

PATIENT

Zazu Panchenko

SPECIES

Rabbit

BREED

Jersey Woolie

SEX

Neutered Male

AGE

5 Years

WEIGHT

1.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Chaley Hunt LVT

HOSPITAL NAME

SVS Imaging- Western
Michigan

REFERRING VET

Dr. Ivana Levy

INVOICE

12654

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Pt presented for anorexia, concern for dental disease Current meds: Meloxicam, Metoclopramide, Lidocaine, Buprenorphine, Unasyn GI stasis DDX: stress vs. dental disease vs. GI obstruction (foreign body vs. impaction vs. choke) vs. liver lobe torsion (no abnormalities on vetscan) vs. appendicitis vs. dietary imbalance (insufficient fiber vs. high carbohydrate vs. obesity/inactivity) vs. infectious (bacterial, viral, parasitic) vs. dysmotility (ileus vs. bloat vs. megacecum) vs. toxin vs. urinary tract disease vs. neoplasia vs. metabolic derangement Heart murmur (grade 3/6 left apical): physiologic (stress, non-cardiac diseases/conditions) vs pathologic (primary cardiac; functional or structural - degenerative heart disease, etc.) Marked leukocytosis with heterophilia: DDX: infectious vs. inflammatory, open for septicemia Microcytic hypochromic regenerative anemia: hemorrhage (liver lobe torsion vs. trauma vs. infectious disease (GI parasitism)) vs hemolysis (immune- mediated vs. neoplasia) Dental disease Underconditioned

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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.

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 3.12 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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The **stomach** was filled with normal dense shadowing ingesta. A distal small intestinal mass was noted. The mass extended approximately 2.0 cm to 4.0 cm with a wall thickness up to 7.0 mm. The colon was empty.

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.

Free Abdomen

Mesenteric **lymph nodes** were visualized and presented enlarged, rounded and hypoechoic measuring up to 1.4 cm. Reactive mesentery was also noted. Other lymph nodes were also enlarged.

Transdiaphragmatic view revealed comet tail lung pattern (also known as ring down artifact or pleural irregularities) through the diaphragm, which is echogenic sound wave interface with microconsolidations within the lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

ULTRASONOGRAPHIC FINDINGS

- Gastric ingesta.
- Obstructive intestine owing to infiltrative mass.
- Regional lymphadenopathy.
- Comet tail lung pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection is not likely possible in this patient given the lymph node involvement, however, surgical exploratory could be considered. Ultrasound guided FNA of the accessible lymph node is indicated, however, given the comet tail lung pattern, metastatic disease to the chest is possible. Carcinoma or round cell neoplasia are primary concerns. Strictureing granulomatous disease is possible yet thought less likely.





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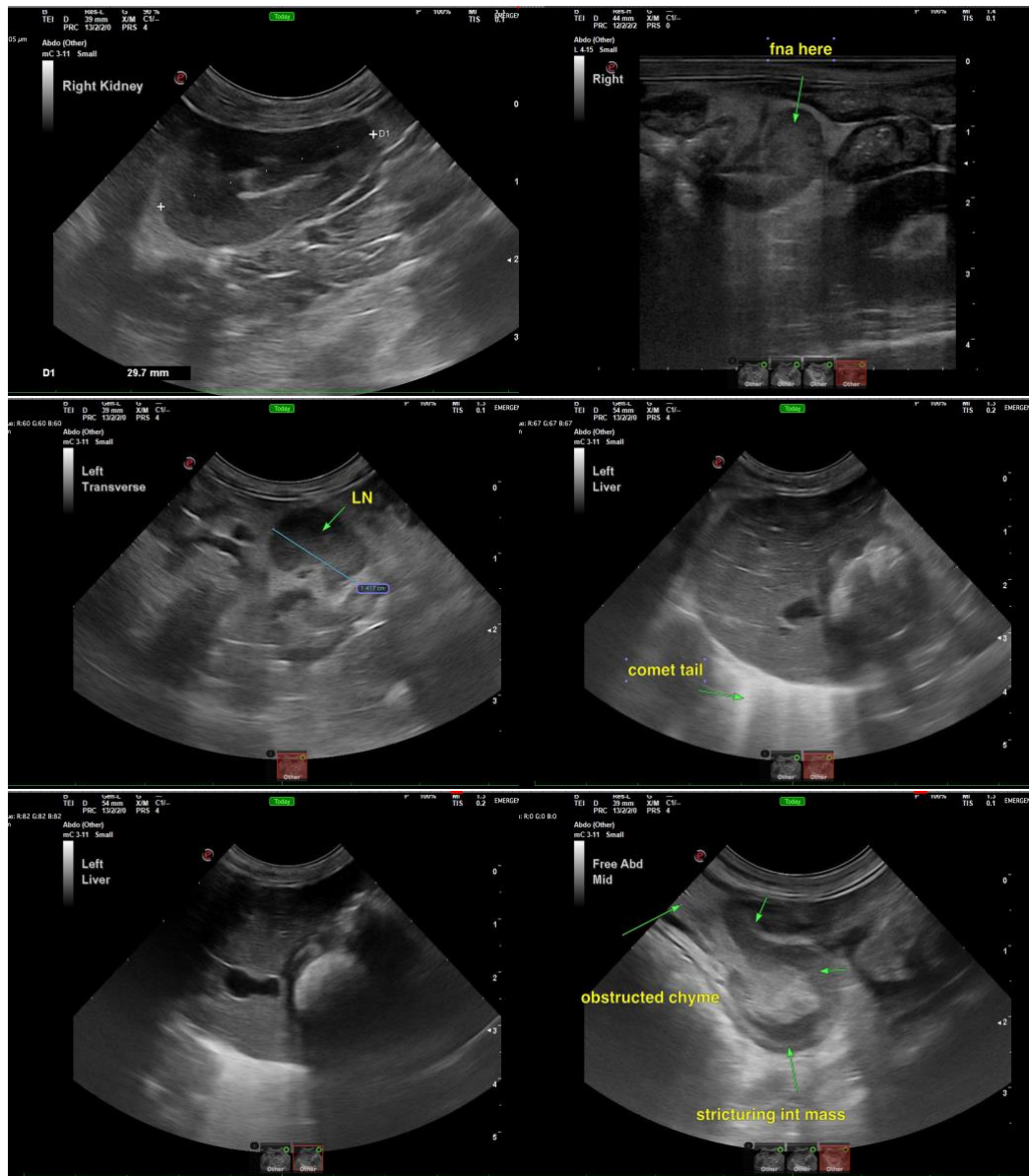
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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info@SonoPath.com



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