



## PATIENT

Lexi Kassal

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Spayed Female

## AGE

9 Years 2 Months

## WEIGHT

9.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Papell

## INVOICE

16473

## DATE

06/09/26

## PRESENTING CLINICAL SIGNS

Hx of bladder stones and pancreatitis, Has been licking vulva. Abnormal urination.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Diffuse mild thickening of the urinary bladder wall was present with mild asymmetrical luminal surface contour. Several variably sized irregular hyperechoic shadowing dependent lumen calculi were present with an example measuring 0.77 cm in diameter. No evidence of wall mineralization with apical urinary bladder wall measuring 0.44 cm in diameter. Concurrent moderate nondependent particulate urine sediment. No overt pathology in the area of the cystourethral junction or trigone. The visible proximal urethra was overtly normal in structure and tone to a depth of 2.0 cm.

Suspect possible mild to variably prominent possible segmental fluid filled uterine remnant versus proximal vagina, dorsal to the urinary bladder and visible proximal urethra potentially measuring approximately 4.0 cm x 1.2 cm.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate to significant loss of corticomedullary border demarcation was also present. medullary mineral to small renoliths with mild pyelectasia without overt visualized left/right hydroureter. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 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 0.46 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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 & Gallbladder*

The liver presented borderline mildly enlarged in size. 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.



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The gallbladder was non distended in size with moderate asymmetrically congealed yet nonorganized nonmineralized biliary sludge. The common bile duct was not visualized.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, primarily nonshadowing to regionally progressively shadowing ingesta without signs of 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 formed fecal matter.

### *Pancreas*

The pancreas presented prominent in size with mild capsule asymmetry and nonhomogenous mildly remodeled hypoechoic parenchyma compared to adjacent omentum.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Diffuse thickened urinary bladder with lumen calculi and moderate particulate sediment.
- Suspect possible prominent to potentially mild fluid distended uterine remnant versus proximal vagina.
- Significant chronic renal changes exhibiting medullary mineral/renoliths and mild pyelectasia.
- Subject to borderline/mild hepatomegaly exhibiting normal hepatic vascular volume.
- Congealed non-organized gallbladder debris (non-mucocele).
- Probable chronic/chronic active pancreatitis.
- Normal gastrointestinal tract with non-shadowing to progressively shadowing gastric ingesta-probable food echogenicity.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis and urine culture and sensitivity on sterile urine sample is recommended. If recurrent UTI, uterine remnant or proximal vagina abnormality, i.e. urine pooling, granuloma, stump pyometra, potential emerging neoplasia are not definitively excluded.

Screening BRAF assay could be considered. Ideally cystoscopy or advanced imaging for further clarification is indicated. Hepatosupportive medication is warranted if evidence of hepatopathy or cholestasis. Concurrent gastrointestinal support and empirical therapy for persistent mild chronic/chronic active pancreatitis are recommended if concurrent clinical signs.



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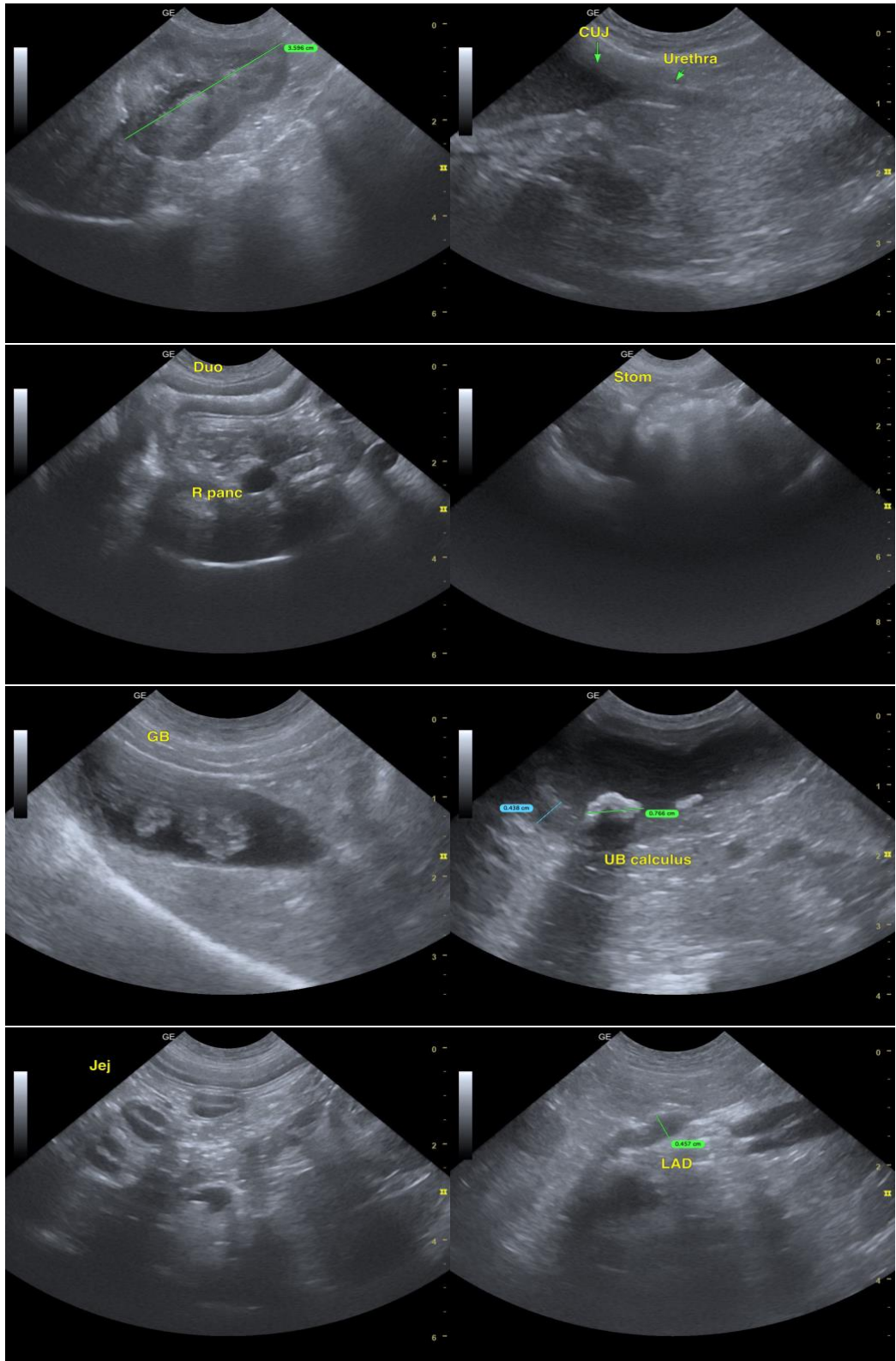
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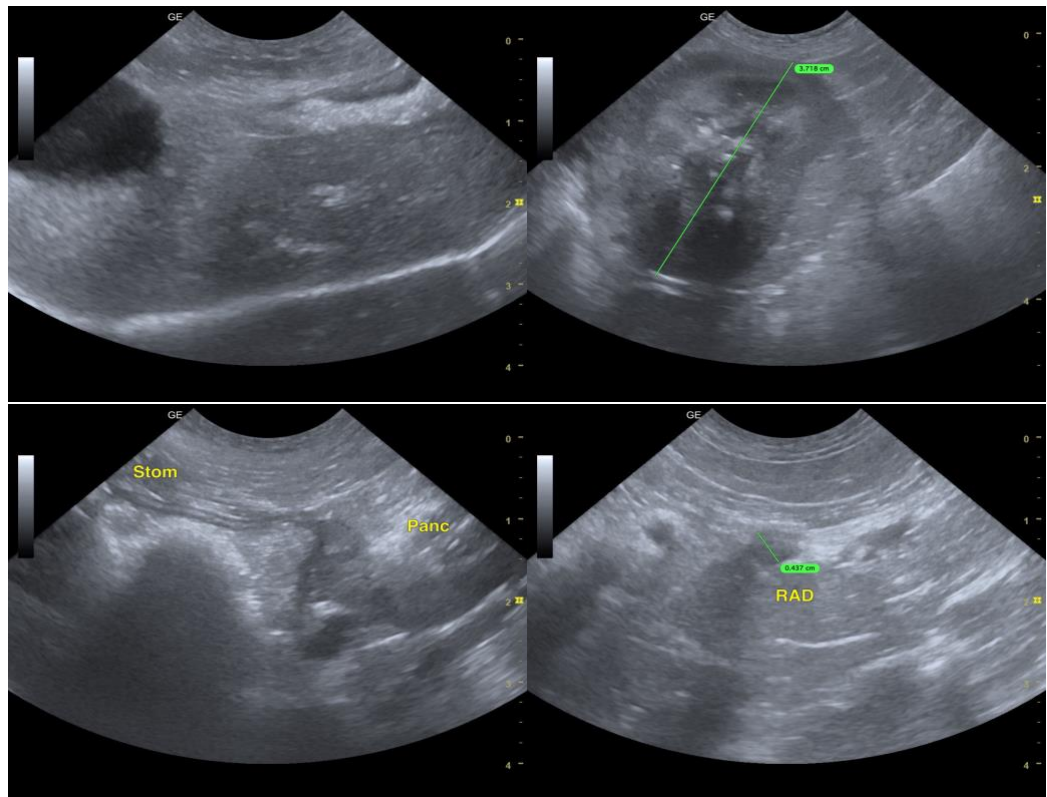
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)