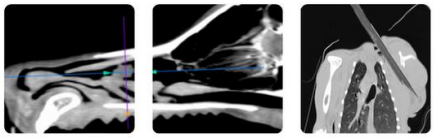

PATIENT

Zazu Panchenko

SPECIES

Rabbit

BREED

Mixed Angora

SEX

Male Neutered

AGE

6

WEIGHT

1.6kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Rachel Jacobs

HOSPITAL NAME

Emergency Veterinary Hospital of Ann Arbor

REFERRING VET

Dr. Ivana Levy

INVOICE

72910

DATE

12-9-25

PRESENTING CLINICAL SIGNS

Concern for history of dental disease (dental points on skull CT read out by Sonopath January 2025), presenting for 2 day history of GI stasis (decreased appetite, energy, fecal output).
Abnormal PE/Chem/CBC/UA Results: Presentation: hypothermic, distended painful GI, severe dehydration, grade 3/6 heart murmur (left apical). Muscle wasting, underconditioned. 20% weight loss since January Chem: WNL, no azotemia, hyperglycemia, hepatopathy CBC: severe leukocytosis with heterophilia, 3+ toxic change, Microcytic hypochromic anemia Radiographs: concern for stone in cecum, severe gastric distension (borderline obstructed), overexposure in left side thorax, appropriate VHS (Radiographic measurement of vertebral heart scale in New Zealand Rabbits, IJVS, 2015), left sided VD concern for superimposition vs. thoracic mass POC GI Ultrasound: thickened, hyperechoic, nodular GI mass effect (open for lymph node vs. mass)

RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN

An overview study including the thorax and abdomen in three image planes is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The surrounding bony structures are within normal limits.

In the subcutaneous tissues along the left thoracic wall, a heterogeneous soft tissue swelling is appreciated – likely due to preceding subcutaneous infusion.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space. In the caudoventral abdomen, a well-defined, ovoid shaped mineral opaque body is appreciated

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

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The stomach is in its anticipated position and contains a moderate amount of foamy material – the gastric content is partially peripherally demarcated from the gastric wall by a gas opaque rim.

The cecum is moderately distended by mild foamy soft tissue material.

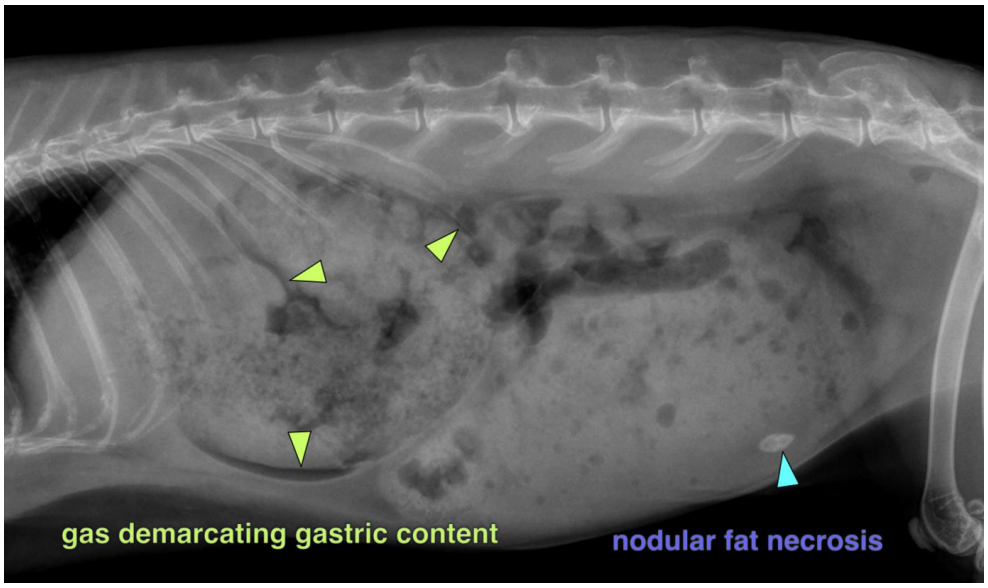
The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Gastric stasis
- Nodular fat necrosis caudoventral abdomen – due to the far peripheral position of the mineralized body, I consider the odds for small stone in the cecum low and if so it will already have passed the narrow passages of the intestinal tract
- Normal thorax

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are indicative for gastric stasis – I do not see evidence of gastrointestinal mechanical obstruction. An underlying cause for the gastric stasis cannot be specified.



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com