



**PATIENT**

Winston Brown

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

MN

**AGE**

9 yrs

**WEIGHT**

40.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Travis Gibson

**INVOICE**

14936

**DATE**

9-21-22

**PRESENTING CLINICAL SIGNS**

Presented 6/16 for hematuria and crystalluria. Digital radiography showed stone vs crystalline debris. Medication and food prescribed. Patient underwent 2 round of amoxi/clav. 8/25 patient had Afast with same size calculus. Urinary SO was tried instead of CD. Today patient appearing well per owner, except urinating still frequently. There was a few days he was lethargic, but then went back to normal per owner. P currently on RC Urinary SO

Abnormal PE/Chem/CBC/UA Results: See attached rads: Digital radiography 6/16- urinary calculus vs crystalluria build up Afast 8/25- urinary calculus still present (food trial to break up Afast 9/21- urinary calculus appears to have moved into the urethra roughly between trigone and prostate See attached UA from 8/25

**ULTRASONOGRAPHIC EXAMINATION OF THE URINARY SYSTEM**

The urinary bladder was normal in size and tone. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. Anechoic urine was present with minor nondependent particulate sediment, which may indicate minor cellular debris / protein, crystalline debris or less likely mucus. No overt evidence of urinary bladder luminal mineral or calculi was noted. The area of the trigone and cystourethral junction were free of pathology.

The residual prostate was sonographically unremarkable measuring 1.0 cm in diameter. Within the residual prostatic urethra, a small calculus was present measuring 0.72 cm in diameter. No overt evidence of additional urethral calculi or mineral was noted with normal subjective urethral tone to a depth of 4.0 cm.

The area of the iliac trifurcation was free of pathology.

**ULTRASONOGRAPHIC FINDINGS**

- Nondistended urinary bladder with minor nondependent particulate sediment
- Nonobstructive solitary prostatic urethral calculus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The solitary small urethral calculus did not appear to be obstructive at this time, given the lack of urinary bladder distention and / or retained proximal urethral urine. Catheterization with potential retrograde flush of the small prostatic urethral calculus back into the urinary bladder lumen along with recheck urine culture and sensitivity on a sterile urine sample, given the evidence of bacteriuria on latest urinalysis, may be considered.

Continued dissolution diet therapy would be reasonable with sonographic monitoring of the calculus, as well as for evidence of stranguria and dysuria going forward. If persistent calculus or evidence of urethral obstruction which remains a potential at this time, sonographic reassessment of the location of the calculus with potential retrograde flush if present in the urethra followed by cystotomy may be indicated.



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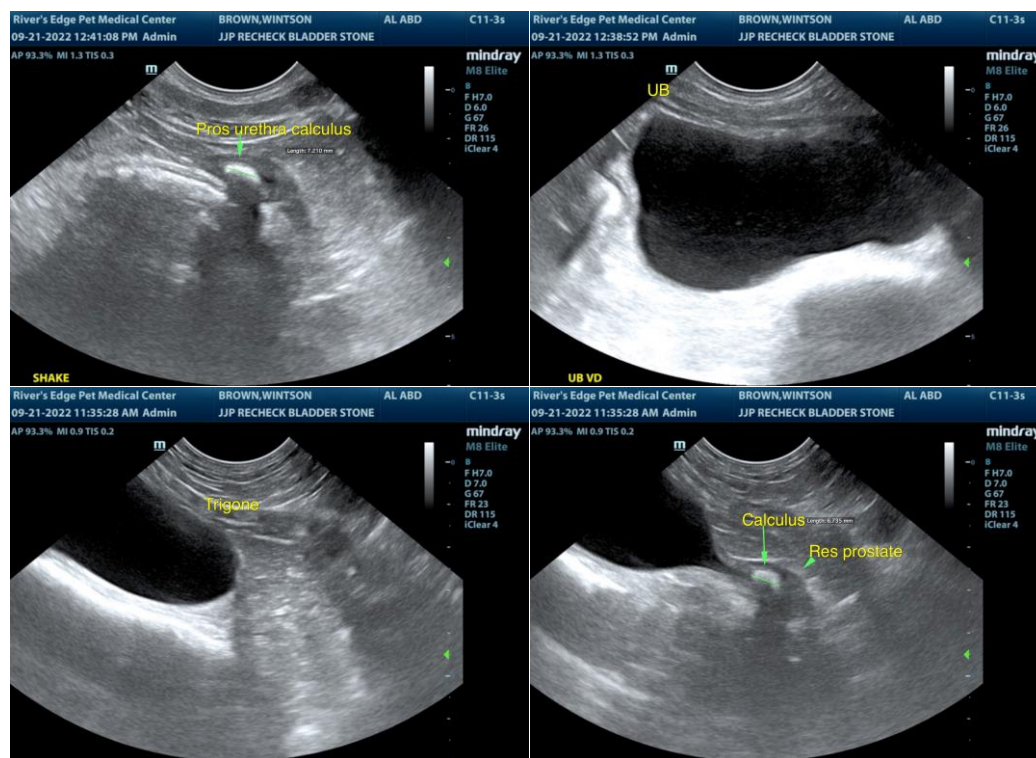
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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