



PATIENT

Crmen Lebitz

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

12y 3m

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Leck VH

REFERRING VET

Dr. Derr

INVOICE

12894

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Chronic constipation, hematochezia, rapid onset hind end neuropathy. Neg. proprioception, hypotonic R rear worse than L. Full bladder despite urination prior. Rad-Stomach cranially displaced, lack of detail mid abd. Lateral thorax normal. (Rads attached for reference)

Current Meds: Gabapentin 300mg; Thyrotabs bid; Amomtedine bid; Pepcid bid; Zofran bid; Zenequin sid (anal gland infection) Stopped Rimadyl 7 days ago-blood started 2-3 days later).

Abnormal PE/Chem/CBC/UA Results: wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.3 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width at the caudal pole. The right adrenal gland was mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Pinpoint, hyperechoic foci suggestive of pinpoint dystrophic mineralization. The right adrenal gland measured 1.1 cm width in the caudal pole.

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 subjectively mild subnormal in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta/chyme.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The visualized colon exhibited intact, non-thickened wall, was non-distended in size containing soft fecal matter consistent with patient history.

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

No overt lymphadenopathy or peritoneal effusion was present.

Other

No evidence of distal aortic thrombus present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild, non-shadowing gastric ingesta and soft fecal matter in descending colon
- Subnormal liver
- Congealed, non-organized gallbladder debris
- Mildly enlarged non-homogeneous right adrenal gland with suspect pinpoint dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given reported hematochezia, mild colitis is probable without evidence of significant gastroenterocolic mural pathology. The cranially displaced stomach is likely secondary to subnormal liver size which is nonspecific. Correlation with full lab work, and +/- bile acid profile if evidence of hepatic dysfunction is recommended. Age-related change, patient variant, benign hyperplasia with emerging right adrenal tumor thought less likely yet not excluded. Monitoring of systemic BP for evidence of hypertension as well as sonographic monitoring of the right adrenal gland for evidence of progressive enlargement or mineralization is recommended, Gastrointestinal support and empirical therapy for constipation/colitis is recommended.



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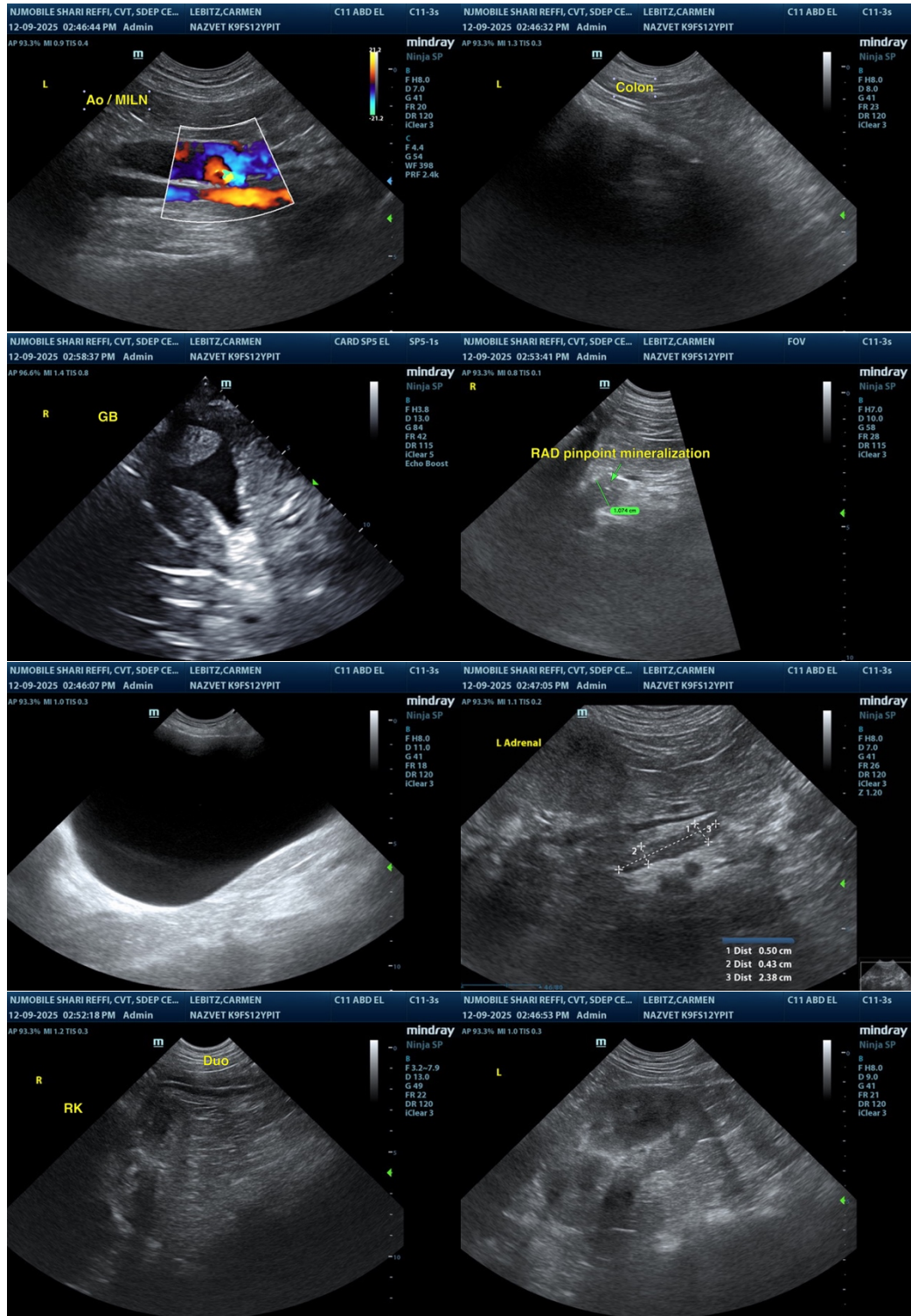
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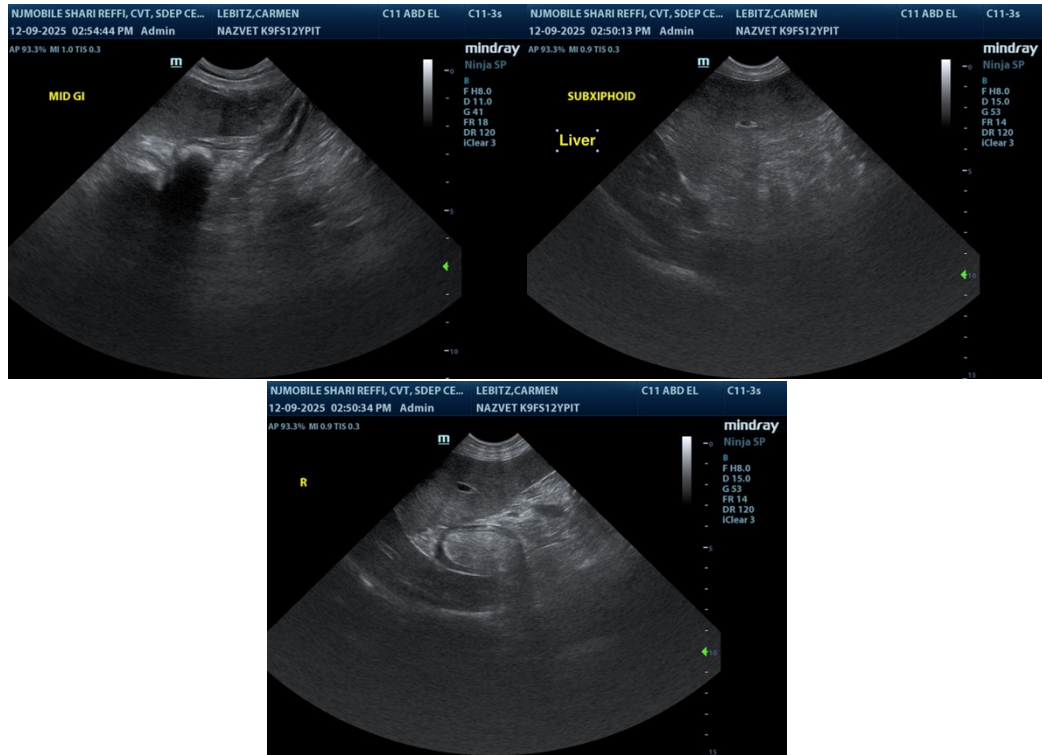
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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