



PATIENT PRESENTING CLINICAL SIGNS

Bunny Weisz History: Leaking urine since they obtained her at approx. 10 weeks of age. At first veterinary appointment June 3, 2021 urinary ultrasound was performed with a moderate thickened bladder wall, and no hyperechoic debris in lumen, was able to visualize ureteral jets emptying into the bladder.

SPECIES Patient was diagnosed with cystitis and vulvitis and treated with clavamox & carprofen. No improvement at recheck on June 24, 2021. Prescribed SMZ-TMP antibiotics and Proin (phenylpropanolamine) starting at 25mg bid and increasing to 50mg bid as needed. Did not improve on Proin. Leaks the most when laying down or sleeping, seems like when awake is able to hold urine a little bit. Otherwise seems healthy and normal. No other concerns.

BREED

Saint Bernard Abnormal PE/Chem/CBC/UA Results:CREATININE= 1.6mg/dL (ref. range 0.3-1.2) other chemistries were within normal limits (albumin, alkaline phosphatase, alanine transaminase, blood urea nitrogen, globulin, glucose, total protein) CBC was essentially within normal limits. (slightly low hematocrit, red blood cells and hemoglobin)

SEX

Female

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

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

AGE

5 Months

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

A separate left and right caudal vena cava of the prerenal segment is visible.

HOSPITAL NAME

Casselton VS

Both kidneys present irregular margins and the volume of the right kidney is moderately decreased measuring 2.1 x 2.6 x 4.0 cm in size; the left kidney is measuring 3.6 x 3.8 x 8.9 cm in size. Both kidneys present a heterogeneous nephrogram with a hypoattenuating striation of the renal parenchyma. The renal pelvis of the left kidney is moderately dilated measuring 7.5 mm in width. The left ureter is moderately dilated, with a diameter of up to 5 mm. The urinary bladder neck is compressed by the feces filled colon. Both ureters enter the urinary bladder wall at the same level in a region still consider cranial to the urinary bladder neck – due to compression of the urinary bladder further specification of the segments of the urinary bladder is not possible. The vagina is mildly distended by fluid attenuating material.

REFERRING VET

Dr. Laurie Huckle

15 minutes post contrast administration a mild amount of contrast can be appreciated in the left renal pelvis bilaterally but not the ureters or urinary bladder.

INVOICE

12753

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.

DATE

8/25/21



PATIENT The portal vein presents a normal order of its tributary veins.

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

SPECIES The bony and surrounding soft tissue structures reveal no abnormalities, the growth plates are age related open.

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- BREED**
- Chronic nephropathy bilaterally, R>>>L
 - Delayed and decreased contrast excretion by the kidneys
- Saint Bernard
- Left sided pyelectasia
 - Left sided mild hydroureter
 - Mild fluid distended vagina
 - Double caudal vena cava

SEX

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 Months

The current CT study presents no specific evidence of ureteral ectopia although due to the left sided ureteral dilation an intramural cause of the left ureter is possible with increased resistance and ureteral dilation and pyelectasia. However, due to delayed contrast and only mild contrast excretion by the kidneys I consider the odds for renal dysplasia with subsequent chronic kidney disease high. Low blood pressure or acute renal failure are considerations as well for the delayed and diminished contrast excretion – correlate with findings of blood work and urinalysis.

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Other underlying causes for urinary incontinence are urethrocele, urinary bladder/lower sphincter dyssynergia, juvenile incontinence, PU/PD.

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REFERRING VET

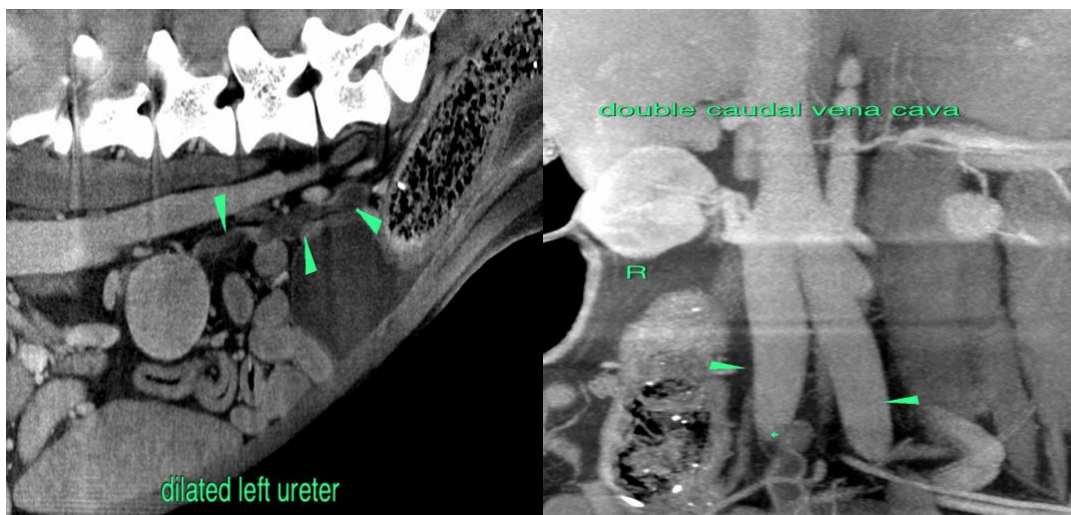
Dr. Laurie Huckle

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DATE

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PATIENT

Bunny Weisz

SPECIES

Canine

BREED

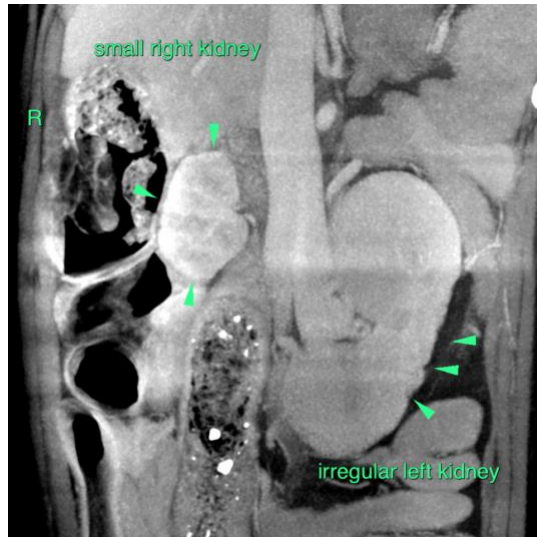
Saint Bernard

SEX

Female

AGE

5 Months



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.

INTERPRETED BY

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