PATIENT

Penny Towne

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1.5 Years

WEIGHT

28.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Norfolk County Veterinary Service

REFERRING VET

Emily McCabe, DVM

INVOICE

74536

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Every 3-4 months for a total of 4 occasions hashad pollakuria, stranguria, inappropriate urination, odd behavior. Most recent UA unremarkable. US in January 2025 unremarkable aside fro WBC - 4-10. Urine culture Feb 2025 no growth. *Sedated with torb/dexdomitor.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (5.1 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 (4.82 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.

ULTRASONOGRAPHIC FINDINGS

- This is a largely unremarkable/normal structural urinary tract without a definitive ultrasonographically visible intraabdominal explanation for patient's reported recurrent urinary signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a 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. Or, if patient is currently not clinical, then when patient is clinical the urinalysis could be considered at that time.

If the cause is determined to be an infection, ruling out a persistent infection is recommended and could include a longer course of treatment, or, if truly recurrent urinary tract infections are suspected, a full general metabolic health workup is recommended, and potentially given the chronicity, full consultation with and/or referral to a veterinary internist could be considered.

For an additional charge an 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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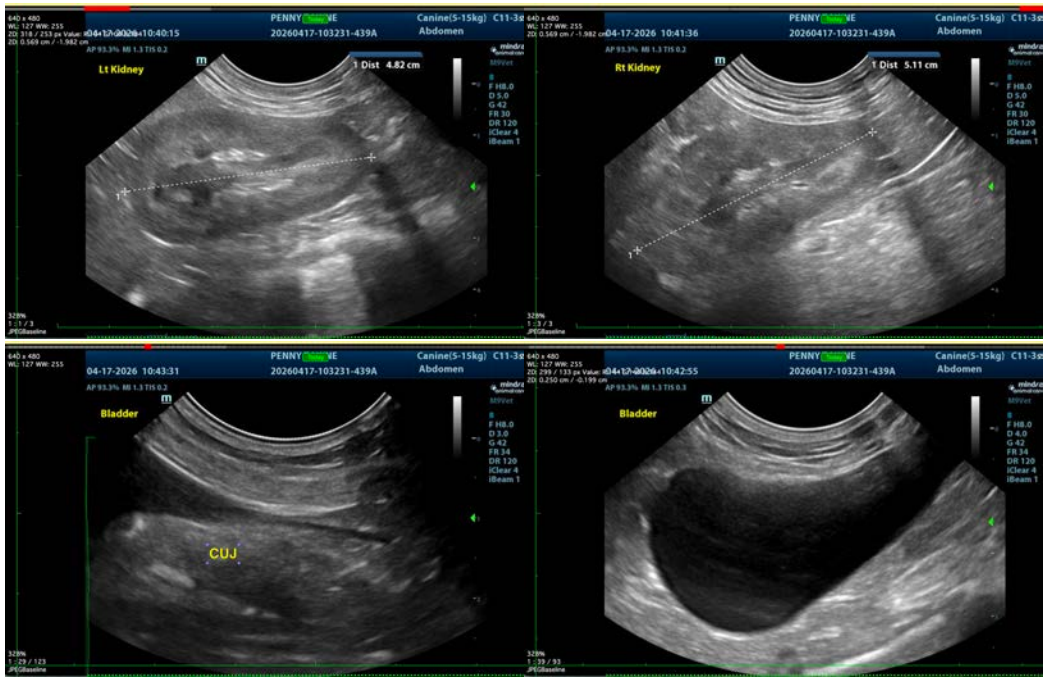

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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