

**PATIENT**

Dallas Bullard

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

MN

**AGE**

7Y

**WEIGHT**

90lbs

**INTERPRETED BY**

Beth Johnson, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Pine Banks Animal  
Hospital

**REFERRING VET**

Hasan Syed, DVM

**INVOICE**

74307

**DATE**

3-23-26

**PRESENTING CLINICAL SIGNS**

Leaking urine x one month, licks penis, dribbles urine at rest. Prostate exam WNL, Cushing's test negative. USG: 1.016. \*Study limited to urinary system

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is adequately distended with anechoic contents as well as an approximately 3.0 cm long mineral density with acoustic shadow settled along the dependent wall that appears to represent a large cystolith, although a similar sized pile of mineral sand debris and smaller cystoliths cannot be definitively ruled out. Additionally, tiny pinpoint mineral densities/cystoliths are noted throughout the proximal urethra including the intraprostatic urethra lumen. Otherwise, no masses or inflammatory changes are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (6.76 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (6.38 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia or infarcts observed. One small cortical cyst is noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Suspect a sizeable urinary cystolith vs a pile of mineral/sand debris as well as primarily intraprostatic urethroliths.

**Secondary**

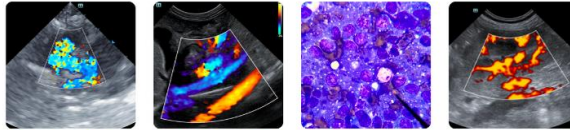
- A small cortical cyst in the left kidney.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A heavily sedated/anesthetized urinary bladder flush/voiding urohydropropulsion could be considered to try to retrieve the urethral mineral as well as any small urinary bladder mineral as both potentially a partial therapeutic as well as a diagnostic to determine the composition of the mineral which may guide medical management.

Ultimately, however, if a 3.0 cm cystolith is within the urinary bladder, and it's not dissolvable, removal via the least invasive way available may be necessary. Other concurrent neurologic or neuromuscular etc. causes for incontinence, while there is no visible evidence of, cannot be ruled out and may also warrant further investigation.



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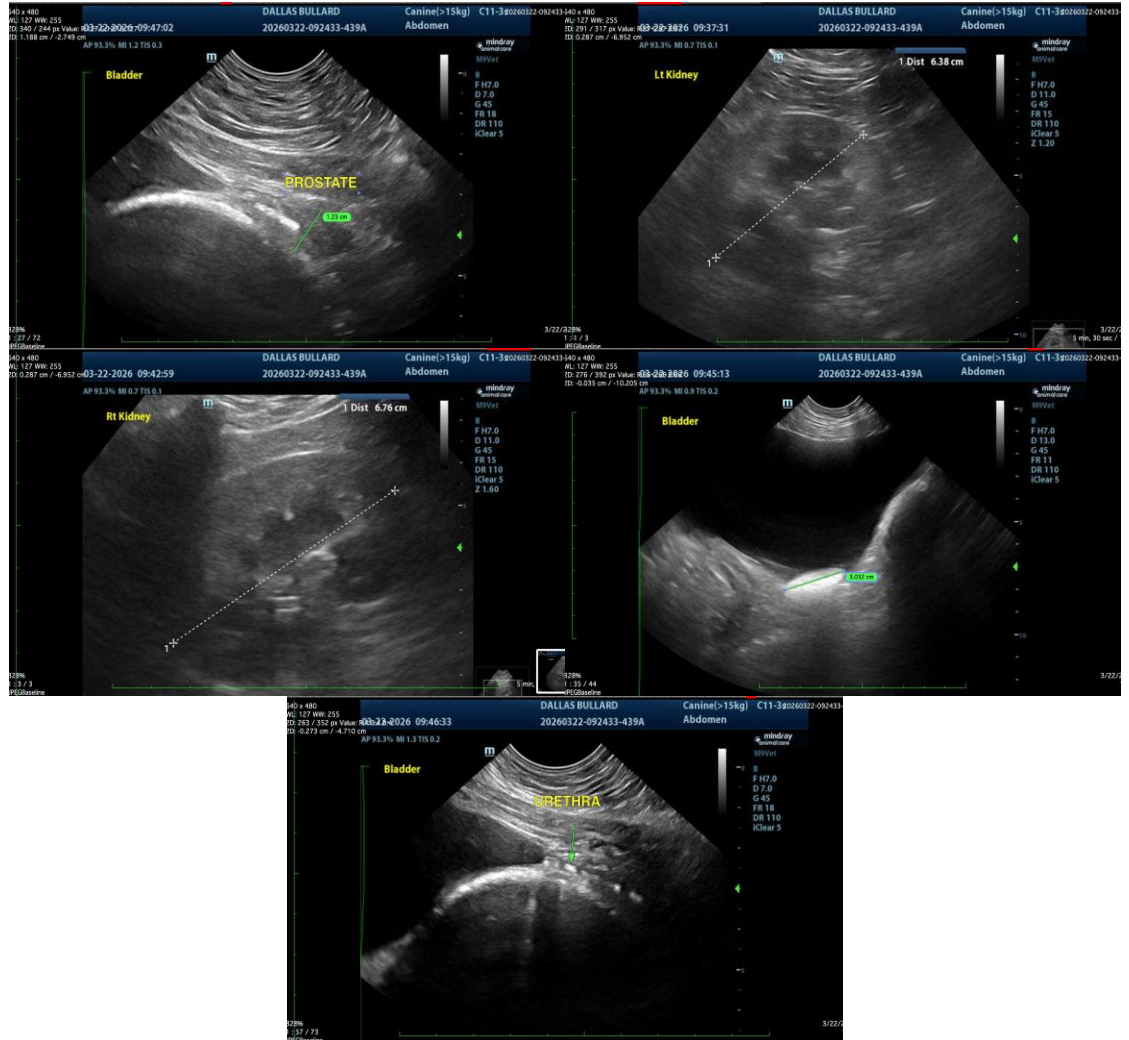
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com