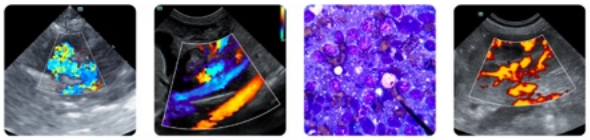


PATIENT

Penny Kirby

SPECIES

Rabbit

BREED

Rabbit

SEX

Spayed female

AGE

12 years

WEIGHT

3.36 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Raj Singh

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Cupka

INVOICE

69169

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Long term declining rabbit with fleas, bilateral cataracts, inappropriate urination, weight loss, hyporexia, and pelvic limb weakness. BW shows anemia, normal chemistry values, severe leukopenia due to lymphopenia with severe neutrophilia. Did not improve with fenbendazole for presumed E cuniculi by previous vet. Today UA and IOP WNL. Radiographs show dorsal displacement of stomach and poor serosal detail. Concern for neoplasia vs infectious disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.1 cm. The left kidney measured 2.7 cm.

Adrenal Glands

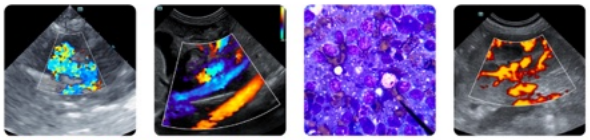
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

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

Liver

The **liver** was mildly heterogenous, yet no overt masses were noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

Some portions of the **GI tract** were obscured by artifact. Examination of the gastrointestinal tract revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Some portions of the **pancreas** were obscured by artifact. 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.

Free Abdomen

Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Free fluid of unknown origin.

Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia, I cannot rule it out. Malassimilation/maldigestion may be an issue. Abdominocentesis and cytospin of the free fluid would be indicated to tapping the free fluid and immediate cytospin would be warranted to assess for underlying occult neoplasia. However, effusions of this type may form in wasting patients.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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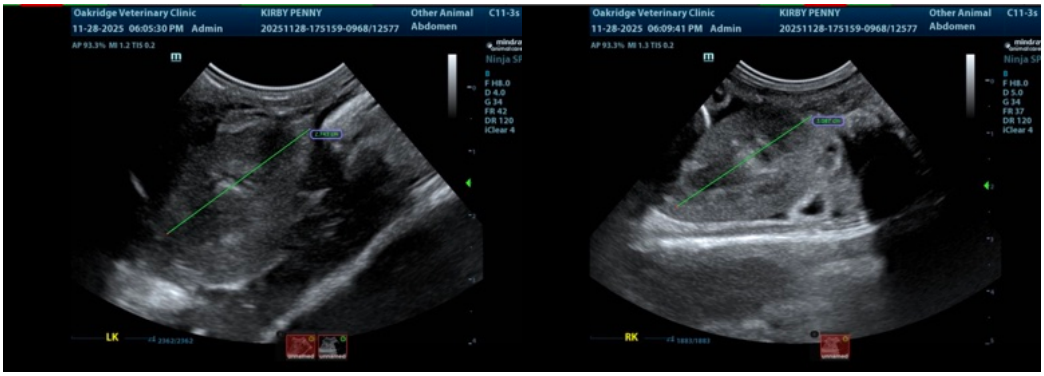

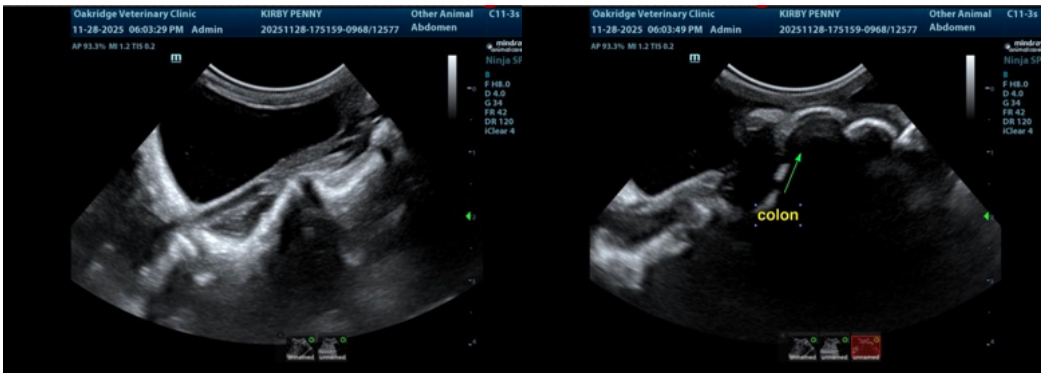

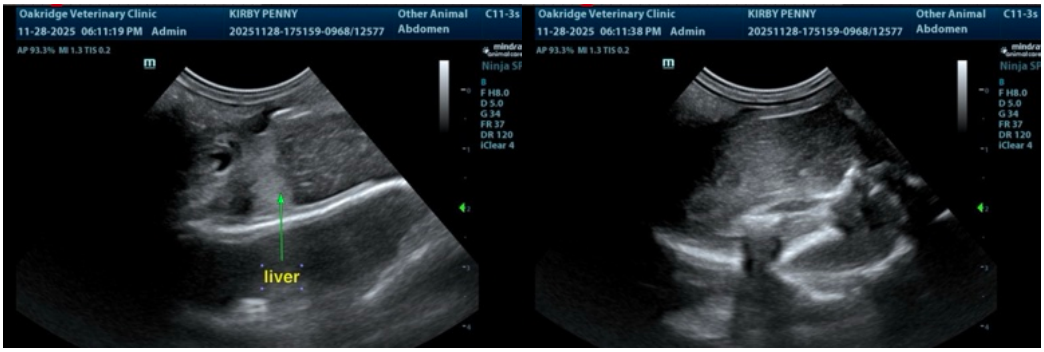

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com