



**PATIENT**

Domino Guccione

**SPECIES**

Rabbit

**BREED**

Domestic

**SEX**

Neutered Male

**AGE**

6

**WEIGHT**

4.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Hayley Heindel, CVT

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Dr. Laura de Cordon

**PRESENTING CLINICAL SIGNS**

History: Stopped eating today, went to Rdvm. They did radiographs today and needs additional hospitalization with IV fluids to transferred to us owner has large bag of critical care at home but has never had to syringe feed patient Transfer for continued care for GI stasis and mass in area of sublumbar LNs

Abnormal PE/Chem/CBC/UA Results: none

**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 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 right kidney measured 3.6 cm. The left kidney measured 3.6 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were imaged with no evidence of 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**

The upper **gastrointestinal tract** was unremarkable with normal, progressively shadowing gastric content. \*See Free Abdomen.

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**Pancreas**



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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.

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**Free Abdomen**

A mineralizing 2.3 cm x 1.9 cm **mass** as noted and appears to be at the descending colon at the level of the urinary bladder. The mass appears resectable. Some stool entrapment appears to be present yet stool was present prior to the mass and after.

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**ULTRASONOGRAPHIC FINDINGS**

- Distal colonic mass, appears resectable
- Progressively shadowing gastric content
- Unremarkable abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention with subtotal colectomy is indicated.

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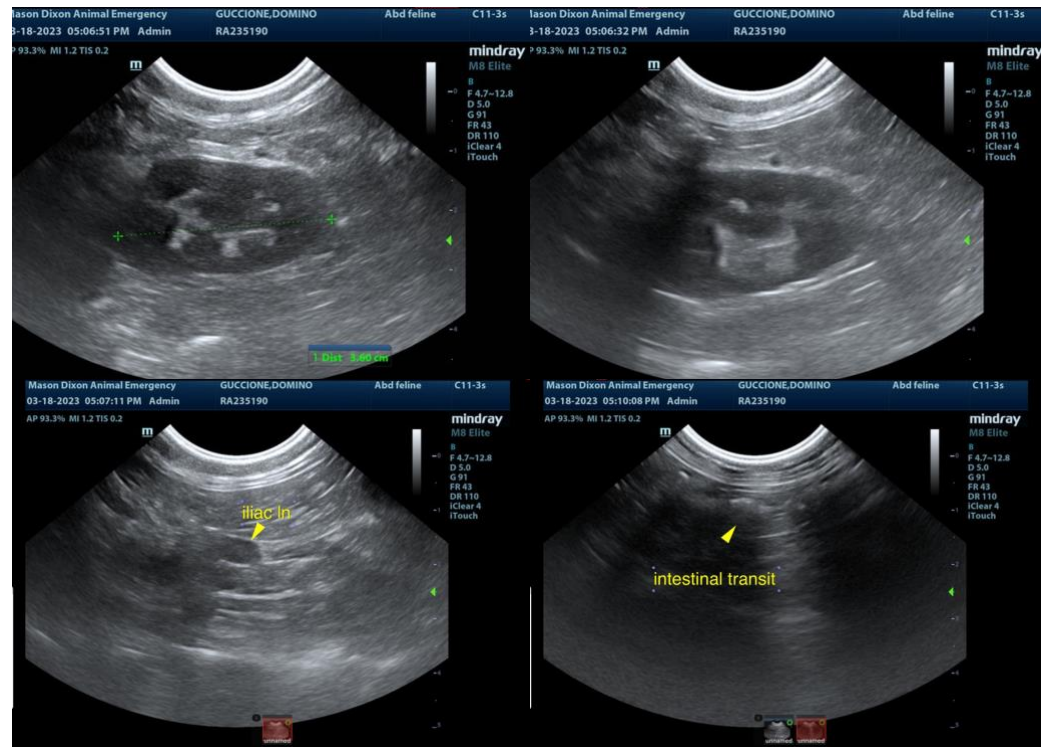
Hayley Heindel, CVT

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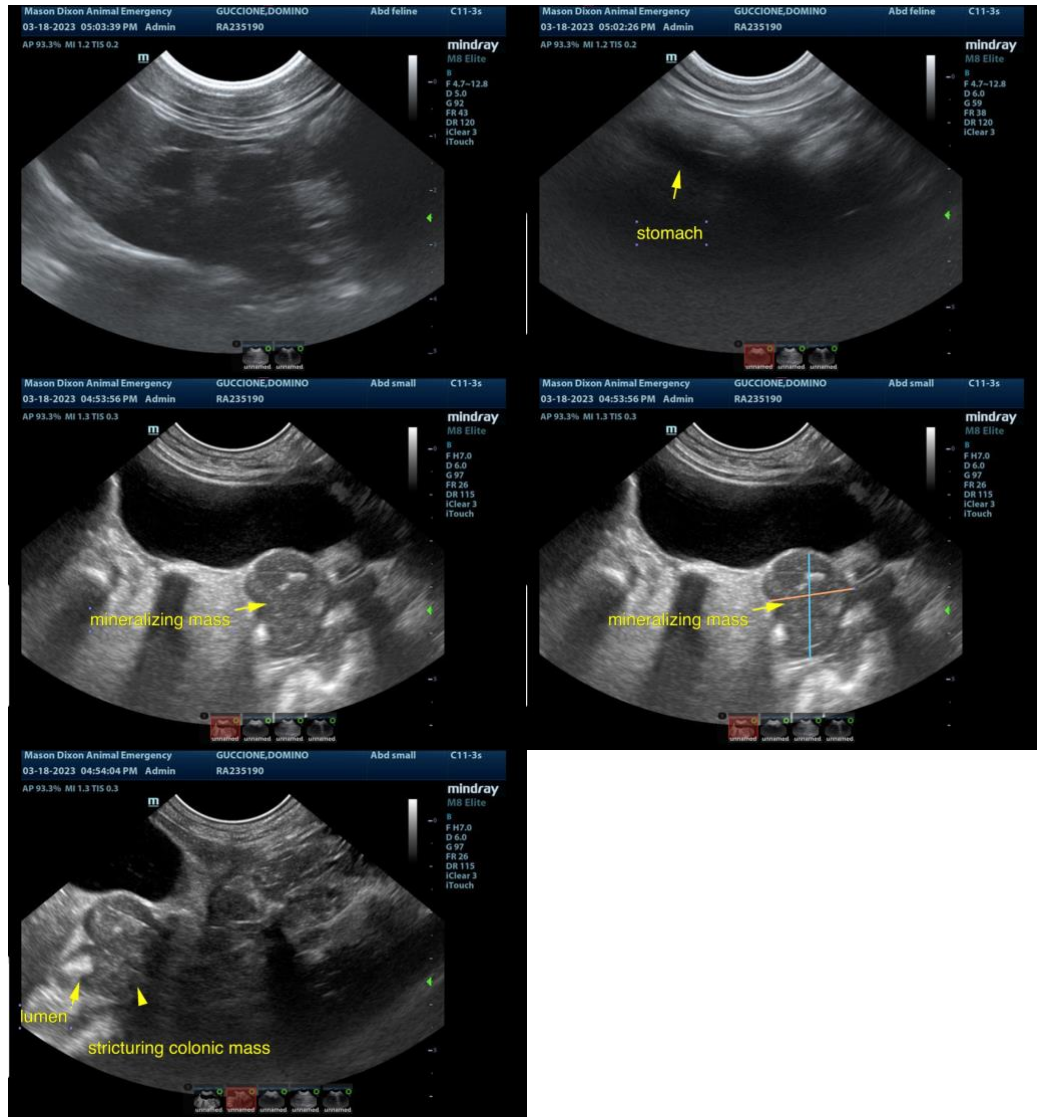
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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