



## PATIENT

Millie Carper

## SPECIES

Canine

## BREED

Labradoodle

## SEX

FS

## AGE

6

## WEIGHT

28kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Dr. Runde

## HOSPITAL NAME

Northeast Veterinary  
Referral Hospital

## REFERRING VET

Dr. Runde

## INVOICE

72730

## DATE

11-24-25

## PRESENTING CLINICAL SIGNS

Has a history of an apparent ectopic ureter at the time of adoption. She has had some urinary incontinence ever since then which has been manageable until she started having more severe signs starting two months ago - pu/pd and more accidents - otherwise is doing fine - eating well - started benazepril in May of 2025. LDDST was unremarkable (ACTH stim pending), proteinuria - normal ionized/total calcium.

Abnormal PE/Chem/CBC/UA Results: normal

## COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining. The caudal segment of the nasopharynx is collapsed.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. A very small amount of soft tissue material is seen level with the opening of the Eustachian tube in the right tympanic bulla. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

### Thorax

Multiple variable sized lipomas are seen along the thoracic wall.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior with randomly distributed interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

### Abdomen



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

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted. The left ureter enters the urinary bladder wall approximately 2.5 cm cranial to bladder neck. The right ureter merges with the bladder wall approximately 2.1 cm cranial to the bladder neck and can be appreciated as intramural thin tubular structure coursing caudally approximately up to the vesicourethral junction.

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.

In the peritoneal fat of the hilar region of the caudal extremity of the spleen, an irregular shaped, ovoid shape, heterogeneous soft tissue attenuating and contrast enhancing lesion with interspersed punctuate mineralization is visible, measuring 1.9 x 2.9 x 3.8 cm; the surrounding fat presents mild fat-stranding. At the medial aspect of the body of the spleen, a well-defined, nodule is visible presenting the same attenuation and contrast enhancement pattern like the spleen.

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

- Right sided ectopic ureter with likely intramural course
- Nodular lesion hilar fat caudal extremity of the spleen with dystrophic mineralization and mild surrounding peritonitis
- Splenunculus
- Multiple lipomas along thoracic wall
- Normal skull
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is supporting the diagnosis of right sided ectopic ureter – with an intramural course and I suspect the right ureteral orifice level with the vesicourethral junction.

The irregular shaped nodule in the peritoneal fat in the hilar region of the caudal extremity of the spleen is suggestive for granuloma formation – ultrasound guided FNA sampling or excisional biopsy may be performed to rule out malignancy entirely.



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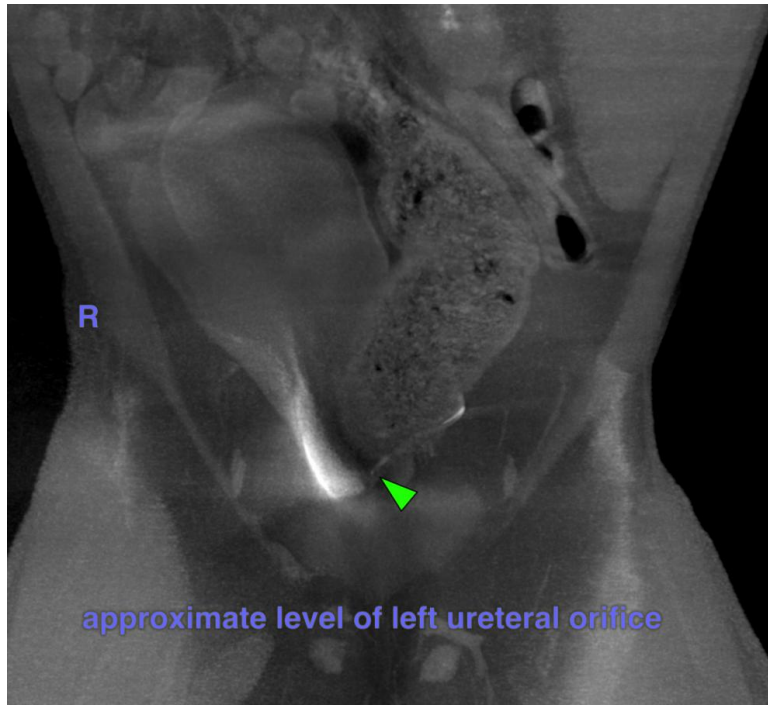
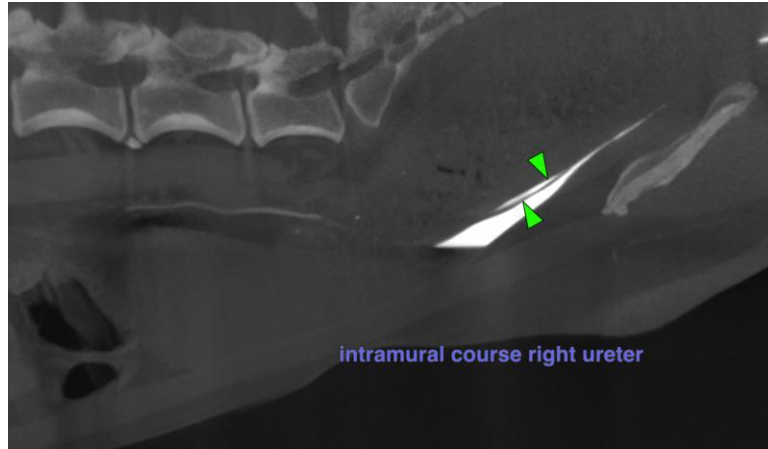
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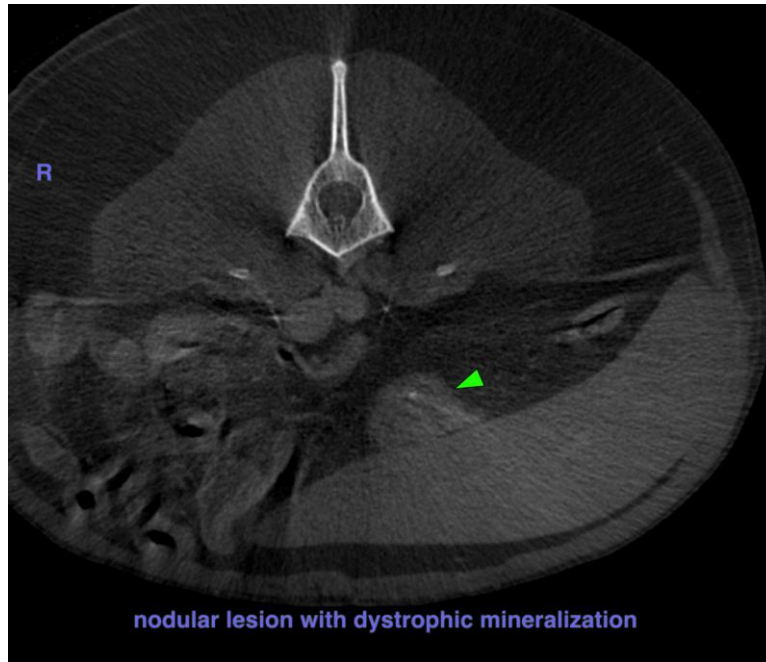
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nodular lesion with dystrophic mineralization

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)