



**DATE PRESENTING CLINICAL SIGNS**

01/16/26

Patient History: Presented 1/7/26 for subtle hindlimb weakness (L>R). No CP deficits, mildly decreased appetite and defecations but still eating, QAR. Started on Metacam, gabapentin, and cisapride. Recheck in 1 week showed continued decrease in appetite and increased hindlimb weakness, splaying legs, mild muscle wasting, weight loss (0.4lb). Whole body rads showed significant loss of intervertebral disc space L2-L3 w/ callous formation, kyphosis, distension of stomach and stomach and liver pushed cranially but ingesta throughout GIT and fecal balls present. Blood work showed severe anemia, leukopenia, mild phosphorus elevations. Switched from Metacam to prednisone. Hospitalized for blood transfusion and supportive care on 1/15.

**PATIENT**

Sandy Cocoros

**SPECIES**

Rabbit

**BREED**

Rex

**SEX**

Spayed Female

**AGE**

03/01/19

**WEIGHT**

4.5 pounds

Current Medications: Cerenia (1mg/kg) - 0.2ml (10mg/ml) SQ (PM), metoclopramide (1mg/kg) - 0.4ml (5mg/ml) SQ q12h (start PM), prednisone (1mg/kg) - 0.68ml (3mg/ml) PO q24h (PM), gabapentin (2mg/kg) - 0.07ml (50mg/ml) PO q12h (start PM), cisapride (0.5mg/kg) - 0.2ml (5mg/ml) PO q12h (start PM), benebac - 1g PO q24h (PM), LRS 100ml SQ (PM), blood transfusion (20mg/kg) - 45ml IV  
Labwork Results: Labwork not attached, reported as: 1/14/26 \*2V whole body rads - no cardiomegaly, normal appearance of lungs, ingesta throughout GIT, fecal balls in colon, liver tucked under ribcage, urine-distended bladder w/ cystolith present, L2-L3 loss of intervertebral disc space, kyphosis, \*CBC/CHEM17 - RBC 2.06, hct 15.8% (hand PCV 12%), WBC 3.63, neut 0.6, mono 0.11, eos 0.01, basos 0.15, lymph 2.76, plt 183, phos 5.4, Ca 11.7, ALP 38, ALT 55, alb 4.8. 1/15/26 \*CBC/CHEM17 - RBC 1.8, hct 14%, WBC 2.22, lymph 0.86, mono 0.16, basos 0.05, plt 112, creat 1.3, BUN 47, ALT 71, ALP 30, phos 6, Ca 11.9  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Declined.  
Imaging Performed by: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

**HOSPITAL NAME**

Chadwell Animal  
Hospital

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.2 cm in length. The right kidney measured 3.67 cm in length.

**REFERRING VET**

Dr. Mengers

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.46 cm width. The right adrenal gland measured 0.40 cm width.

**INVOICE**

13230

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

### ***Liver***

The **liver** was swollen with mild hyperechoic fat associated with the liver. The gallbladder and common bile duct were unremarkable.

### ***Gastrointestinal***

The **stomach** was filled with ingesta. The pylorus appeared patent embedded with ingesta. The small intestine and colon were unremarkable. Hard stool was noted in the stomach as well.

### ***Pancreas***

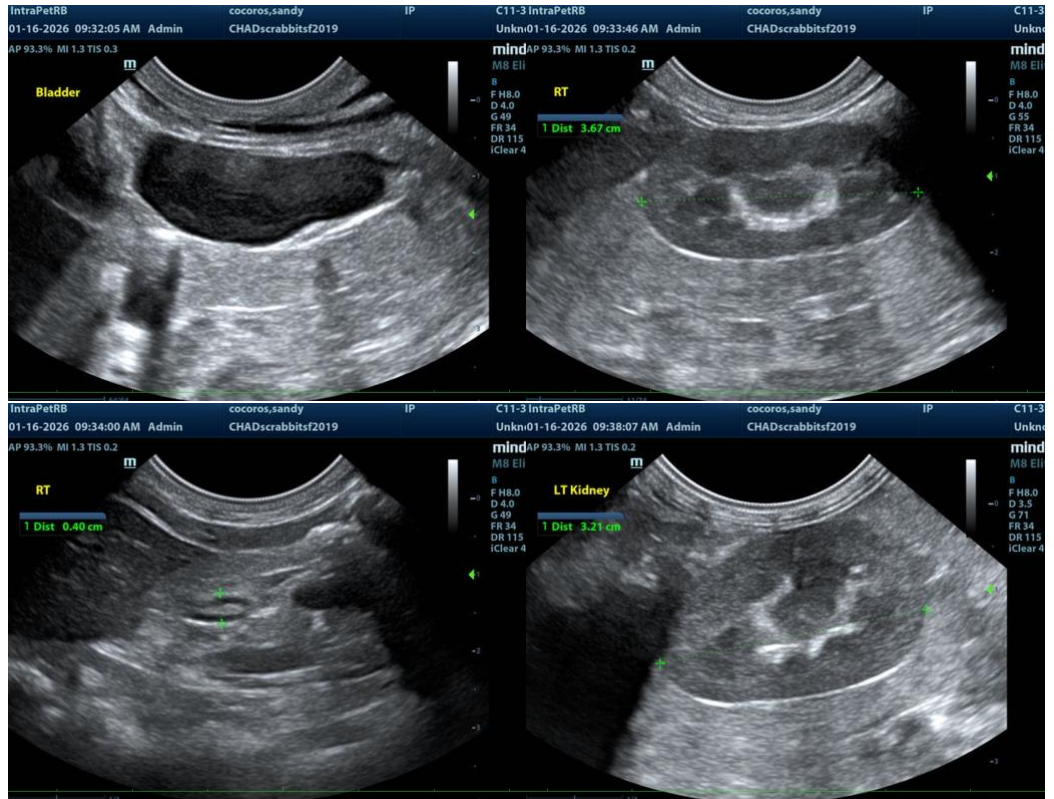
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

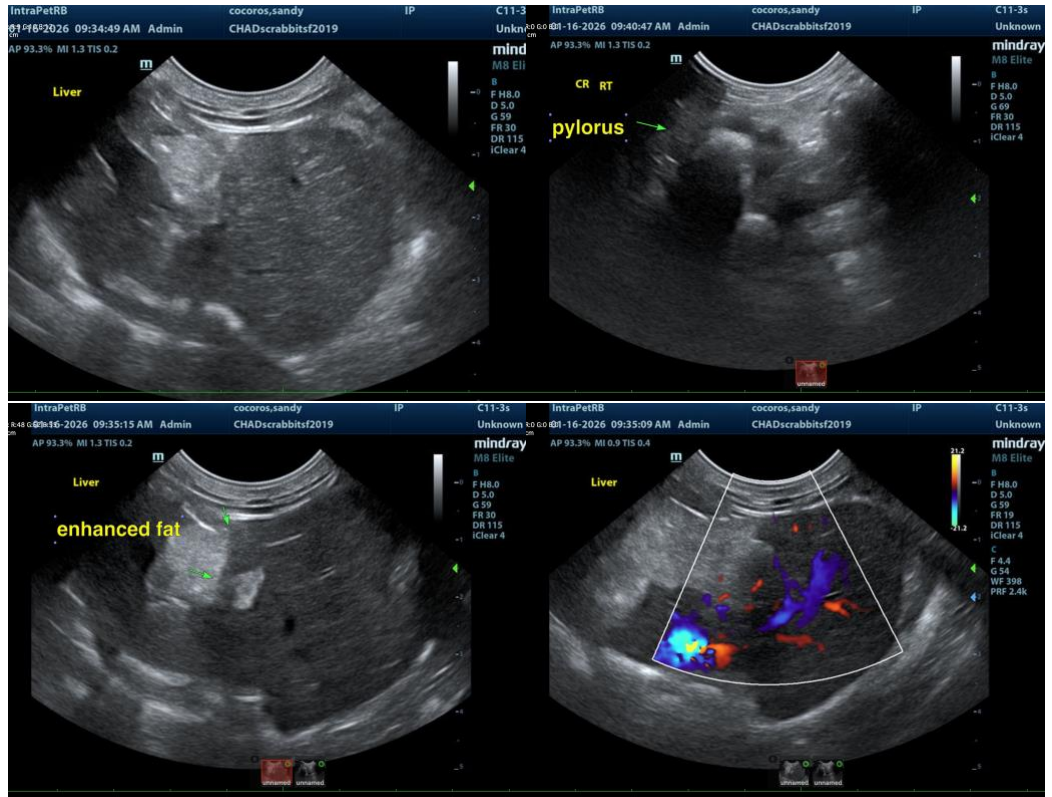
### **ULTRASONOGRAPHIC FINDINGS**

- Over distended stomach.
- Volume contracted spleen.
- Nonspecific swollen liver with enhanced mesentery- torsion is largely ruled out owing to normal vascularity. Potential for hepatitis.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No other evidence of pathology. Supportive care is warranted with recheck sonogram in 3-5 days. The cause of the anemia is unclear in this patient. Bone marrow disease should be suspected.





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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