



PATIENT

Buddy Gross

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

5

WEIGHT

39.7kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Dr. Runde

HOSPITAL NAME

Northeast Veterinary
Referral Hospital

REFERRING VET

Dr. Runde

INVOICE

73217

DATE

1-7-26

PRESENTING CLINICAL SIGNS

Has had several episodes of dysuria over the last 1.5 years which would resolve with carprofen/ceftiofloxacin. This most recent episode there has been no improvement and he has started to leak urine. Has had his bladder catheterized multiple times without issues. No neurological issues have been noted.

Abnormal PE/Chem/CBC/UA Results: normal

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Multiple plain and post contrast studies with and without urethral catheterization are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The bladder is distended and normal in contour and wall thickness. No evidence of calculi, masses, diverticula, or mural irregularities seen. Wall enhancement is uniform post contrast. Ureteral papillae and jets present within normal limits. The urethral lumen appears to be patent, smooth, and unobstructed.

Ureteral and renal anatomy are within normal limits without evidence of ureteral or renal pelvis dilation. The nephro- and pyelo-grams present within expected limits. Ureteral ectopia is not identified. Peri-urinary tissues present normal attenuation and no evidence of fat stranding.

Regional lymph nodes are within normal limits.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal upper and lower urinary tract with no evidence of ureteral ectopia, calculi, masses, or other structural lesions to explain the urinary incontinence or dysuria on imaging.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

There is no CT evidence of urinary tract obstruction, infection, or malformation. Recurrent dysuria and incontinence appear unlikely to be caused by gross structural lesion of the bladder or urethra.

Functional neurologic causes, subclinical infection, or inflammation and idiopathic urinary incontinence are possible differential diagnoses. Neurologic evaluation, urinalysis and culture, urodynamic or



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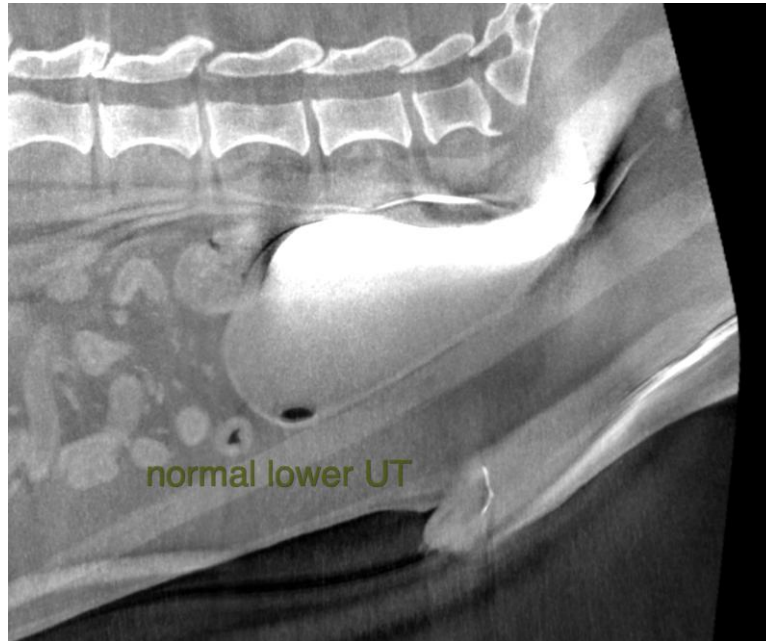
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functional studies can be considered depending on prior diagnostic testing and results.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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