



PATIENT PRESENTING CLINICAL SIGNS

Miso Seifert
SPECIES Feline
BREED DSH

Miso presented with a lifelong history of kidney stones, ureteral stones, and bladder stones. Lithotripsy to remove bladder stones was performed 3 years ago. Abdominal ultrasound shows bilateral kidney stones and mildly dilated renal pelvises and ureters. A ureteral stone is not visualized. A CT was recommended to identify possible ureteral obstructions. There is a chronic 3 year history of mildly dilated renal pelvises and ureters. There is no history of progressive renal disease. Pelvis distention is mild and not progressive. She is asymptomatic. Previous diagnosis: Bladder stones, kidney stones. Purpose of CT scan: Diagnostic Location of CT scan: Abdomen Therapies tried and response: Hill's c/d dry, and wet food (either c/d or RC SO). Crystal stone supplement. Current medication: Crystal stone supplement Current signs: No signs Appetite and activity level: Good

Abnormal PE/Chem/CBC/UA Results: PE: Normal Lab: Blood work is dated 5/17/22. CBC - PCV = 61%, WBC = 6400, neutrophils = 4736, lymphocytes = 1280, monocytes = 128, RBC = 11.9, hemoglobin = 17.6. Platelets = 183,000. T4 = 2.7. Chemistry - normal. Urinalysis - USG = 1.054, pH = 6.5, 1+ protein, WBC = 0-1/hpf, RBC = 0, no bacteria. SDMA - normal.

SEX SF
COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

AGE 8 Years
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

Both kidneys present irregular margins and mineralized material is seen in the region of the renal pelvis bilaterally. Generalized mild to moderate dilation of the left renal pelvis is appreciated. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted. The right ureter is crossing the caudal vena cava level dorsally, level with L4. After crossing to the medial and ventral aspect of the caudal vena cava, level with L4/L5, the right ureter is segmentally mildly dilated – measuring up to 2.3 mm in diameter – and contains a small amount of granular mineralized material. The proximal and distal segment of the right present a physiological diameter. Post contrast administration, contrast medial can be appreciated along the entire length of the right&left ureter.

HOSPITAL NAME

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No mineral attenuating material is appreciated in the urinary bladder.

REFERRING VET

Kanda Hazelwood

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.

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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.

DATE

5-29-22

The bony and surrounding soft tissue structures reveal no abnormalities.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

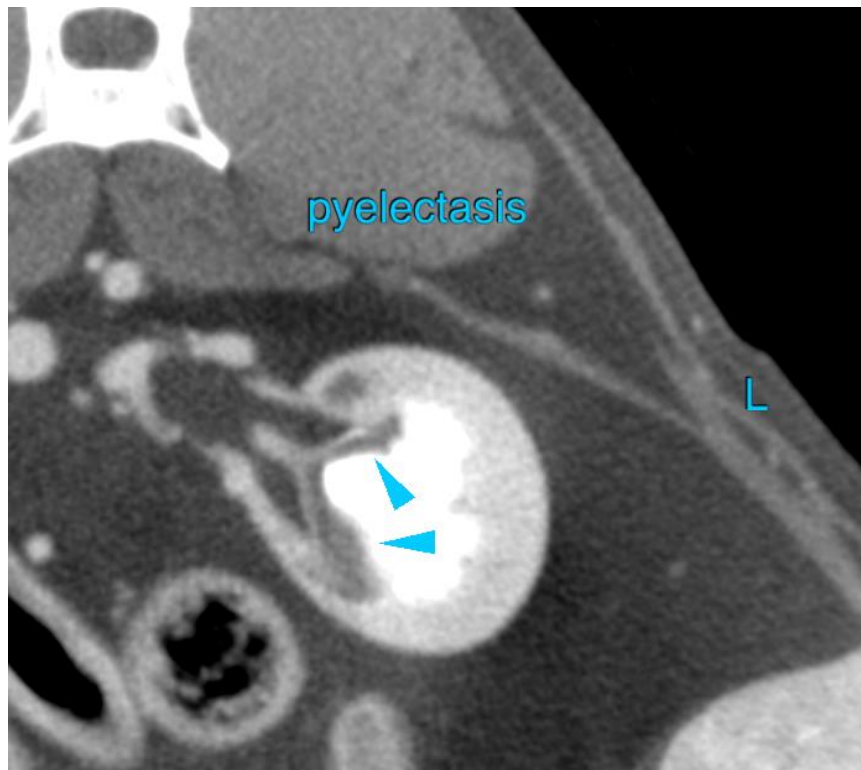
- Right sided retrocaval ureter
- Segmental right sided ureteral dilation and mild ureterolithiasis without evidence of obstruction
- Bilateral nephrolithiasis
- Left sided mild pyelectasia
- Bilateral mild chronic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with the history of bilateral nephrolithiasis – without signs of obstruction.

There is evidence of right sided retrocaval ureter, that is likely an incidental finding as no accompanying ureteral obstruction is appreciated. The clinical relevance of the mild amount of inspissated material in the right ureter is unclear as contrast flow can be appreciated up into the urinary bladder and no dilation of the proximal ureteral segment is noted. Consider rechecking the patient on a regular basis – ultrasound is considered adequate to monitor for progressive dilation of the right renal pelvis indicating outflow obstruction.

At this point no calculi are appreciated in the urinary bladder.





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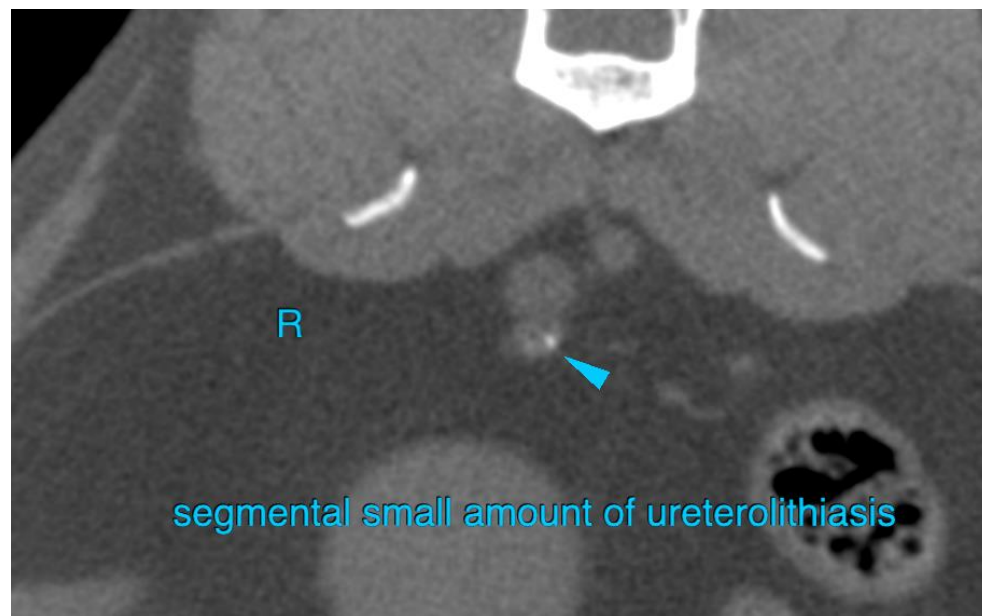
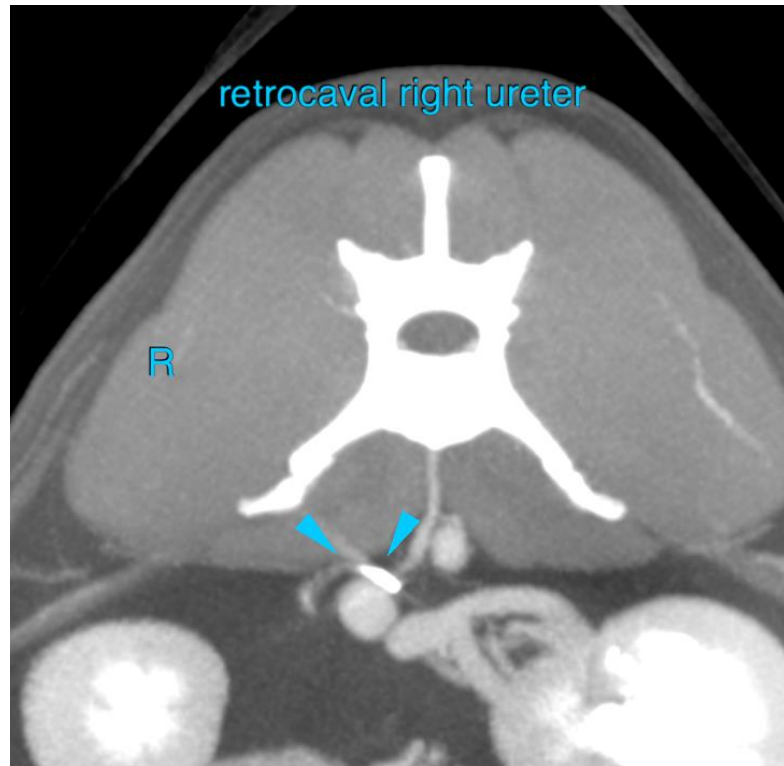
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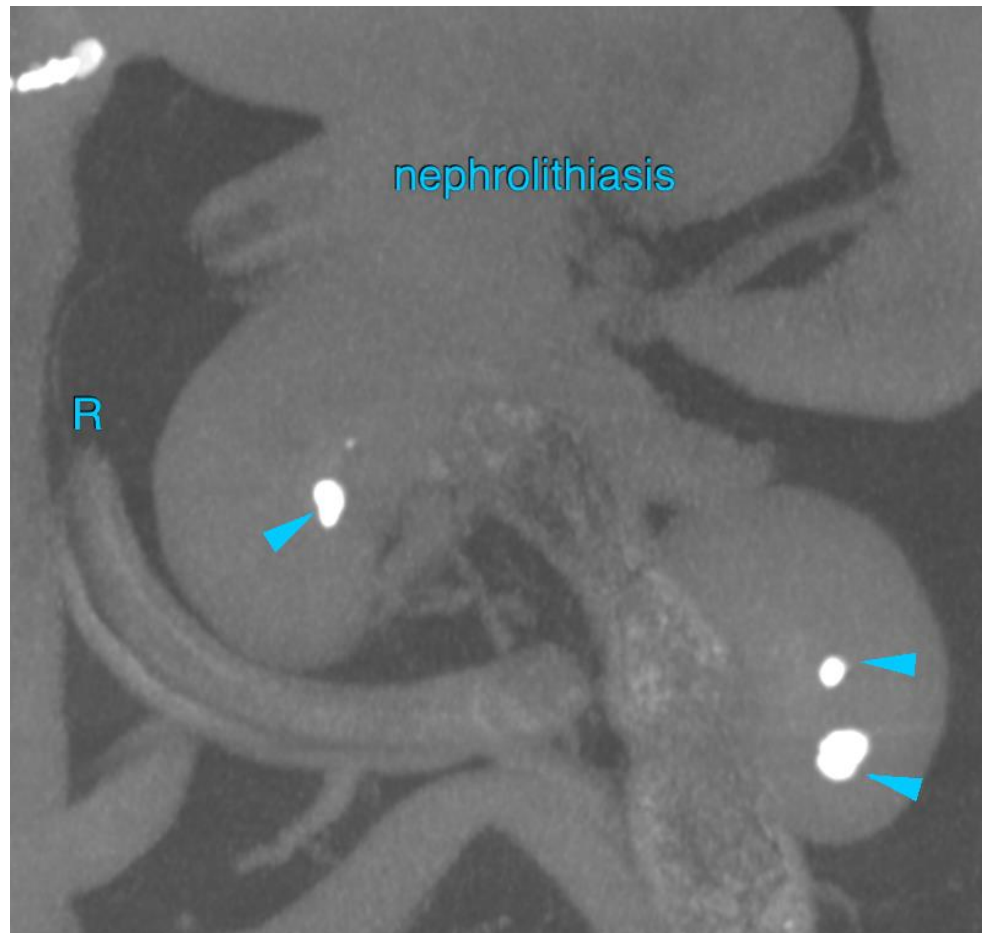
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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