



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bindi Lucas Keller
SPECIES Feline
BREED DSH
SEX Spayed Female
AGE 14 Years

History: History of kidney disease since 2018, IRIS stage 2. Persistent urinary tract infections. No abnormalities of urinary tract and bladder found on ultrasound as of today, both kidneys revealed bilateral pyelectasia (R>L) and focal mild thickening on SI. Recently discontinued Enrofloxacin and is starting Clavamox twice daily. Bindi's current status: Leaking urine and acting unwell. Still eating ok. She did have a little diarrhea this morning, although I've had her on probiotics for almost two weeks. Recent history: 10-5-21: Urine culture said Bindi had E coli, so we got her a Covenia injection and started her on amoxicillin 50 mg X 2 daily. She continued to leak. At one point it seemed like her leaking was slowing down but then it went back up. 10-14-21: Started her on Enrofloxacin, 22.7 mg X 1 daily. She is continuing to leak and is getting increasingly grumpy. She is not a happy camper right now. 10-18-21: Urine culture came back negative. O elected CT scan to rule out an ectopic ureter.

Abnormal PE/Chem/CBC/UA Results:

SEX COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

AGE COMPUTED TOMOGRAPHIC FINDINGS

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

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The volume of the right kidney is moderately decreased, and the margins are mildly irregular. The left kidney presents within normal limits for shape and organ architecture. Hyperattenuating material is seen in the left renal pelvis and the urinary bladder in the plain CT study – there is contrast enhancement of the left renal medulla and suspect inadvertent injection of small amount of contrast media. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. Level with L4/L5 the right ureter is crossing caudal vena cava dorsally from the left to the right side. Both ureters enter the urinary bladder wall cranial to the vesicourethral junction. No contrast can be appreciated in the urethra in the post contrast phases.

HOSPITAL NAME

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

REFERRING VET

Melanie Thompson

The pictured parts of the 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.

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

DATE

10/21/21



PATIENT The vertebral endplates L6/L7 present mild spondylosis formation. The bony and surrounding soft tissue of the pelvis are within normal limits.

Bindi Lucas Keller

COMPUTED TOMOGRAPHIC DIAGNOSIS

- SPECIES**
- Right sided chronic nephropathy
 - Right sided retrocaval ureter without evidence of ureteral obstruction
 - No evidence of ureteral ectopia
 - Mild spondylosis formation L6/L7
- Feline

BREED **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DSH The CT study presents no abnormalities explaining the history of urine leakage.

The retrocaval ureter is likely clinically not relevant due to lack of signs for ureteral compression.

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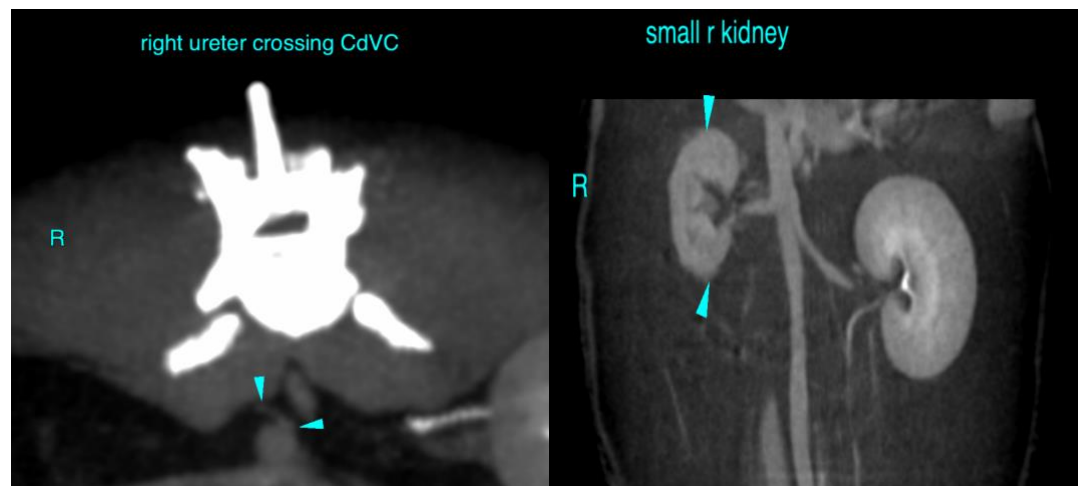
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REFERRING VET

Melanie Thompson



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.

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Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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