



**PATIENT PRESENTING CLINICAL SIGNS**

Perla Harnagle  
 INAPPROPRIATE URINATION INCREASED VOCALIZATION HCM CKD VOMITING CAUDAL ABDOMEN; VENTRAL TO COLON; DORSAL TO URETHRA; CAUDAL TO URINARY BLADDER; SMALL ANECHOIC NODULES INSIDE HYPERECHOIC WALL WITH ROUNDED MARGINS  
**SPECIES** CRANIALLY DIAGNOSIS: R/O UTERINE STUMP INFLAMMATION AND CYSTS VS OTHER  
 Abnormal PE/Chem/CBC/UA Results:

Feline  
**COMPUTED TOMOGRAPHY OF THE ABDOMEN**

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

**BREED COMPUTED TOMOGRAPHIC FINDINGS**

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

**SEX**  
 FS  
 Both kidneys present mild irregular margins. The renal pelvis of both kidneys is mild to moderately dilated, measuring 6 mm in width. Level with L4/L5, the right ureter is crossing the caudal vena cava dorsally from the right side to the left side. Between the urethra and the descending colon, a moderate contrast enhancing tubular structure is visible, measuring 7 mm in diameter. The tubular structure is continuous with the vagina caudally.

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

14 Years  
 Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

Originating from the splenic vein of the caudal extremity of the spleen, a bunch of tortuous vessels is appreciated, consolidating to one vessel, draining into the left caudal vein from the caudal aspect.

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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.

The vertebral endplates L1/L2, L2/L3 and L7/S1 present mild spondylosis formation.

**REFERRING VET**

Dr. Bloom

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Prominent uterine stump
- Chronic nephropathy
- Moderate pyelectasis bilaterally
- Right sided retrocaval ureter
- Multiple acquired portosystemic shunts – spleno-gonadal shunts
- Spondylosis deformans L1/L2, L2/L3 and L7/S1

**INVOICE**

54083

**DATE**

9-17-22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tubular structure is compatible with enlargement of the uterine stump & cervix, inflammatory origin would be likely although it is unusual in spayed patient and neoplastic transformation should be considered as differential as well. Consider surgical resection of the affected segment of the genital tract with sampling for histopathology.



**PATIENT**

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No ovarian remnant is appreciated.

The acquired portosystemic spleno-gonadal shunt are suggestive for incidental acquired portosystemic shunting – which is considered as a sequela to spaying and is commonly not associated with clinical signs.

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Feline

The bilateral pyelectasis is considered as a sequela to chronic renal disease. There is no evidence of mechanical obstruction due to retrocaval right sided ureter.

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**SEX**

FS

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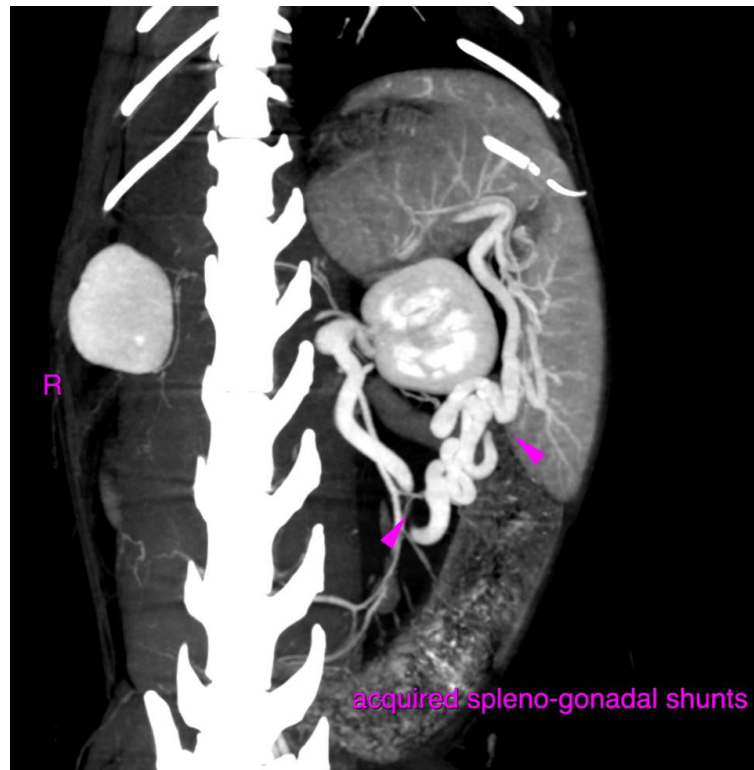
Dr. Bloom

**INVOICE**

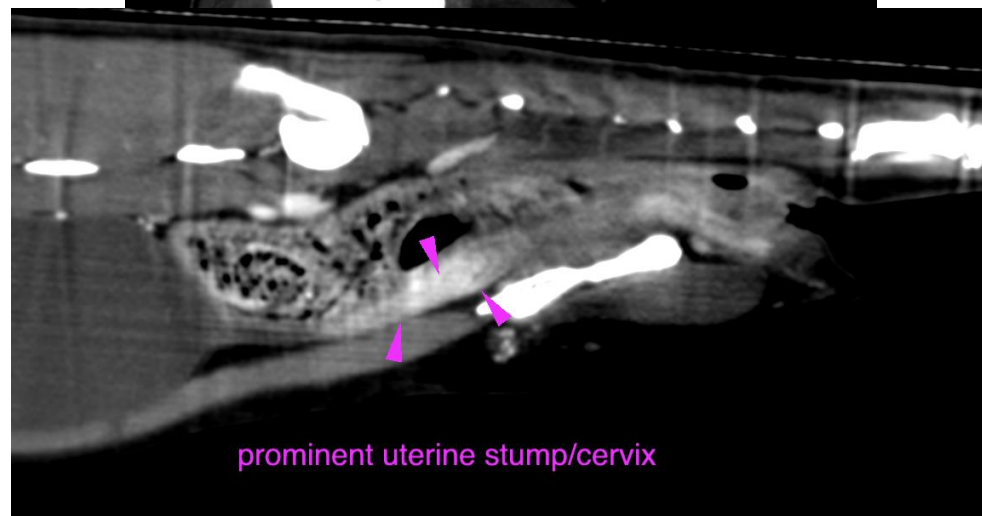
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acquired spleno-gonadal shunts



prominent uterine stump/cervix



**PATIENT**

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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.

**SPECIES**

Feline

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.

**BREED**

DSH

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**SEX**

FS

**AGE**

14 Years

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