

PATIENT

Winston Trahon

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

95.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified Vet
Sonographer

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Jeremy Carignan, DVM

INVOICE

74189

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History UTIs. UA showed bacteria. Put on HP and SO food with some improvement per owner. Assess bladder and prostate (appeared enlarged on US guided cysto). Patient was neutered last August, 2025. Radiographs: sediments in bladder. Current medications: Riimadyl 75 mg BID, Prazosin 2 mg/mL - 1 mL BID, Kesium 375 mg + 125 mg - 1 tab of ea BID x 14 days *Study limited to urinary system *Sedated with butorphanol/dexdomitor

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder is adequately distended with primarily anechoic contents as well as occasional suspended echogenic non-shadowing debris, as well as a very large amount of dependent mineral/sand debris and what I suspect is a line or small piles of small cystoliths. The most sizable one that can be isolated and measured measures 0.50 cm. The apical urinary bladder wall is diffusely thick, measuring 0.55 cm thick, with a hyperechoic, irregular mucosa. No masses are observed. The trigone and visible pelvic urethra are of normal thickness with a smooth mucosal surface.

The prostate is largely normal in size, echotexture and echogenicity for a neutered male, especially a male neutered later in life, measuring 1.2 cm wide in the sagittal view.

The right kidney is normal is size (X7.7 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 (7.7 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 mineral or infarcts observed. Trace pyelectasia is present.

ULTRASONOGRAPHIC FINDINGS

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Large amount of echogenic mineral/sand debris within the urinary bladder and suspect multiple cystoliths.

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 ratio is recommended.

Given the mineral debris, a heavily sedated/anesthetized voiding urohydropropulsion could be considered as both a therapeutic to remove as much of the mineral debris as possible as well as a diagnostic to help determine the composition of the mineral to better guide management i.e., dissolution versus cystoscopic or surgical removal, etc.



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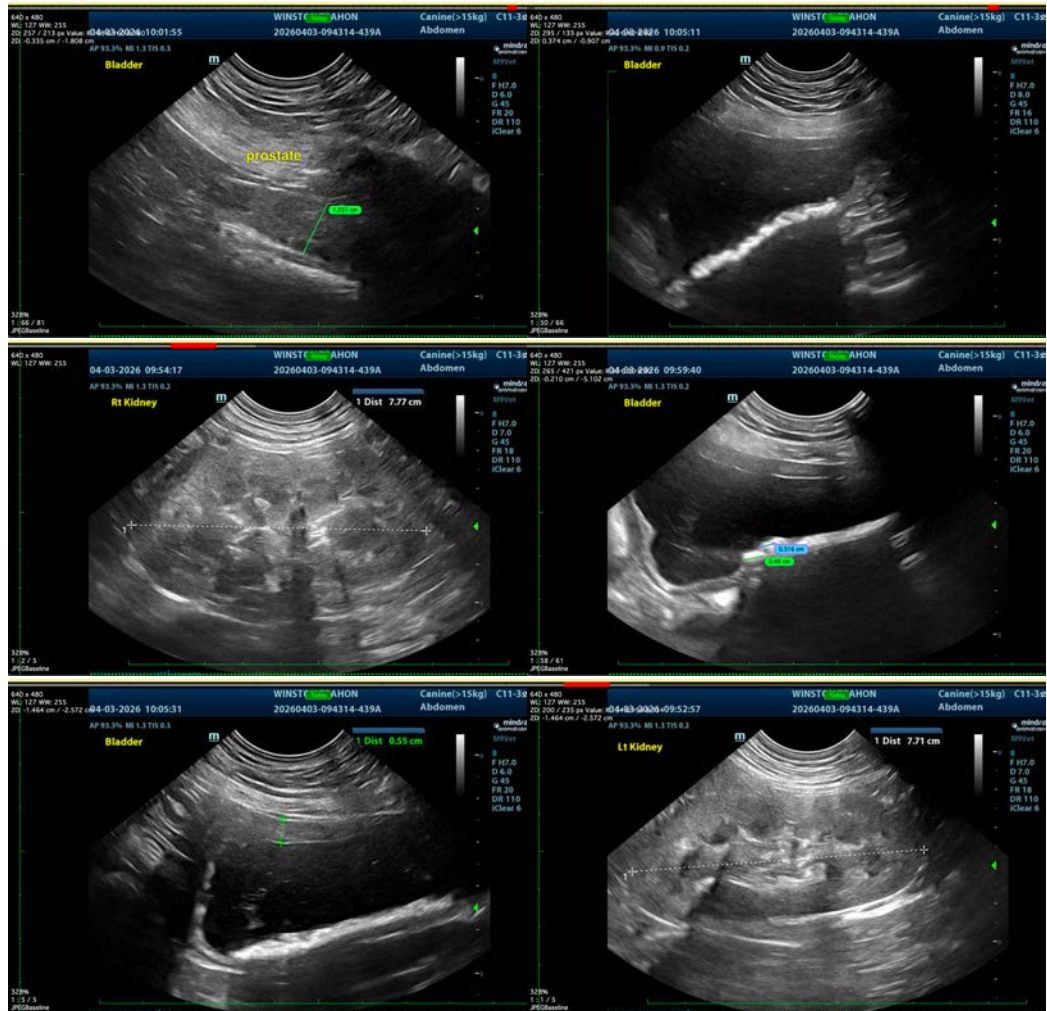
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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