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Clinical Sonography & Telecytology
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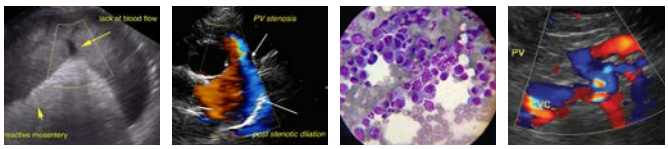

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sunny Ferger

SPECIES

Rabbit

BREED

Holland Lop

SEX

Male

AGE

1

WEIGHT

1.5 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Lauda de Cordon

HOSPITAL NAME

Mason Dixon Animal Emergency Hospital

REFERRING VET

Dr. Brewer

INVOICE

44588

DATE

1/29/23

PRESENTING CLINICAL SIGNS

Around 5pm he seemed calmer than usual, then continued to go downhill, stopped eating everything even treats, was not as active as he usually is, softer stool within the past hour

Abnormal PE/Chem/CBC/UA Results: ALT 706

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with primarily anechoic urine. Minor dependent luminal mineral and non-dependent particulate sediment noted. The urethra was normal in thickness and tone to a depth of 2.0 cm.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.1 cm. The right kidney measured 3.0 cm. Pinpoint medullary mineral noted ni both kidneys.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was overall normal in size and contour with normal hepatic parenchyma echogenicity exhibiting mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited subjective moderate distention with shadowing ingesta.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

The visualized colon contained generalized shadowing fecal matter. A segment of colon or potentially area of the pylorus exhibited mild mural hypertrophy, subjective mild decreased mural echogenicity, and indistinct wall layer detail in the cranial to right cranial abdomen.

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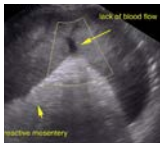
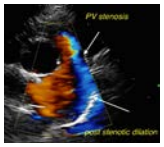
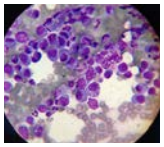
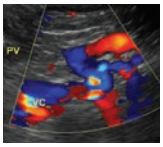

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

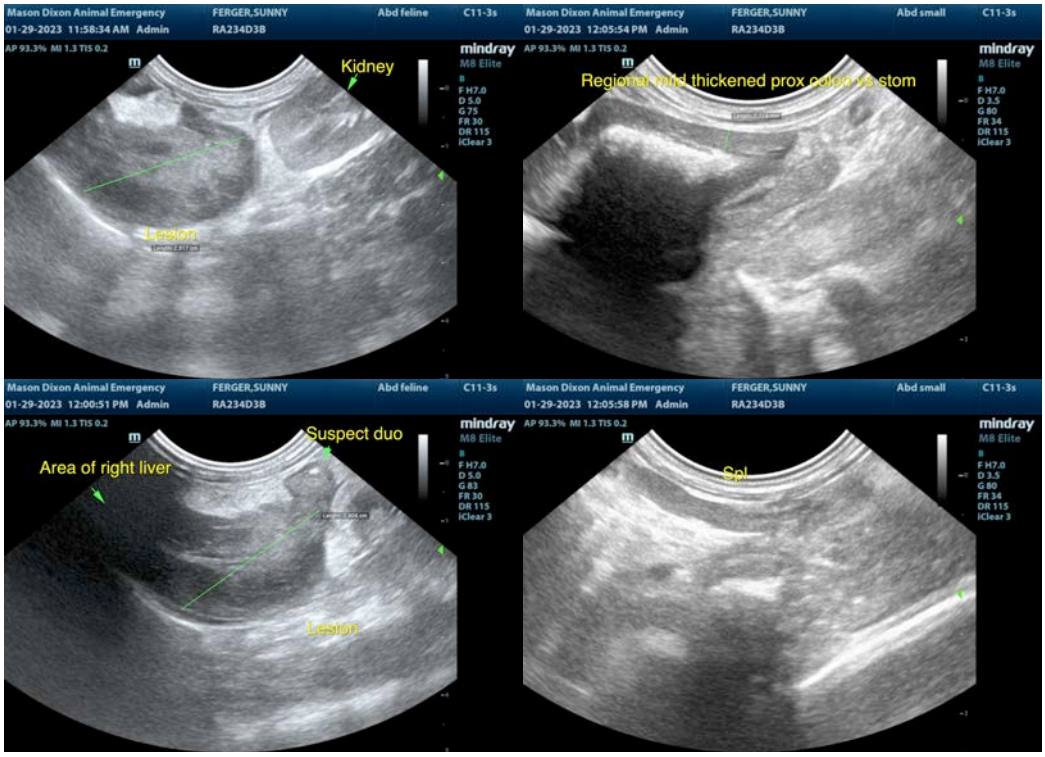
An unspecified non-homogeneous mass lesion was noted in the subjective cranial to right cranial abdomen, measuring approximately 3.0 cm in diameter within the area of the caudal right liver, area of pancreas, as well as the area of the cranial abdominal colon. Mild regional hyperechoic omentum. No evidence of peritonea effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder mineral
- Hepatopathy
- Unspecified nonhomogeneous mass lesion cranial abdomen area if cranial abdominal small bowel / colon, pancreas, and caudal liver - neoplasia, infectious / granulomatous disease, consolidated abscess / necrosis, other
- Segmental mildly thickened stomach vs colon wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass lesion and liver parenchyma assuming normal clotting status and using 25 ga needle is warranted for clarification. Abdominal CT may be indicated to assess extent and more definitive origin of the mass lesion. Concern for proliferative intestinal or caudal hepatic lesion with secondary hepatic or regional intestine involvement warranted, although not definitive.



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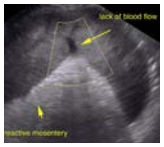
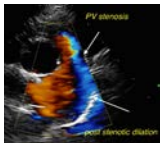
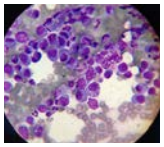
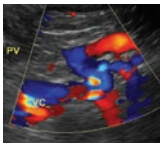

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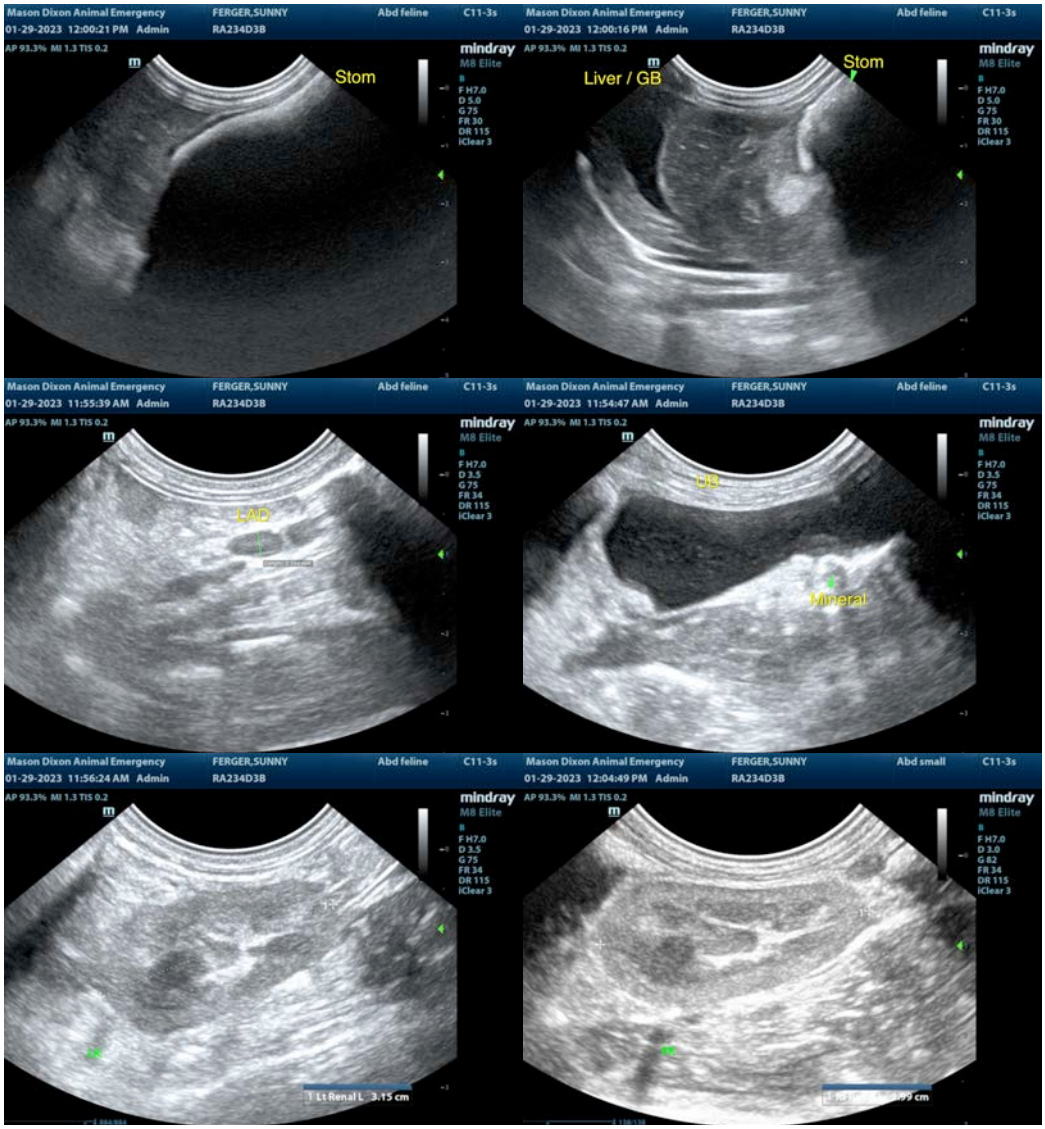

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com