

**PATIENT**

Edith Sparky Fund

SPECIES

Canine

BREED

Golden Doodle

SEX

Female

AGE

7 Months

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Wilson Veterinary
Hospital**REFERRING VET**

Dr. Burge

INVOICE

58163

DATE

5-8-23

PRESENTING CLINICAL SIGNS

Pet has had dribbling urinary incontinence since ~13 weeks old when owner adopted her. Confirmed on visual examination at the referring veterinarian that pet dribbles urine intermittently during exam, with more volume dribbling when pet jumps up or becomes excitable. CT scan performed to look for evidence of possible ectopic ureters.

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and delayed post-contrast studies available for review. Running multiple post-contrast studies can increase the diagnostic accuracy of excretory CT in order to detect ureteral ectopia.

COMPUTED TOMOGRAPHIC FINDINGS

The urinary bladder is moderately distended. Both ureteral papillae are seen approximately 50mm cranial to the vesicourethral junction (interpolated bladder sphincter level). The vesicourethral junction is closed. No evidence of ureteral contrast leakage is seen. Both ureters are nondilated and their pathway is considered within normal limits.

There is no evidence of pyelectasia. The kidneys present within normal limits. A regular nephrogram and pyelogram is seen bilaterally.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal anatomic relationships of the urinary tract with no evidence of ureteral ectopia.
- Normal renal excretion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not confirm presence of ureteral ectopia. The ureteral jets are not seen. The chances of imaging the ureteral jets can be increased by running multiple early and delayed post-contrast studies. Nevertheless, the position of the ureteral papillae is distinctly cranial to the vesicourethral junction and there is no evidence of urethral leakage noted. No evidence of ureteral dilation and no other evidence of ureteral ectopia is seen.

Juvenile incontinence and urinary tract infection are potential underlying causes of the incontinence.



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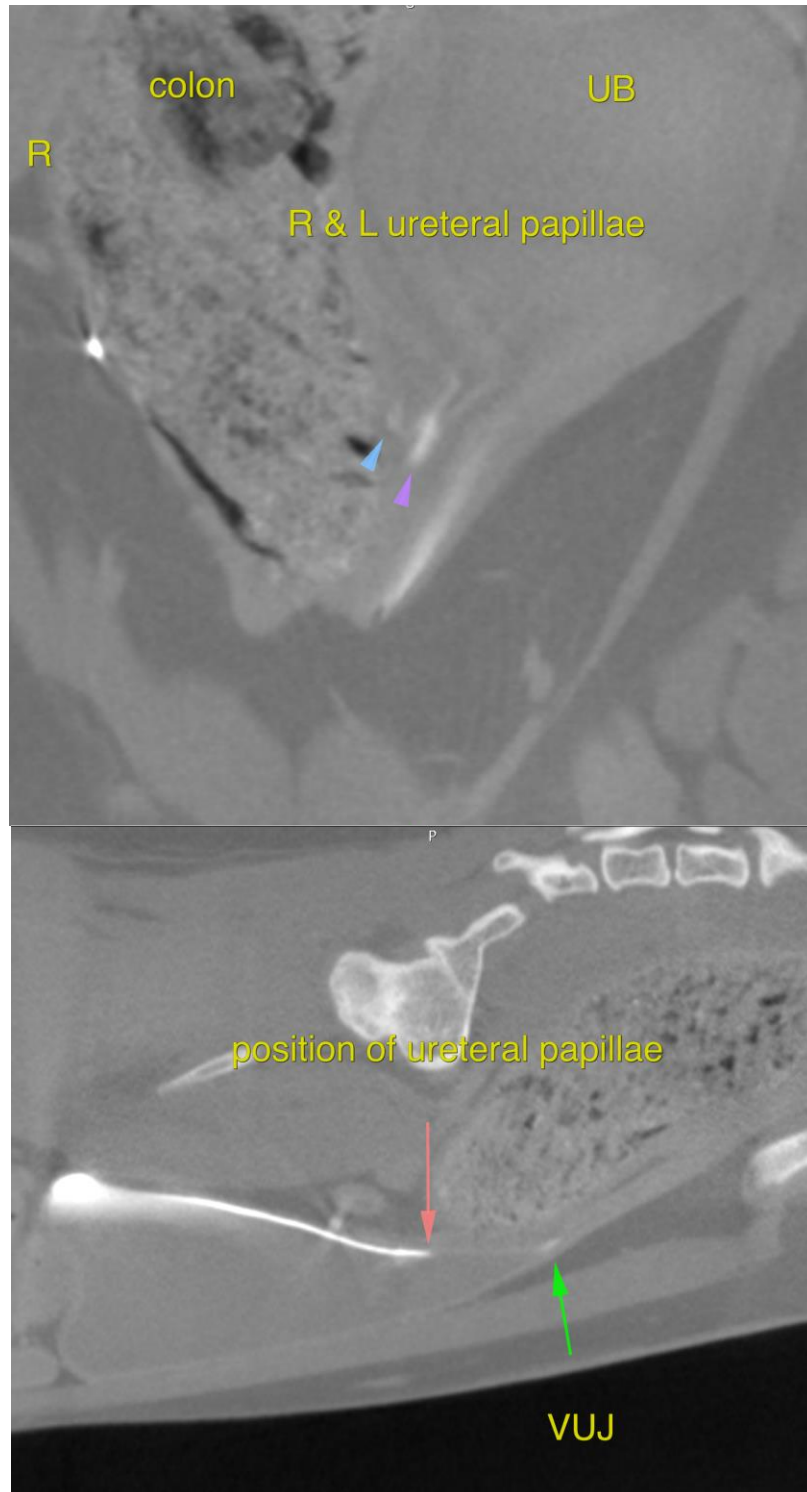
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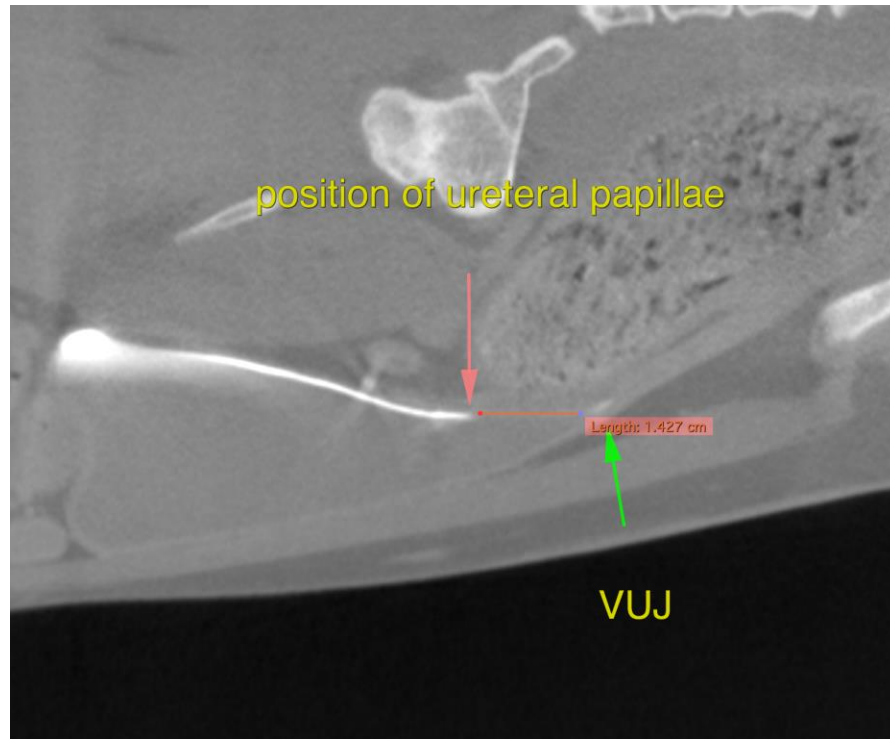
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com