanical obstruction.

There is no sonographic evidence of overt ileus, tympanism, or gastrointestinal obstruction.

The cecum contains normal ingesta and has a normal thin wall measuring 0.32 mm. The appendix and sacculus rotundus could not be visualized.

The distal colon has a normal wall thickness measuring 0.45 mm. Only a small amount of formed fecal material is present within the lumen compared with what would typically be expected in a rabbit.

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

- Fluid-filled uterus with multiple endometrial cysts.
- Asymmetric distension of the uterine horns and echogenic fluid with abundant suspended echoes within one uterine horn.

SECONDARY FINDINGS

- Reduced fecal content within the distal colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Uterine pathology is identified, characterized by luminal fluid accumulation, multiple endometrial cysts, and asymmetric uterine horn distension. The ultrasonographic appearance is most compatible with cystic endometrial hyperplasia associated with hydrometra or mucometra. However, the presence of echogenic luminal contents with abundant suspended echoes raises concern for inflammatory or infectious uterine contents, and pyometra cannot be excluded based on ultrasonographic findings alone. Although pyometra is considered less common than cystic endometrial hyperplasia and sterile uterine fluid accumulation in rabbits, the increased echogenicity and turbidity of the uterine contents may represent early or developing infection and therefore warrant clinical consideration.

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No sonographic evidence of gastrointestinal obstruction is identified. The small intestinal bezoar is considered an incidental finding, as there is no associated proximal gastrointestinal distension. The reduced fecal content within the colon is consistent with decreased gastrointestinal transit. In rabbits, reduced food intake rapidly results in gastrointestinal hypomotility and decreased fecal production; therefore, the observed gastrointestinal changes may be secondary to the patient's anorexia.

Nevertheless, underlying dietary, dental, gastrointestinal, or other systemic factors contributing to chronic gastrointestinal dysmotility cannot be excluded and should be considered in the overall clinical assessment.

Recommendations

- Correlation with CBC findings and clinical examination.
- Ovariohysterectomy is strongly recommended. In addition to addressing the currently identified uterine pathology, intact female rabbits have a high incidence of uterine adenocarcinoma and other reproductive tract disorders with increasing age, particularly after 4–5 years of age.
- Review of husbandry and diet, including the proportion of hay, pellets, treats, fruits, and vegetables consumed daily, as inappropriate nutrition may contribute to chronic gastrointestinal dysmotility and abnormal fecal production.
- Complete oral and dental evaluation is recommended if not recently performed, as dental disease is a common underlying cause of chronic hyporexia and gastrointestinal stasis 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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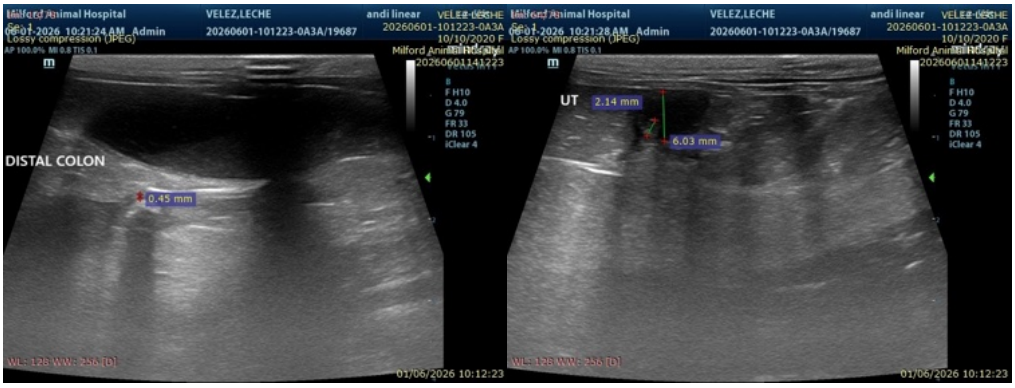

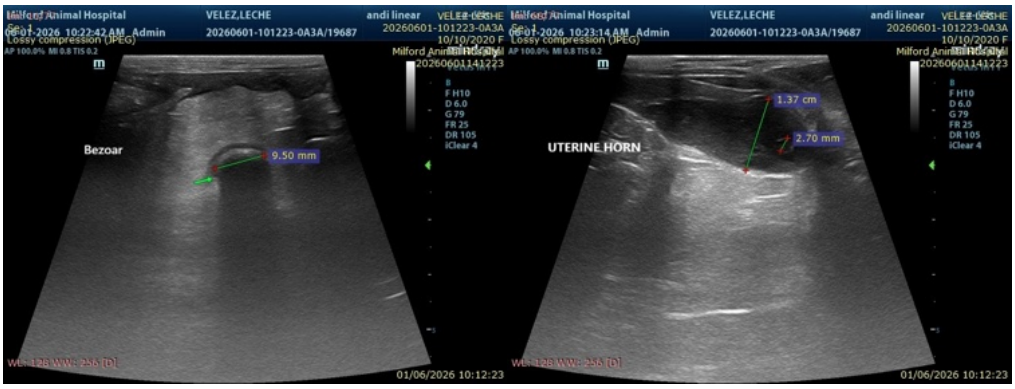

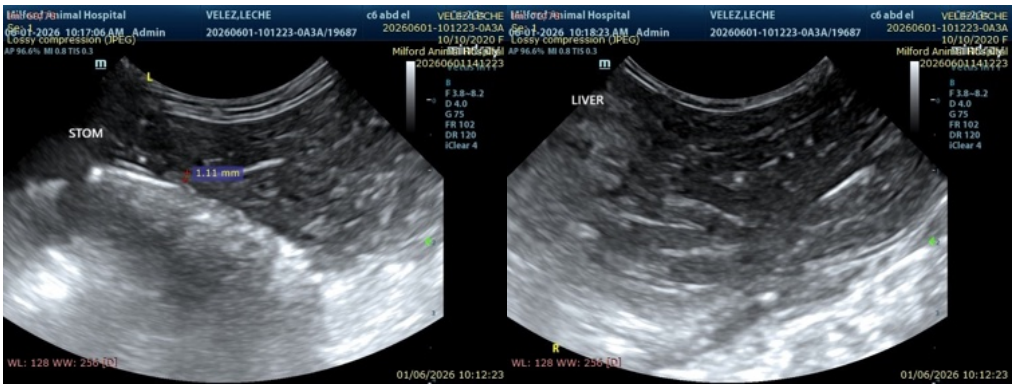

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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