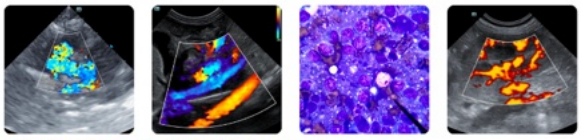


DATE

6/2/26

PATIENT

Bonnie Lester

SPECIES

Rabbit

BREED

Rabbit

SEX

Spayed female

AGE

6/17/24

WEIGHT

7.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell AH

REFERRING VET

Dr. Copes

INVOICE

78246

PRESENTING CLINICAL SIGNS

Patient History: Presented on 5/28 for decreased appetite and bowel movements. Abdominal radiographs revealed double bubble sign consistent with post-gastric obstruction. Blood work- elevated ALT (435) and low normal HCT(31%). Concern for possible liver lobe torsion. Repeat radiographs on 6/1 appear mildly improved. Repeat blood work 6/1- ALT (364) HCT (25).
Current Medications: Cerenia 1 mg/kg SID starting 5/28, Metoclopramide 1 mg/kg BID starting 5/28, critical care- 10-15 cc PO BID, LRS- 150 cc SQ BID
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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 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 3.32 cm. The left kidney measured 3.74 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 right adrenal gland measured 0.41 cm. The left adrenal gland measured 0.53 cm.

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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The caudate process in this patient was void of blood flow while the remainder of the liver appeared to have normal flow. Enhanced mesentery was noted around the caudate lobe. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** was filled with ingesta and progressive shadowing material. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

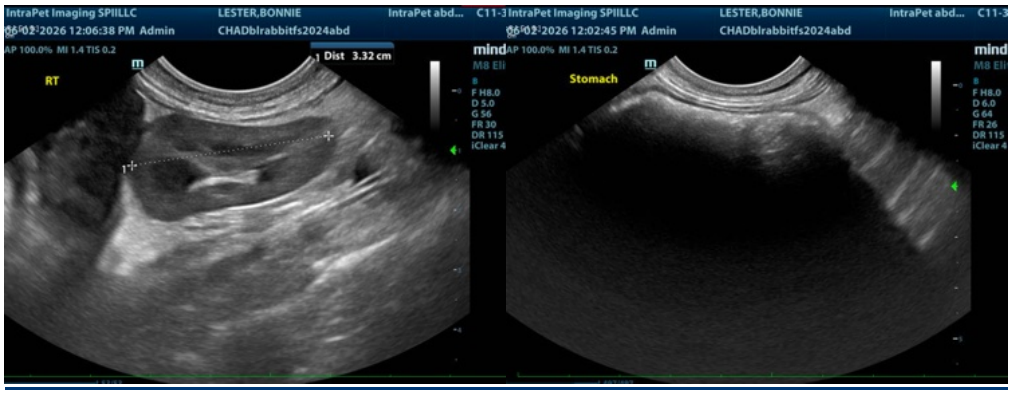
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

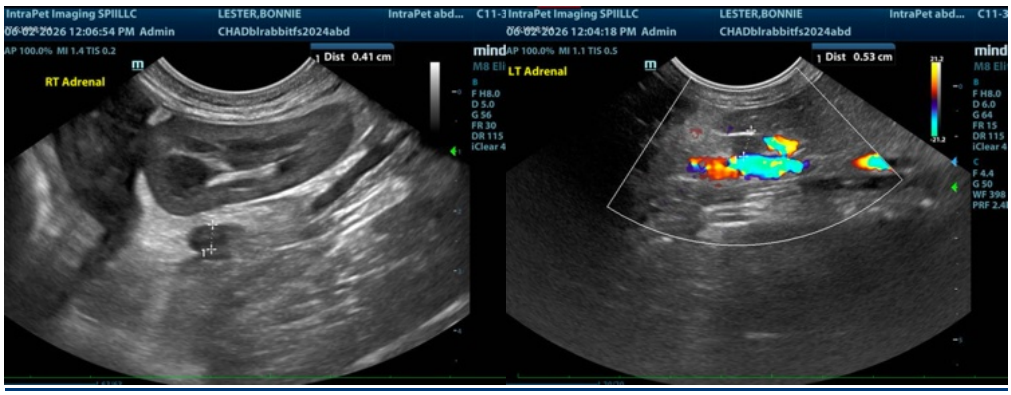
ULTRASONOGRAPHIC FINDINGS

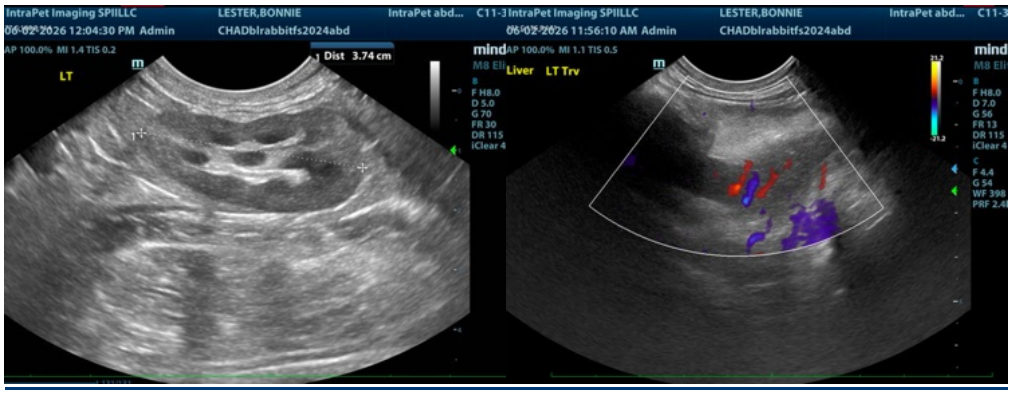
Strong suspicion of caudate lobe torsion.
Shadowing ingesta in the stomach, potential concurrent gastric impaction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention is recommended.



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LESTER,BONNIE
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C11-3
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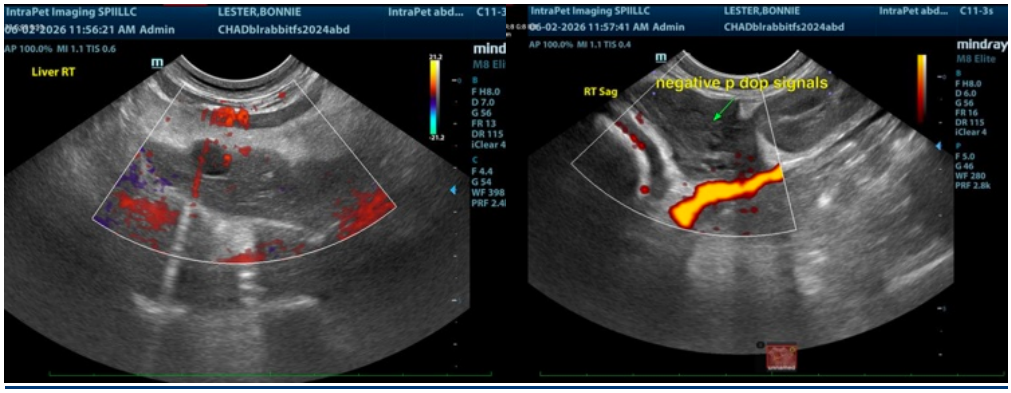
CHADblrabbitfs2024abd
LT
Dist 3.74 cm
Liver
LT Trv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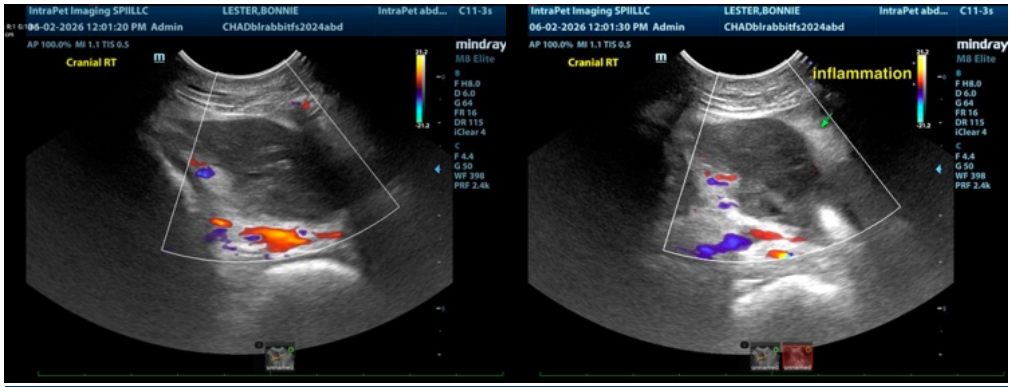
RT Sag
negative p dop signals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Cranial RT
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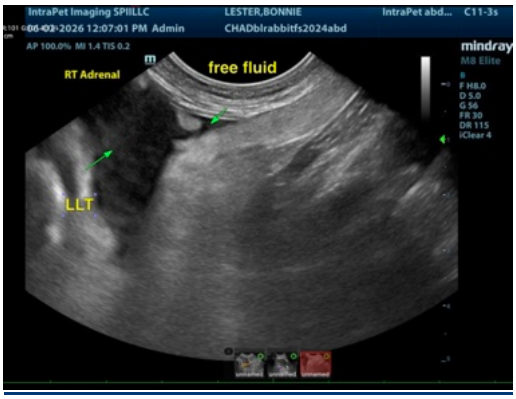
inflammation



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
info@SonoPath.com