



**PATIENT PRESENTING CLINICAL SIGNS**

Peter Calis History of frank blood in normal stools. Controlled with diet change to Hills Microbiome diet. 2 episodes of UTI in past 3 months. First bout resolved with Baytril. Second episode cultured as e-coli sensitive to all antibiotics. Brief in-house bladder US there is a thickened area in the trigone region which has not significantly changed in size or shape. Patient was also neutered later in life - concern for possible prostatitis.

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

MN

**AGE**

10 Years

**WEIGHT**

28.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Katherine Pietsch,  
 DVM

**INVOICE**

15969

**DATE**

6/9/22

**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 ureters were not visible which is normal. No evidence of neoplastic changes noted. Mildly prominent ureteral papilla was present in the area of the dorsal trigone.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.0 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys, without evidence of left or right ureter dilation. The left kidney measured 6.2 cm in length. The right kidney measured 5.9 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 0.44 cm width at the caudal pole and 0.42 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width at the caudal pole and 0.48 cm width at the cranial 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary indistinct to subtle echogenic intraparenchymal nodule was present in the deep mid liver, measuring 1.6 cm in diameter.

The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.



**PATIENT**

***Gastrointestinal***

Peter Calis

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.

**SPECIES**

Canine

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.

**BREED**

Beagle

***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 were evident.

**SEX**

MN

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

10 Years

**ULTRASONOGRAPHIC FINDINGS**

- Subtle benign hepatic nodule- likely consistent with subtle lipogranuloma
- Bilateral chronic renal changes with mild pyelectasia
- Sonographically normal urinary bladder, mildly prominent ureteral papilla in the area of the trigone- no evidence of neoplastic criteria
- Sonographically normal residual prostate

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 DABVP (Canine and  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral mild pyelectasia noted in both kidney is nonspecific and may be owing to chronic renal changes and potential pelvic scarring, possibly owing to previous calculi passage. The possibility of low-grade chronic pyelonephritis, although thought less likely, cannot be definitively excluded. Potentially a higher dose/shorter frequency antibiotic protocol, ideally based on urine culture and sensitivity results, i.e., enrofloxacin or clavamox at 20 mg/kg PO SID for 5-7 days, may prove more effective at eliminating recurrent infection.

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No evidence of colonic pathology, but potential for intermittent bouts of colitis, given the history of frank blood in normal stool, could be considered.

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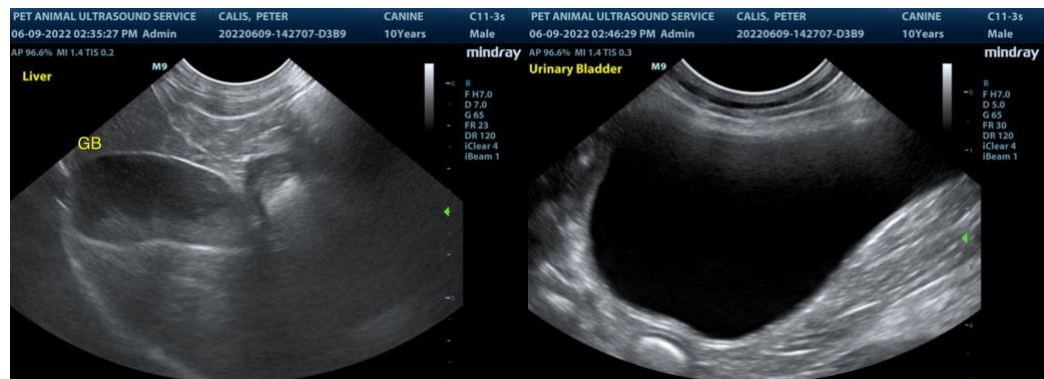
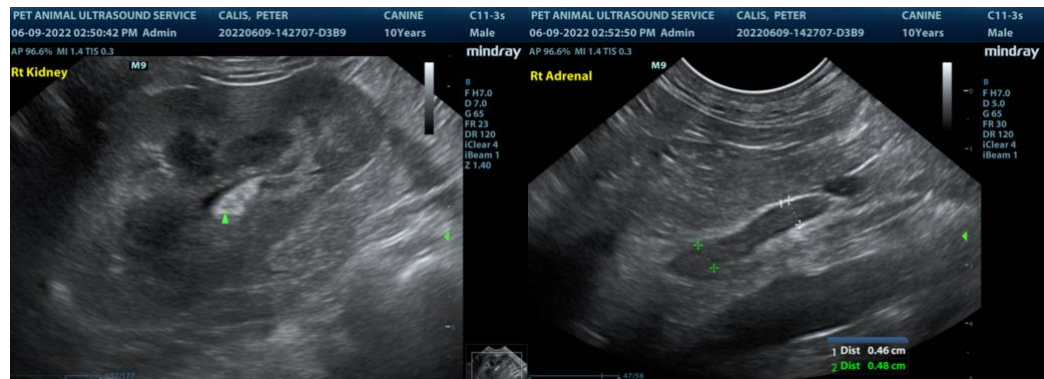
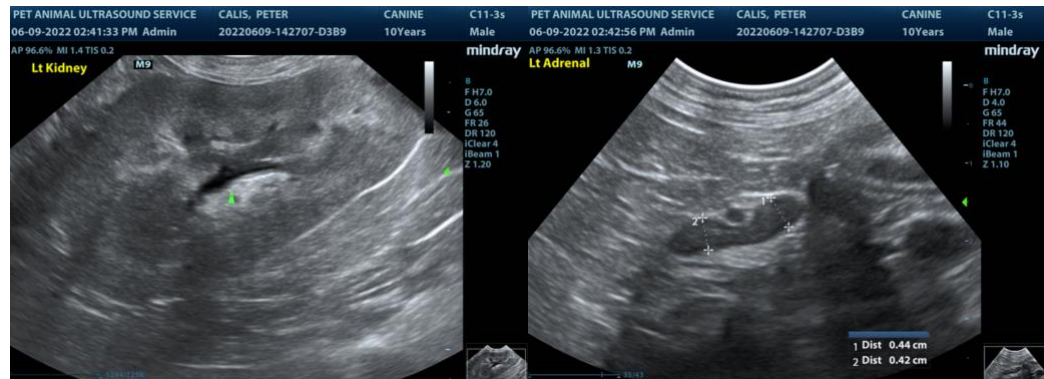
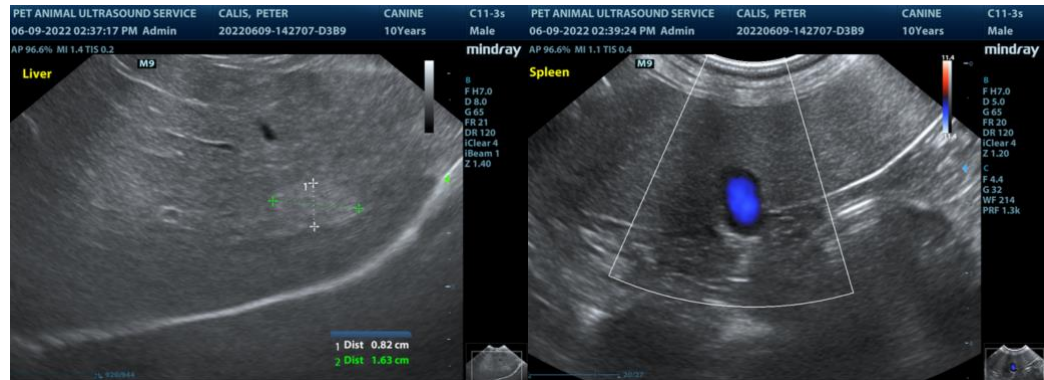
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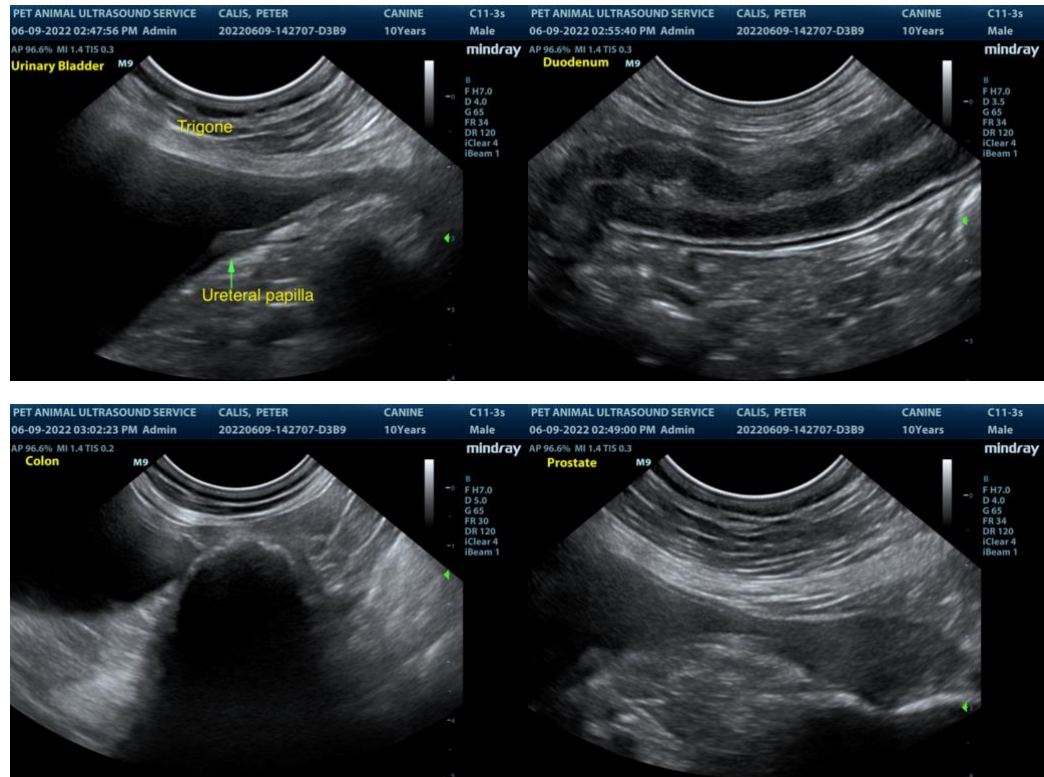
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**