



PATIENT

Winnie Barnes

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Intact Female

AGE

5 months

WEIGHT

39 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer

HOSPITAL NAME

Sandwich Animal
Hospital

REFERRING VET

Dr. Laura Hussey

INVOICE

11945

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Hooded vulva; increased WBC in UA. Between vaginitis (not likely as no discharge) UTI (no obvious bacteria in UA), cystitis, or ectopic ureter. Frequent urinations.

ULTRASONOGRAPHIC EXAMINATION OF THE 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. I see ureteral jets in two different views, but I can't be certain whether I'm seeing two different ones or the same one twice. Having said that, not clearly seeing ureteral urine jets is not abnormal in a routine ultrasound.

The right kidney is normal in size (6.32 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 in size (6.7 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.

ULTRASONOGRAPHIC FINDINGS

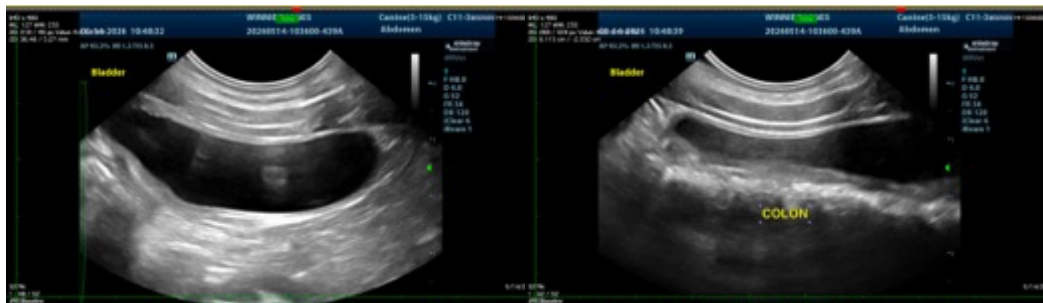
- This is a largely unremarkable/normal structural urinary tract with no definitively visible ultrasonographic evidence of ectopic ureters. Having said that, ectopic ureters, especially tunneling ectopic ureters, from an otherwise normal positioned ureteral opening cannot be ruled out.

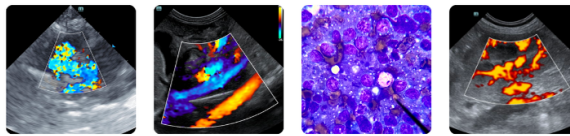
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

If not recently evaluated, a full general metabolic health screen is recommended to also include CBC, Chem Panel, and electrolytes.

If clinical signs persist, advanced imaging such as cystoscopy is recommended to further evaluate the urinary tract +/- potentially ectopic ureters.





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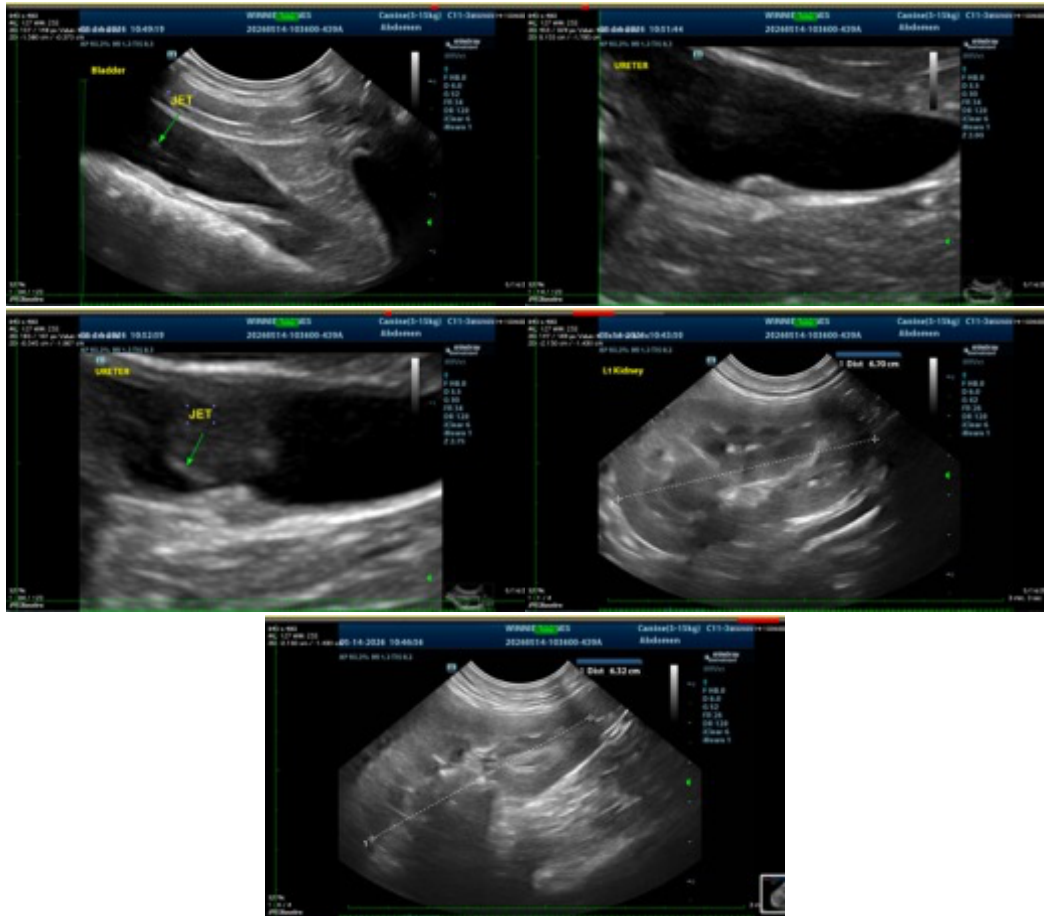
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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