



## PATIENT

Hercules Holocker

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

54 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Megan Bray

## HOSPITAL NAME

Taylorville Veterinary  
Clinic

## REFERRING VET

Dr. Ashleigh Bisset

## INVOICE

12310

## DATE

11/17/25

## PRESENTING CLINICAL SIGNS

Patient is presenting for a recurrent UTI that is asymptomatic. Initially, he had a marked rods infection in August of this year. He was treated with amoxicillin. On recheck urine, he presented with marked cocci. A culture was run and grew klebsiella. He was treated with Cefpodoxime based on MIC. At his recheck, there was rare rods.

Abnormal PE/Chem/CBC/UA Results: His USG was 1.015, 1.025, 1.005 respectively. On a recheck on 10/31, his UPC was 1.025 and there was marked rods again. His WBC count was variable throughout ranging from 10-15 to 0-2.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Normal urinary bladder wall without evidence of inflammation or tumors. Anechoic urine with mild nondependent particulate urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 5.6 cm in length. The right kidney measured 6.3 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 0.52 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 0.58 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 was subjectively normal in size, structure, and contour. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal



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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

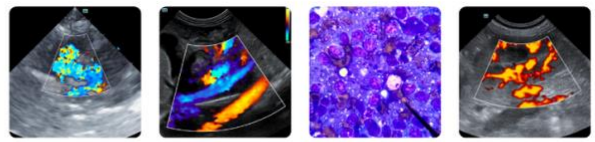
- Sonographically unremarkable urinary bladder, residual prostate and visible proximal urethra with mild urine sediment.
- Normal bilateral kidneys- no evidence of pyelonephritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive sonographic evidence of upper or lower urinary tract pathology or structural abnormality as an obvious contributing factor to the recurrent UTI was not obvious. If patient is currently asymptomatic, monitoring of urinalysis and as needed urine culture/sensitivity if evidence of inflammatory sediment or bacteriuria would be reasonable. If clinical UTI and based on urine culture/sensitivity results, a higher dose, short frequency antibiotic regimen such as Enrofloxacin or Clavamox 20 mg/kg SID for 3-5 days may be considered.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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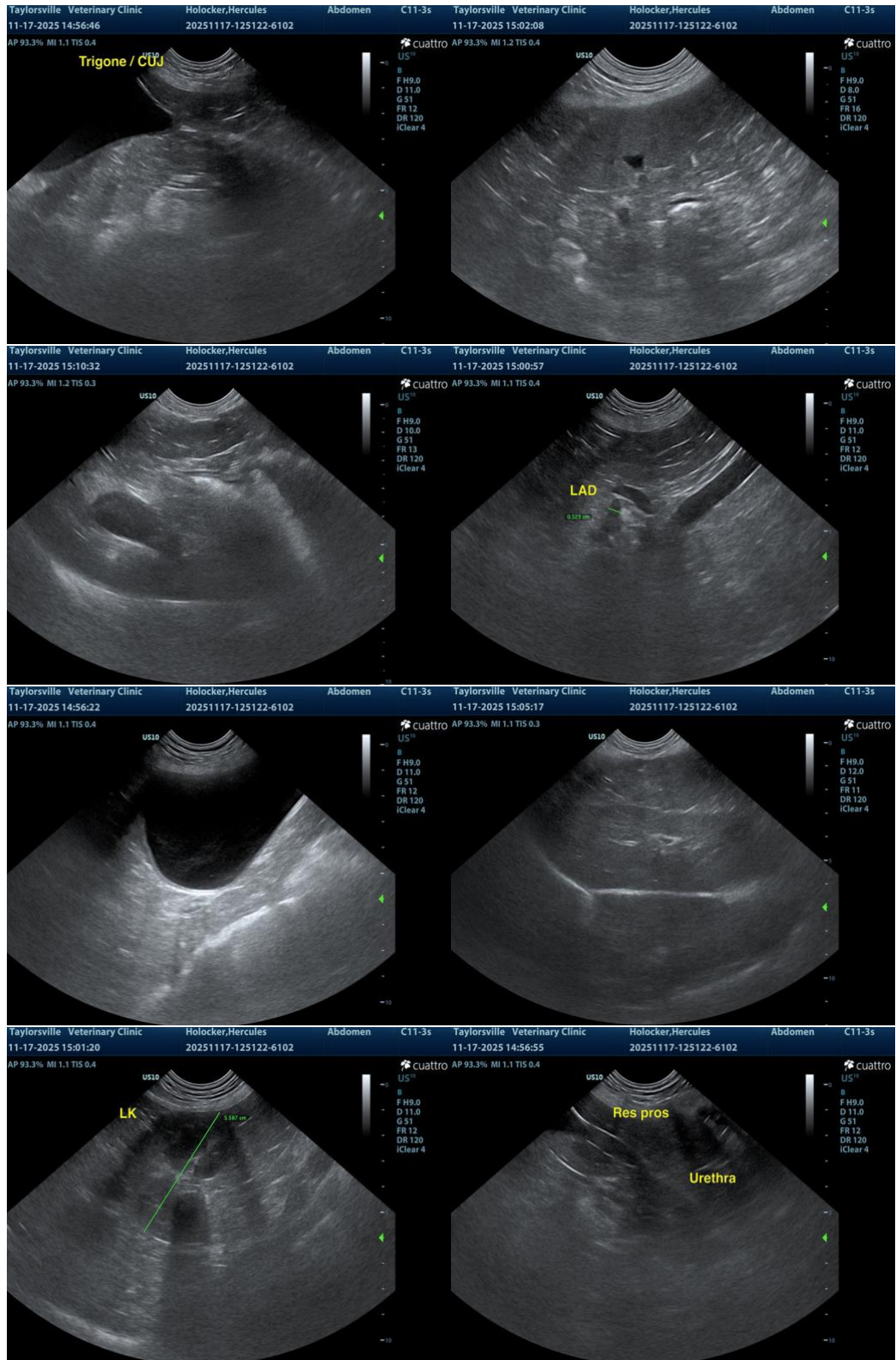
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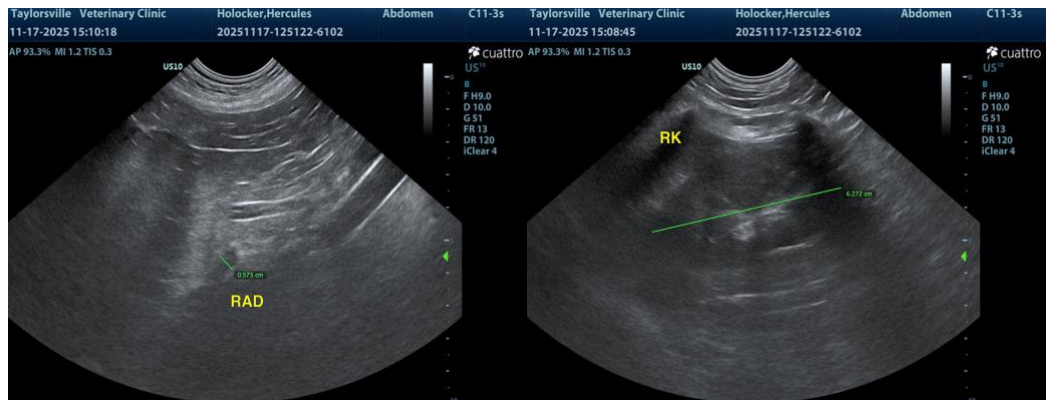
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)