



## DATE PRESENTING CLINICAL SIGNS

2/17/26 **Patient History:** P presented on 2/16 for not eating and cold to the touch. On exam, p was QAR, CV/Resp - WNL; oral - dental disease; MM - pink, moist CRT < 2sec; Abd - distended firm stomach; Musc/Skin - WNL  
**PATIENT** P was hospitalized on fluids, medications, and critical care. P stomach was distended that evening and Dr. Gold attempted to pass a gastric tube but unable to pull off gas to resolve distension. repeat rads on 2/17 showed stomach extremely dilated and concerning for obstruction. Bloodwork revealed elevated renal values and mild elevation of WBC. ALT mild elevation.

## SPECIES

Rabbit

## BREED

Dutch

## SEX

Neutered male

## AGE

10/13/24

## WEIGHT

3.95 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## HOSPITAL NAME

Chadwell AH

## REFERRING VET

Dr. Heydt

## INVOICE

71657

**Current Medications:** Meds started 2/16: Reglan (5mg/ml) - 0.05cc SQ BID, Cisapride (5mg/ml) 0.13cc PO BID

Metacam (5mg/ml) 0.05cc SQ SID, Lactulose - 0.7cc PO BID, Simethicone 0.2cc PO BID, SMZTMP - 0.4cc PO BID, benebac 1gm PO SID, SQ LRS 60cc SQ BID, note elimination QID, Critical care

**Labwork Results:** Labwork attached, reported as: rads: obstructive pattern stomach and dilation. CBC: WBC 11.65 K/uL. Chem: Glucose 242, BUN 105mg/dL, Creatinine - unable to read, P 11.7, TP 7.6 (alb 4.8, glob 2.8), ALT 128, ALP 23

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. A minor amount of debris without calculi were noted. No evidence of inflammatory or neoplastic changes was 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 and the right 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. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.34 cm.

### Spleen

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

### Liver

The **liver** was structurally unremarkable with normal vascularity. The gallbladder was unremarkable with mild, excessive hypoechogenicity.

### ***Gastrointestinal***

The **stomach** was over distended with echogenic luminal material. Minor fluid filled intestine was noted. The remainder of the intestines and colon were unremarkable. The colon revealed hard stool. Reactive mesentery and slight free fluid was noted.

### ***Pancreas***

The **pancreas** was undulating and hypoechoic with enhanced surrounding mesentery.

### ***Free Abdomen***

A slight amount of free fluid was noted.

### **ULTRASONOGRAPHIC FINDINGS**

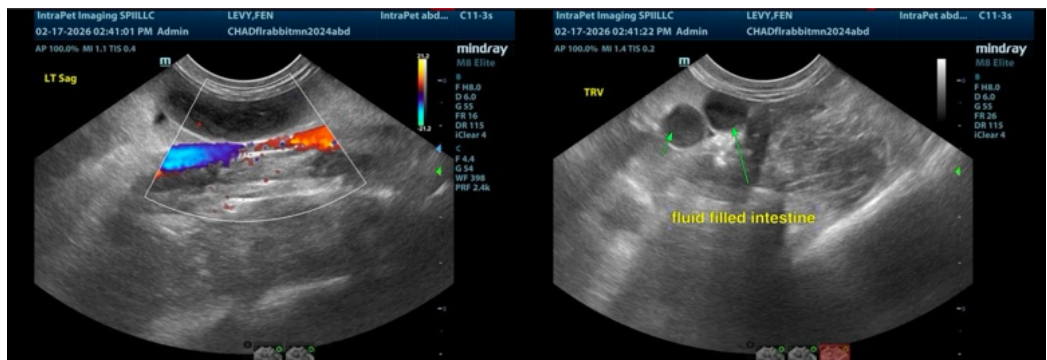
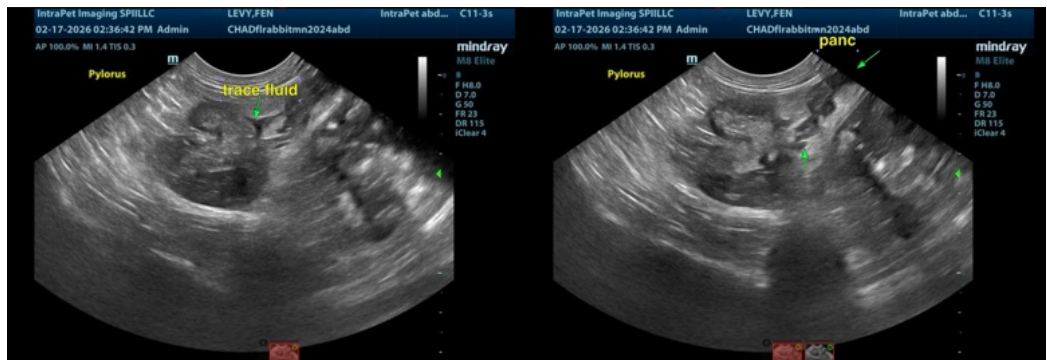
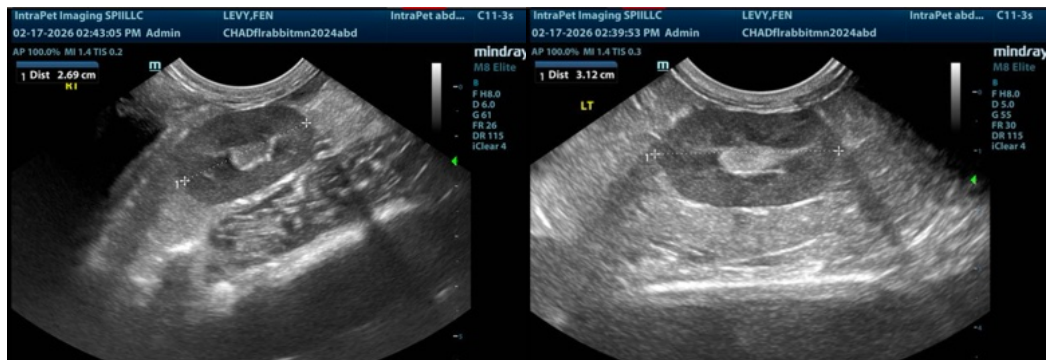
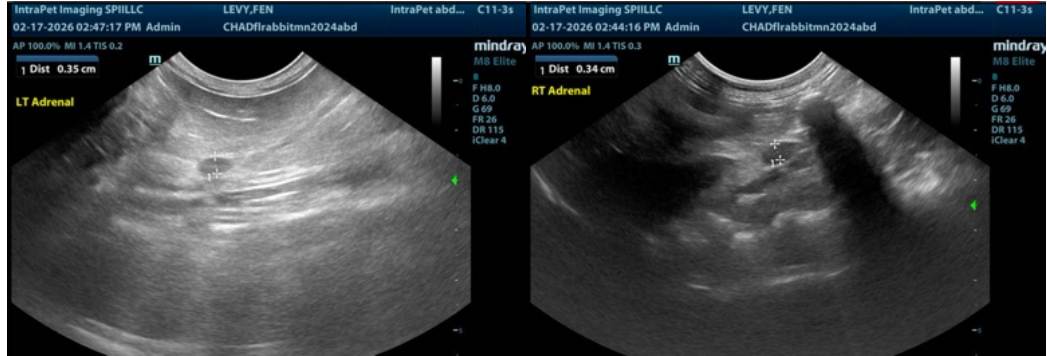
Gastroenteritis presentation with ileus pattern. Overdistended stomach with slightly abnormal pyloric angle. Pancreatitis.  
Unremarkable kidneys and liver.  
Slight free fluid.  
Volume contracted spleen.

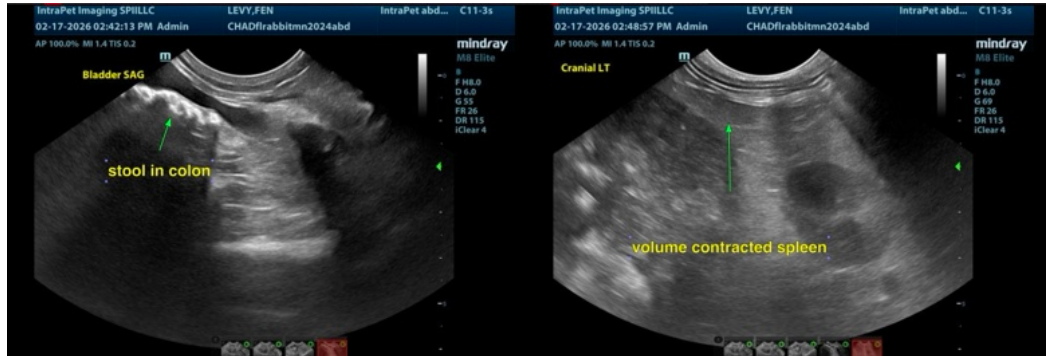
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a strong concern for toxin exposure or enterotoxin. There was no overt obstruction, yet I cannot completely rule out that potential, yet the fluid filled bowel appeared to continue to the ileocecal junction. There is gastric stasis.

I recommend supportive care in this patient to stabilize the azotemia. IV fluid support and recheck sonogram in 24 hours. Eventual exploratory surgery may be necessary in this patient depending upon follow-up sonogram of the GI tract. Gastric over distension is somewhat irregular in position. However, the pylorus appears patent with transit of chyme.







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, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)