



PATIENT PRESENTING CLINICAL SIGNS

Coco Cline
 Coco presents with a history of incontinence and recurring UTI. She has a hooded vulva and episioplasty (vulvoplasty) was thought to be beneficial. She possibly has had incontinence since she was 8 weeks old. Urine free catch was submitted for culture yielding resistant bacteria. She is reported to have a heart murmur. Patient presents for a recheck of chronic UTI infections. A CT was been recommended to rule out ectopic ureter. The course of amikacin was not successful - most recent cystocentesis and culture indicated persistent bacterial infection.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

BREED

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

F

The left kidney presents within normal limits for size, shape and organ architecture. After contrast administration a uniform nephro- and pyelogram of the left kidney is noted. The volume of the right kidney is markedly decreased, measuring 17 x 16 x 21 mm in size. The renal pelvis of the right kidney and the right ureter are dilated, measuring up to 16 mm in diameter. The right ureter can be appreciated as tubular structure up to the level of the urinary bladder - level with the urinary bladder neck, a tubular central fluid attenuating lesion, demarcated by a contrast enhancing wall is appreciated. The left ureter has a physiological diameter and is draining into the urinary bladder level with the vesical trigone.

AGE

6 Months

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The vagina contains a very small amount of fluid.

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

HOSPITAL NAME

Critical Vet
 Care/Suncoast
 Veterinary

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

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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

REFERRING VET

Dr. Young

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.

INVOICE

56180

- Suspect congenital right renal hypoplasia
- Generalized right sided hydroureter ± ectopia
- Tubular cavity lesion region of the bladder neck
- Normal left kidney

DATE

1-16-23



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

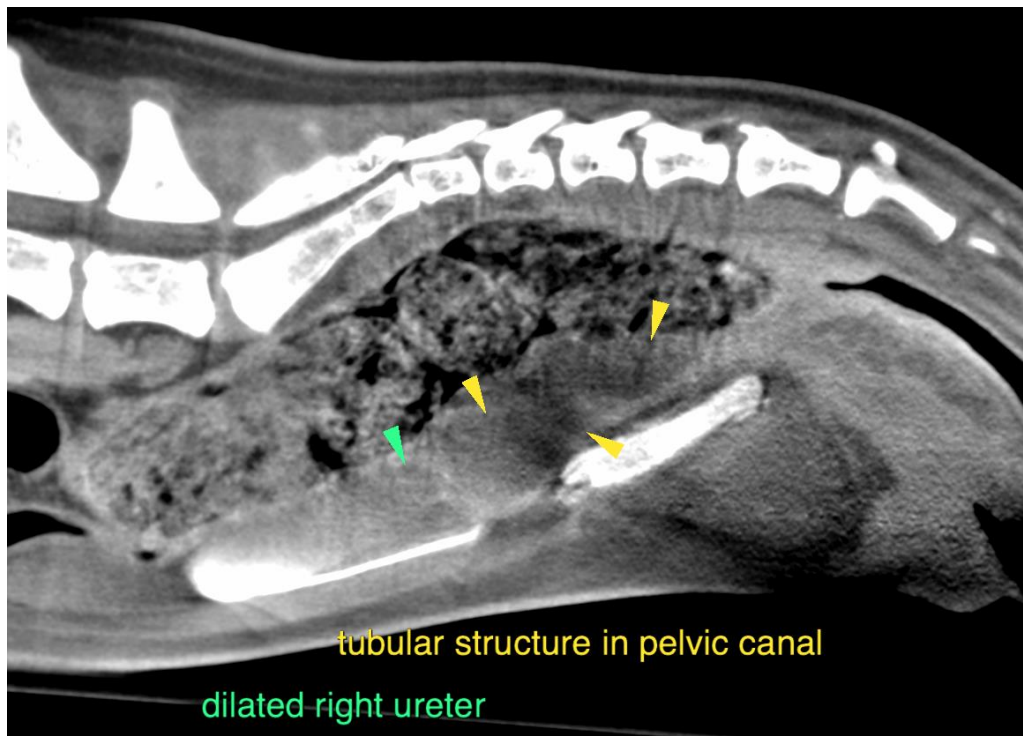
The CT study is consistent with congenital malformation of the right kidney with hypoplasia of the right kidney, right sided hydronephrosis that appears to merge with a tubular dilated structure level with the urinary bladder neck. The latter might present an extramural dilated segment of the right ureter or ureterocele. As the tubular cavitary structure cannot be clearly differentiated from the urinary bladder, a more complex malformation affecting the urinary bladder and the ipsilateral upper urinary tract is a consideration – urinary bladder diverticulum is described in human medicine to be associated with malformation of the ipsilateral upper urinary tract.*

A positive contrast retrograde positive contrast cystography can be tried to check if there is direct connection between the urinary bladder and the urinary bladder.

Surgical management is considered as the therapy of choice – including right sided nephrectomy and resection of the right ureter and management of the tubular structure in the region of the urinary bladder neck, depending on the findings of the advanced diagnostic test/intraoperative findings.

Overall, the findings are a plausible explanation for the presenting clinical signs.

* Blane, Caroline E., J. Michael Zerlin, and David A. Bloom. "Bladder diverticula in children." *Radiology* 190.3 (1994): 695-697.





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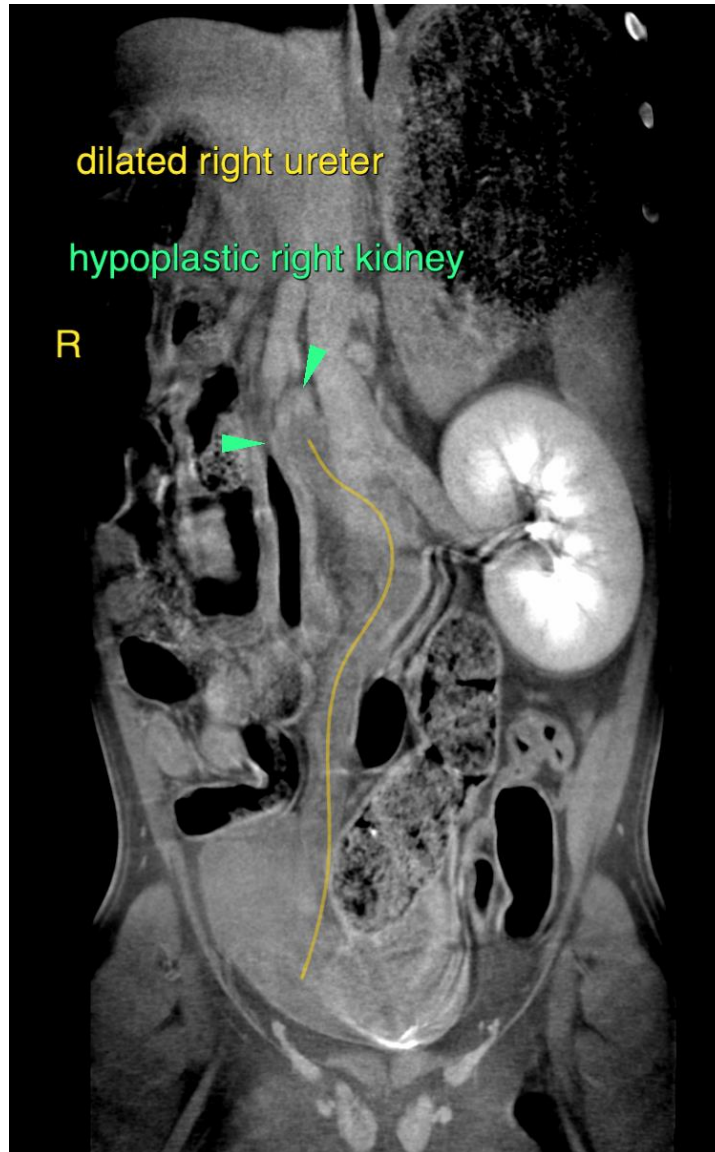
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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