



**DATE PRESENTING CLINICAL SIGNS**

1/19/26

Patient History: Ibn presented early 1/19 morning as a recheck for not eating well at home and seeming cold to the touch. He was initially seen at MDAEH on 1/16 for abdominal pain and was treated as an outpatient for GI stasis. He returned 1/17 afternoon for no improvement and was hospitalized for 24 hours on supportive care. Since coming home, he has not eaten much, has not defecated much, and is very lethargic. On presentation, he was markedly painful on palpation of his urinary bladder.

**PATIENT**

Ibn Warner

**SPECIES**

Rabbit

**BREED**

Velveteen Lop

**SEX**

Neutered Male

**AGE**

9/15/17

**WEIGHT**

3.05 kg

**INTERPRETED BY**

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

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Moore

**INVOICE**

35493

Current Medications: None listed.

Labwork Results: Diagnostics not attached, reported as: BW WNL; rads showed moderate GI stasis and severe dilatation of urinary bladder

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a large amount of suspended debris.

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 right kidney measured 3.36 cm. The left kidney measured 3.67 cm. A mildly echogenic cyst was noted at the caudal pole of the right kidney, measuring 0.73 cm x 0.5 cm.

**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 0.58 cm. The right adrenal gland measured 0.32 cm.

**Spleen**

The **spleen** appeared volume contracted and folded upon itself caudally.

**Liver**

The **liver** itself was unremarkable. The gallbladder revealed a minor amount of debris with uniform parenchyma. No evidence of masses or inflammation.

**Gastrointestinal**

The **stomach** presented hard ingesta, with potential for underlying impaction. Strong acoustic shadowing was noted with muscularis hypertrophy. The gastric thickening did have some loss of detail, measuring 0.7

cm. The small intestine was unremarkable. Hard stool was noted in the colon, more so than what would be expected to be normal for this species.

### ***Pancreas***

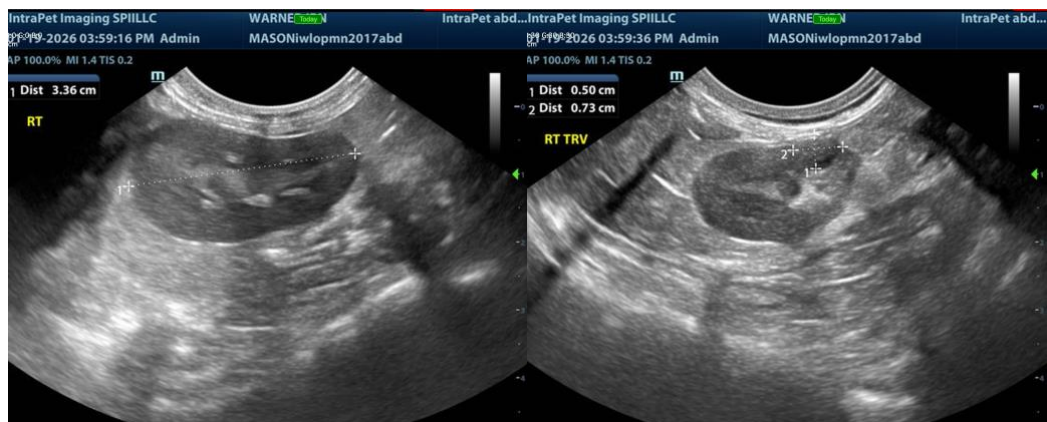
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

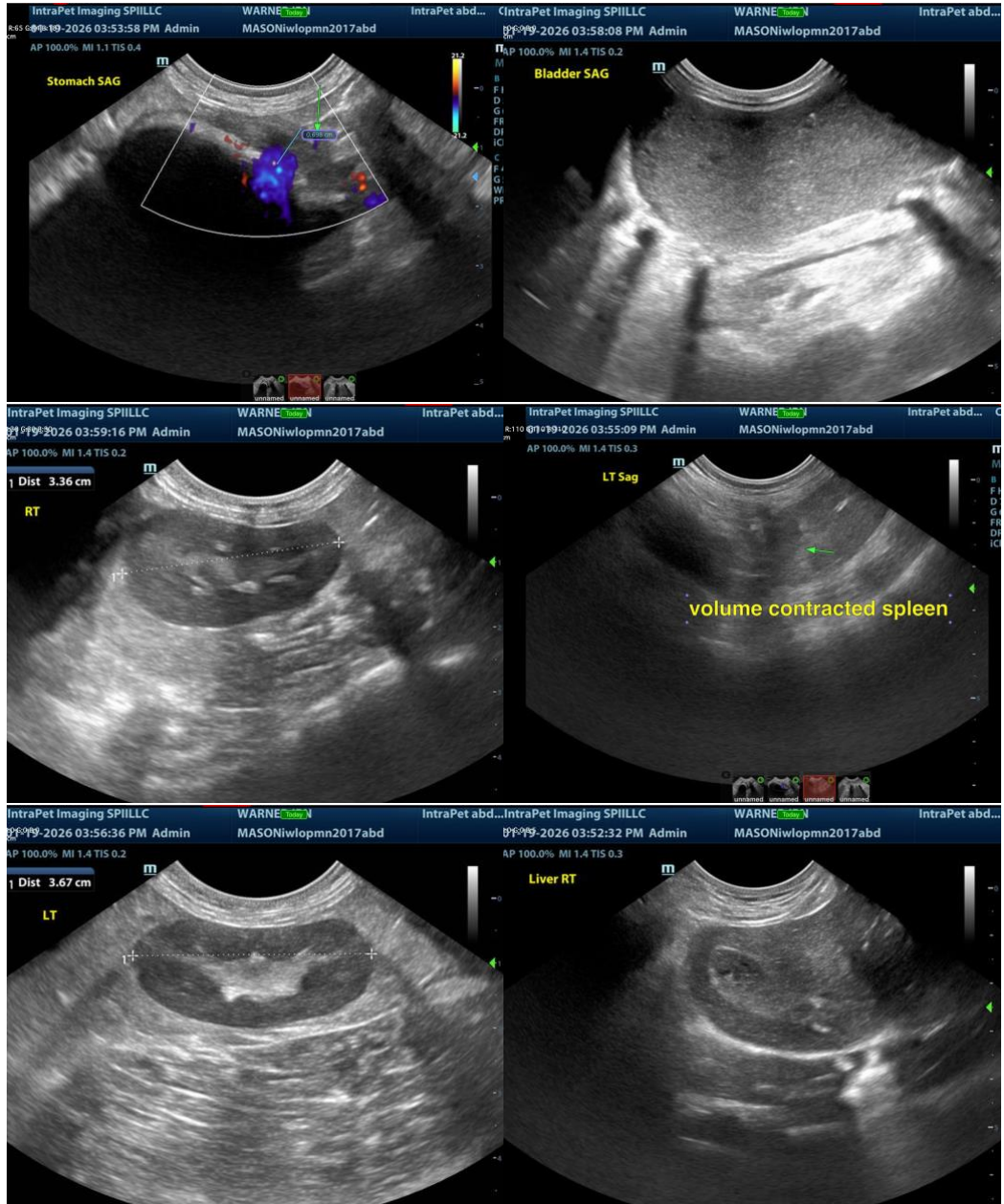
### **ULTRASONOGRAPHIC FINDINGS**

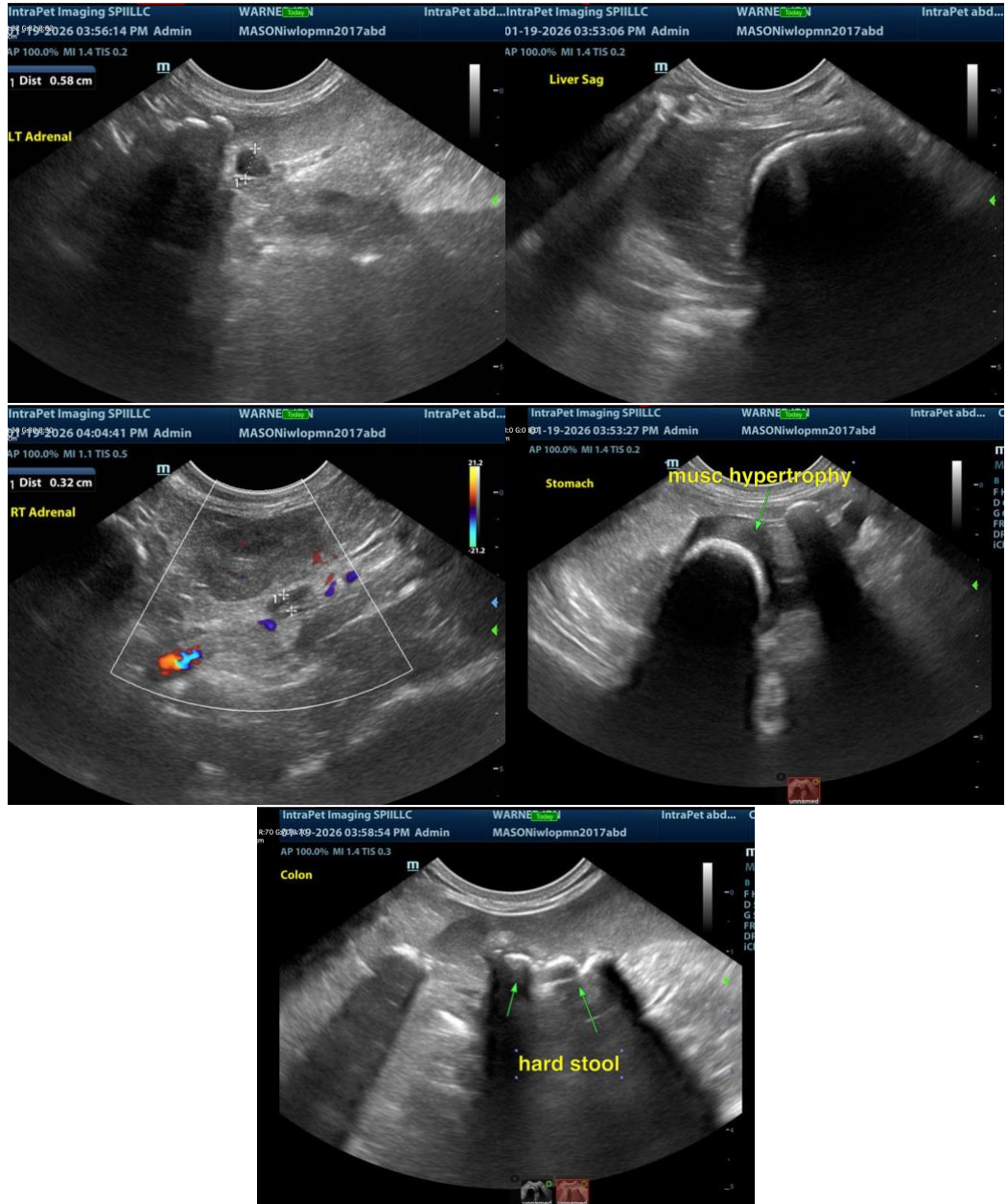
- Hard gastric luminal content and gastric thickening with loss of detail- potential early gastric infiltrative pattern.
- Hard stool in the colon
- Large amount of bladder debris
- Minor gallbladder debris
- Volume contracted, folded spleen
- Mildly echogenic right renal cyst

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

Urinalysis is warranted to assess for any evidence of UTI. Medical management for gastric impaction is recommended. Hydration status should be monitored and supplemented if necessary. If clinical signs persist, despite medical management, recheck sonogram is warranted to assess any progressive growth of the gastric mural presentation.







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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