



PATIENT

Nellie Ristow

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

F

AGE

15W

WEIGHT

21.9lbs

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Lacey and Bailey

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay,
DVM

INVOICE

73475

DATE

1-27-26

PRESENTING CLINICAL SIGNS

History:

- Previous bloodwork indicates kidney disease
- Suspect ectopic ureters and/or kidney dysplasia
- Drinking and urinating excessively
- Treated for UTIs with Clavamox and Baytril

Abnormal PE/Chem/CBC/UA Results: On 1/27/26, CBC WNL, BUN 13, CREAT 1.1, ALKP 340, GLOB 1.9, TP 4.6

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast computed tomographic study of the abdomen was provided for review, consisting of three series: one pre-contrast series using a soft tissue algorithm and two post-contrast series using a soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

Both kidneys are normal in size, shape, and overall attenuation on pre- and post-contrast images. There is mild irregularity of the renal contours. Mild contrast medium retention is noted within the renal pelvis, consistent with mild bilateral pyelectasis.

The ureters follow a normal anatomical course with normal insertions. A mild, diffuse ureteral dilatation is observed, without evidence of segmental dilation.

The urinary bladder is severely distended and contains homogeneously hypoattenuating fluid admixed with contrast material. The urinary bladder wall thickness is within normal limits. No abnormalities are identified involving the bladder neck or the proximal urethra.

The abdominal lymph nodes are within normal limits. The serosal fat demonstrates normal attenuation.

The gastrointestinal tract shows normal anatomical distribution. Luminal distension and mural thickness are within normal limits throughout.

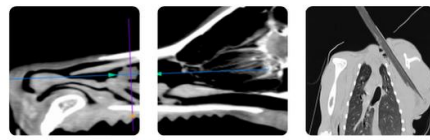
The colon and rectum contain a moderate amount of gas admixed with heterogeneously soft tissue attenuating fecal material, consistent with fecal retention. The colonic and rectal walls are of normal thickness.

The liver is partially collimated. The visualized portion is homogeneously soft tissue attenuating and demonstrates uniform contrast enhancement, with normal size and shape. The gallbladder is not visualized.

The spleen is homogeneously soft tissue attenuating and uniformly contrast enhancing, with normal size and shape.

The pancreas, lymph nodes and adrenal glands are within normal limits.

The uterus and ovaries are not visible.



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No abnormalities are detected in the visualized musculoskeletal structures.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Mild bilateral pyelectasis with mild, diffuse ureteral dilatation, without evidence of obstructive uropathy. Differential diagnoses include vesicoureteral reflux due to the severe urinary bladder distention, consider concurrent pyelonephritis.
- Severe urinary bladder distension with normal wall thickness.
- Moderate fecal retention within the colon and rectum.
- No other significant abdominal tomographic abnormalities detected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

F

The tomographic findings indicate mild bilateral pyelectasis and mild diffuse ureteral dilatation, without evidence of a focal obstruction, ureteral stricture, or ureteral ectopy. These findings may be incidental or related to urinary bladder overdistension at the time of examination, urinary retention, vesicoureteral reflux, consider pyelonephritis.

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The severely distended urinary bladder, in the absence of wall thickening or urethral abnormalities, may be associated with urinary retention.

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No ureteral anatomic abnormalities are identified to explain the present clinical signs.

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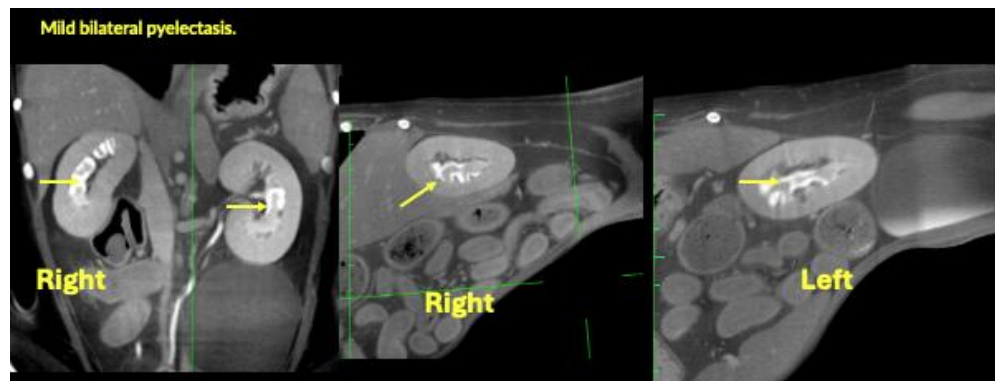
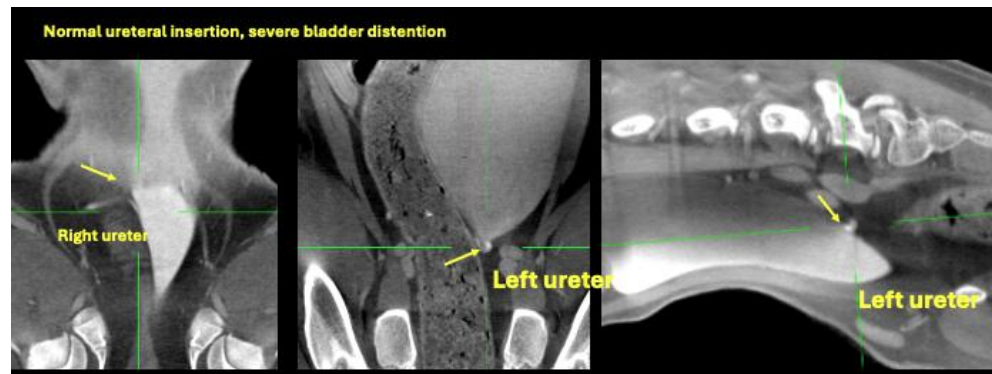
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com