

PATIENT PRESENTING CLINICAL SIGNS

- Rye Harmon
- Stranguria since birth --> urinating small amounts and walking and urinating.
 - UTI 11/26 --> culture results = marked ecoli --> 2 rounds baytril.
 - UTI dx on 2/15 again. BW wnl.
- SPECIES**
- Concern currently for continued stranguira/ and PU/PD.
 - Has been on 30 days baytril
- Canine

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Abnormal PE/Chem/CBC/UA Results: 11/29:Urine Culture:E. coli- >100,000 2/15:AUS=Focal urinary:left kid is of normal size and shape, measures 7 cm by 3.8 cm. good CM distinction.mild renal pelvic dilation (0.6 cm),with blunted villa & hyperechoic changes around the renal pelvis.left proximal ureter is mildly distended, can be traced for several cm.right kid is of normal size/shape, measures 7.3cm x3.6 cm. good CM distinction. renal pelvis on this side measures normal at 0.3 cm, with normal ureter. bladder is lg, with normal bladder wall & trigone.swirling hyperechoic debris within.No shadowing calculi noted.One of the ureteral papillas is visualized on the bladder wall, mildly enlarged and hyperechoic, with distended ureter attached to that area.The other papilla is not visualized. Culture-E. coli - 50,000 -100,000CFU

COMPUTED TOMOGRAPHIC STUDY OF THE CAUDAL ABDOMEN

AGE

Post contrast studies are available for review.

8mo

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY

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

Both kidneys are normal in size, shape and position with preserved corticomedullary differentiation.

The left renal pelvis is mildly prominent, measuring ~ 4.5 mm. Right renal pelvis measures ~ 3.5 mm, which is within normal limits to mildly prominent. No evidence of obstruction of the renal pelvis is seen.

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Both ureters are traceable and of normal diameter without evidence of significant dilation. No aberrant ureteral course is identified. The ureters insert at the expected anatomical location at the dorsal aspect of the urinary bladder cranial to the vesicoureteral junction. No evidence of ureteral ectopia is detected. The ureteral jets, however, cannot be identified during the submitted studies.

The urinary bladder is moderately distended with smooth, thin wall.

REFERRING VET

Dr Harmon

The proximal urethra is unremarkable.

No lymphadenomegaly is identified.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of ectopic ureter or other congenital ureteral abnormality
- Mild bilateral pyelectasia, slightly more pronounced on the left, of uncertain clinical significance
- Otherwise, unremarkable CT morphology of the urinary tract

DATE

03/27/2026

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Rye Harmon

Despite the chronic history of stranguria and recurrent urinary tract infections, no structural abnormality of the ureters or urinary bladder is identified on CT. Given the history, functional urinary disorders such as urethral sphincter mechanism incompetence or discoordination, recurrent or incompletely resolved urinary tract infection or other subtle or intermittent abnormalities not detectable on CT are differentials to consider. Consider cystoscopy for definitive evaluation of ureteral insertion and ejection and lower urinary tract anatomy as gold standard method.

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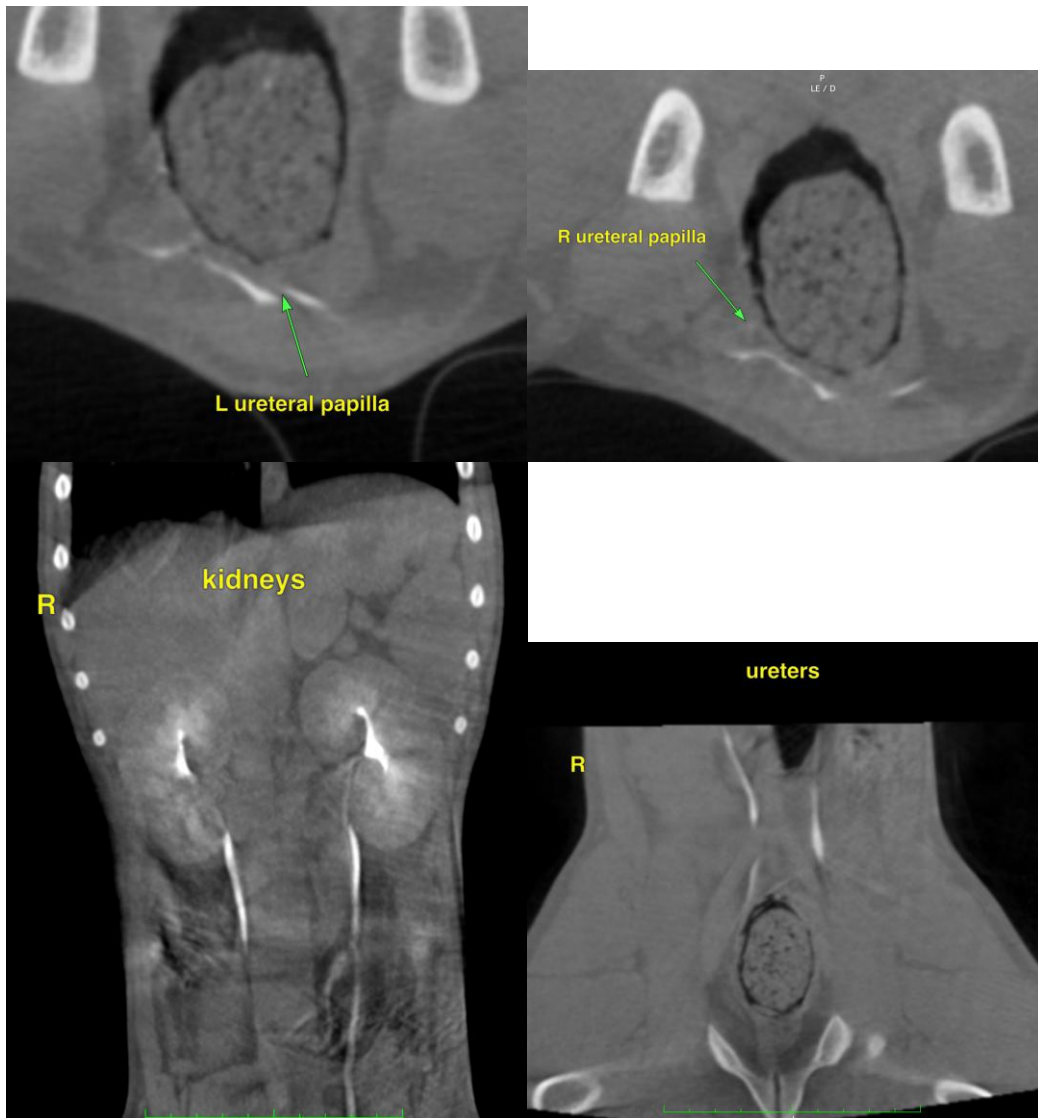
Dr Harmon

INVOICE

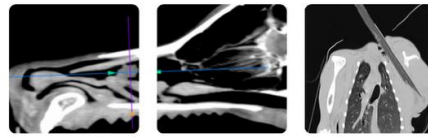
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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PATIENT

Rye Harmon

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.

SPECIES

Canine

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