



PATIENT

Lola Barnes

SPECIES

Feline

BREED

DSH

SEX

Female

AGE

4

WEIGHT

2.8

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Dr. Eamon

INVOICE

15237

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Dysuria, multiple cat house, suspect ectopic ureter on u/s

Abnormal PE/Chem/CBC/UA Results: cbc/chem normal hematuria +

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

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. Level with L4/L5 the right ureter is crossing dorsally over the caudal vena cava. The urinary bladder is nearly empty, limiting evaluation of the bladder wall. The ureters are entering the bladder wall level with the vesicourethral junction. Contrast medial is seen in the urethra. The urethra is mildly distended by fluid attenuating material. The urethra wall is circumferentially thickened, measuring up to 2.7 mm in width. The epithelial lining of the urethra presents increased contrast uptake.

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.

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.

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

- Caudal position ureterovesical junction
- Generalized mural thickening urethral wall
- Right sided retrocaval ureter without mechanical obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized thickened urethral wall is highly suggestive for urethritis ± cystitis – a likely cause for the described dysuria. Rule out feline idiopathic cystitis as well. There are no overt changes indicative for underlying neoplastic disease. Due to the lack of urinary incontinence the clinical relevance of the caudal position of the ureterovesical orifice is unclear, although ureteral ectopia may predispose for lower urinary tract inflammation.



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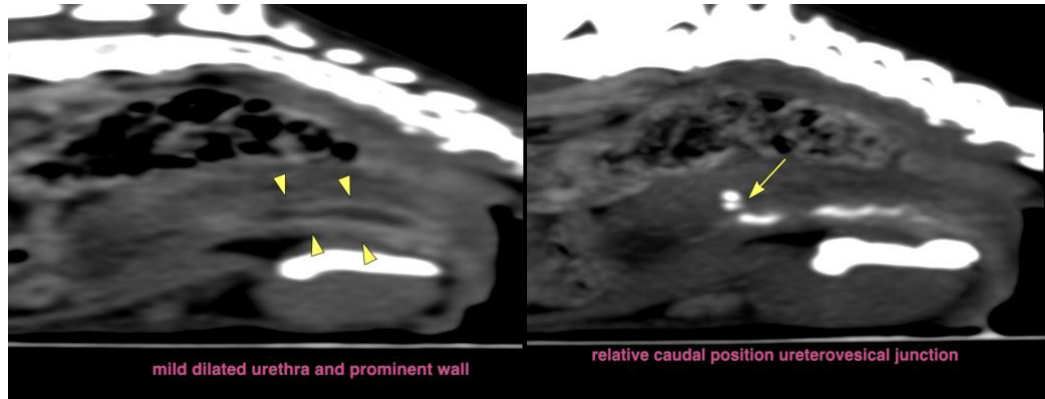
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com