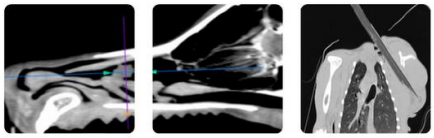

PATIENT

Max Thompson

SPECIES

Canine

BREED

Havanese

SEX

Male

AGE

2Y

WEIGHT

9.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Laura Blackwell

HOSPITAL NAME

Animal Trust - Ellesmere Port

REFERRING VET

Luke Frith

INVOICE

73211

DATE

1-7-26

PRESENTING CLINICAL SIGNS

urinary incontinence for around 4 months, no better on antibiotics urine sent of for culture came back with no growth

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT examination of the abdomen was provided for review, totaling two series. One pre-contrast series of the abdomen, soft tissue algorithm, one post-contrast series of the abdomen, soft tissue algorithm, delayed phase.

COMPUTED TOMOGRAPHIC FINDINGS

Both ureters are positioned more distally than expected. On post-contrast images, the ureteral “jests” appear to be located more caudally than normal, near the region of the urethral sphincter. The ureteral angulation is within normal limits, and there is no evidence of ureteral dilatation or obstruction.

The urinary bladder is moderately distended and contains homogeneously hypoattenuating fluid admixed with hyperattenuating contrast medium. No radiopaque uroliths are identified on the pre-contrast series. The urinary bladder wall thickness is within normal limits.

Both kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises are within normal limits, with no evidence of pyelectasia or obstruction.

The prostate gland is incompletely collimated and located at the edge of the examined field, limiting full evaluation.

The liver is normal in size and shape, with homogeneous soft tissue attenuation and uniform contrast enhancement. The gallbladder, cystic duct, and common bile duct are within normal limits. The spleen is normal in size and shape, with homogeneous soft tissue attenuation and uniform contrast enhancement.

The stomach and small intestine are normally distended and positioned, with no evidence of mural thickening or mass effect. The colon contains gas admixed with heterogeneously soft tissue–attenuating fecal material, and the colonic and rectal walls are of normal thickness.

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

The serosal fat demonstrates normal attenuation behavior.

Incidental musculoskeletal findings include in-situ mineralized intervertebral discs at the T9–T10 and T10–T11 levels.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Both ureters are positioned more distally than expected, with apparent termination near the transitional zone adjacent to the urethral sphincter. There is no evidence of abnormal ureteral angulation or dilatation.
- The urinary bladder is filled.
- Otherwise, normal abdomen.

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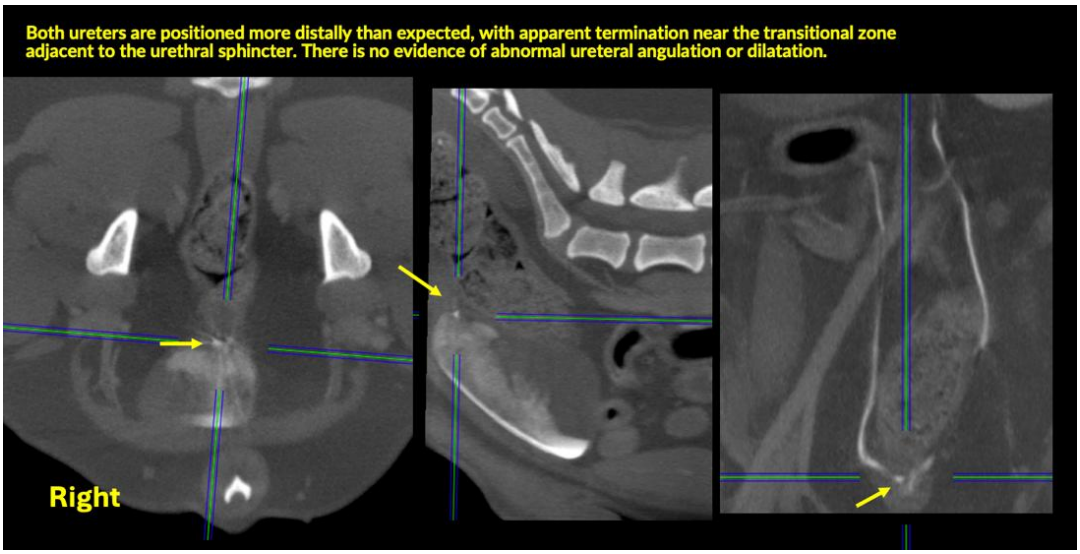
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings demonstrate bilaterally distally positioned ureters, with the apparent ureteral jets (orifices) located near the transitional zone close to the urethral sphincter. No associated ureteral dilatation or abnormal angulation is identified. It is important to note that the urinary bladder is moderately distended.

These findings raise suspicion for ureteral ectopia; however, definitive confirmation is limited based on this examination alone. Although the ureteral insertions appear more distal within the transitional region, the absence of abnormal angulation or ureteral dilatation—combined with their proximity to the urethral sphincter—may mask ureteral ectopia and complicate diagnosis, particularly when the suspected insertion site is close to the trigone region. At this location, some patients may exhibit urinary incontinence, while others remain asymptomatic. *

Reference: *Song MK, Fracka AB, Karn K, Roberts GD, Fransson BA. Receiver operating characteristics of computed tomography (CT) compared to cystoscopy in diagnosis of canine ectopic ureters: Thirty-five cases. Vet Surg. 2024 Apr;53(3):494-502. doi: 10.1111/vsu.14064. Epub 2024 Jan 29. PMID: 38287206.



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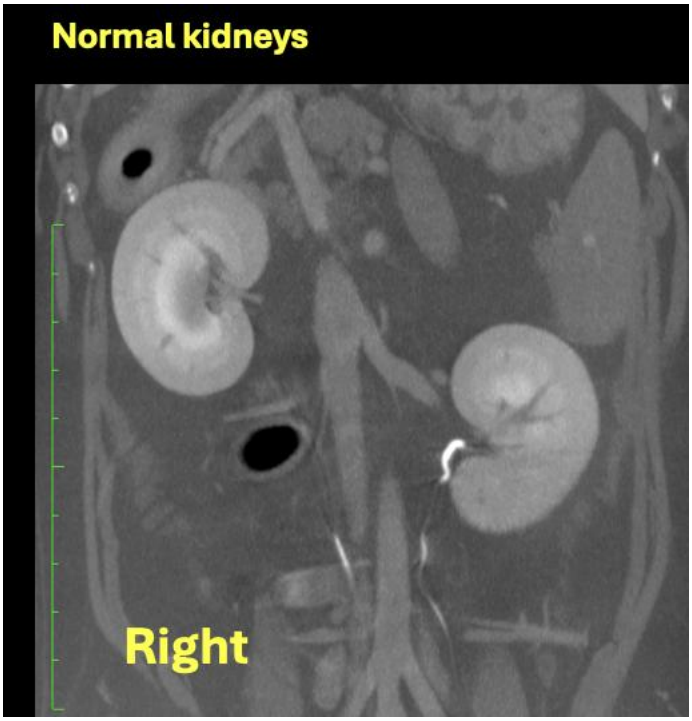

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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