



**PATIENT**

Vixen Karbum

**SPECIES**

Canine

**BREED**

Heeler

**SEX**

Female Spayed

**AGE**

13y

**WEIGHT**

27.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Eugene AH

**REFERRING VET**

Dr. Matsuoka

**INVOICE**

13406

**DATE**

4/15/26

**PRESENTING CLINICAL SIGNS**

History: Bradycardia on exam (50bpm) with excessive panting without exertion noted at home over the past 24 hours (presented 4/1/26). Hx of a heart murmur a few years ago but has not been appreciated in the last 2 years. Grade 3/3 calculus

ABNORMAL Lab work Values: CBC/Chem 17/Lytes/T4: ALT 531, GGT 27. Amylase 439 Will email lab work.

For ECHO Only: Blood Pressure To follow. HR/RR/BP: 50/30/ to follow. Is there a Heart Murmur? If so, please grade. None in the last 2 years.

Current Medications: Carprofen 12.5mg BID, Denemarin 225mg SID, Gabapentin 100mg BID

**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, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 5.1 cm in length. The right kidney measured 5.2 cm in length.

**Adrenal Glands**

The left adrenal gland was borderline enlarged in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole. The right adrenal gland was borderline enlarged in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.73 cm width at 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 presented subjective borderline enlarged in size with normal hepatic vascular volume. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, 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 was empty with no signs of ileus, obstruction or foreign material.

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**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**

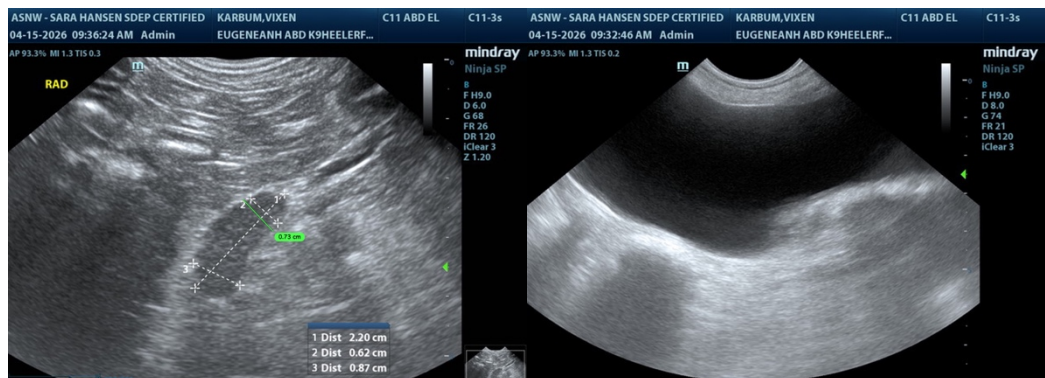
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy – subjective benign
- Mild, non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Borderline bilateral adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, hepatic FNA cytology could be considered primarily to assess for evidence of inflammation in conjunction with ALT elevation. No evidence of sonographic evidence of abdominal neoplastic criteria. Adrenal screening could be considered if clinical suspicion of Cushing's Syndrome. Continued hepato-supportive medications including and Ursodiol trial, if tolerated, may prove beneficial.





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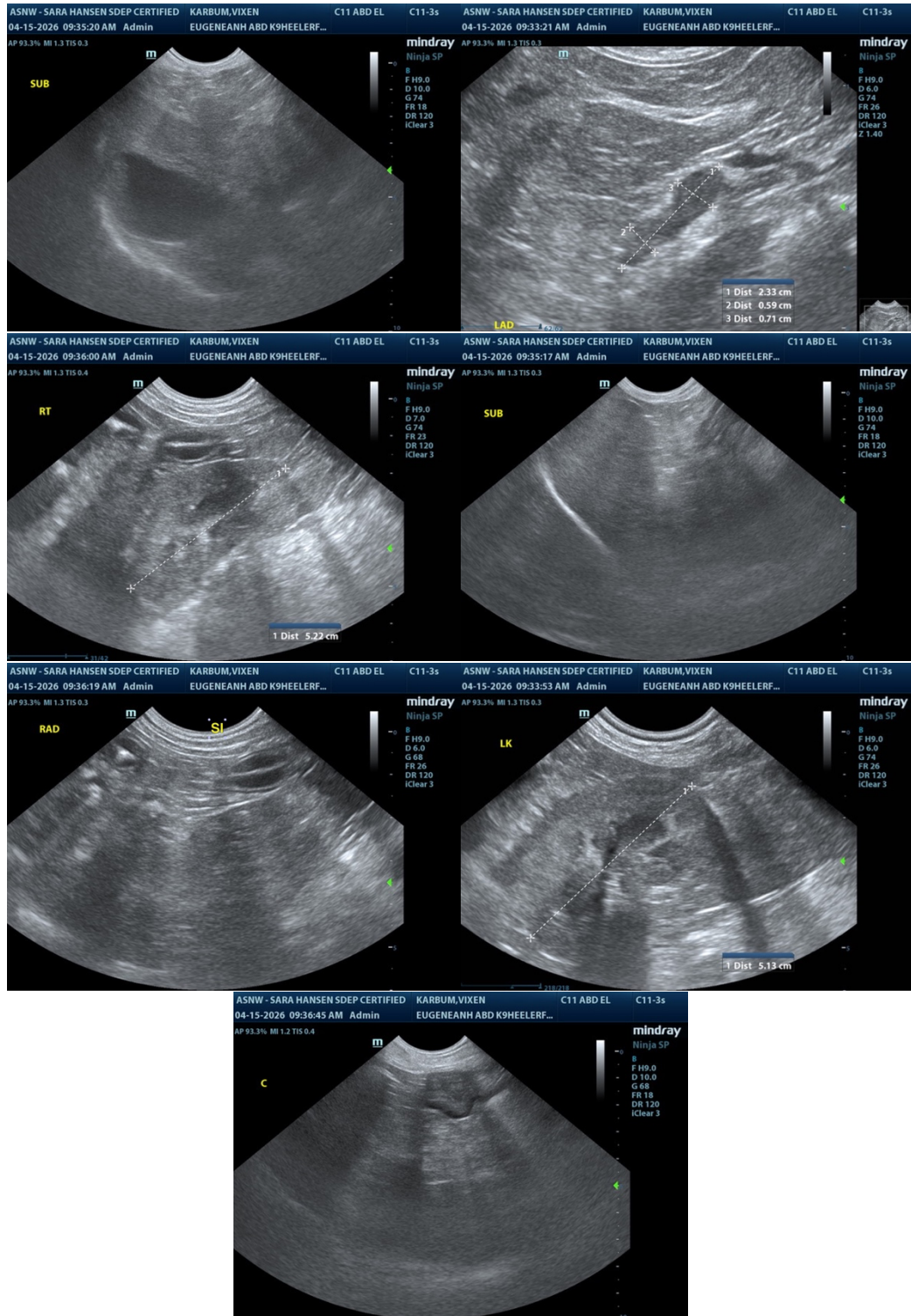
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)