

**PATIENT**

Sky Gray

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

10M

**WEIGHT**

17.8kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Novoa

**INVOICE**

73632

**DATE**

2-5-26

**PRESENTING CLINICAL SIGNS**

- Patient has a history of urinary incontinence. According to the doctor, it has had that condition and UTI since the pet was adopted a few months ago. She was placed on antibiotics for the UTI (Clavamox 250 mg - 1 tab BID) but there is a suspicion of an ectopic ureters on the right side seen by ultrasound.

Abnormal PE/Chem/CBC/UA Results: PE T:101.5, HR:180, RR:36, mm pink, CRT<2sec. BCS 4/9. Urinary incontinence. Bloodwork show leukocytosis (WBC 33.2 K/uL), eosinopenia (EOS 0 /uL), lymphocytosis (LYMPH 5976 /uL), monocytosis (1328 /uL) and neutrophilia (NEU 25896 /uL). SDMA and Creatinine (1.0 mg/dL) are within the reference interval, impairment of GFR is unlikely. Urinalysis: dark yellow and cloudy urine was observed, SPG 1.024, Ketones trace, RBC 10-15 HPF, WBC 30-50 HPF and Bacteria (Rods > 40 HPF).

**COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS**

Pre- and post-contrast computed tomographic examination of the pelvis are provided for review, totaling four series. One pre-contrast series using a soft tissue algorithm and three post-contrast series using a soft tissue algorithm.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Pelvis and Caudal Abdomen**

The left ureter exhibits an ectopic course, entering the urethra, with imaging features most consistent with extramural ectopia. The left ureter is mildly dilated, with more evident dilation in its distal portion, forming a small ureterocele. The left ureter measures approximately 4.6 mm in diameter at its mid-portion and approximately 5.9 mm at its urethral insertion.

The right ureter is mildly dilated. The site of insertion is questionable, particularly due to the absence of normal angulation at the expected ureterovesical junction. In both delayed post-contrast series, there is loss of clear definition of a distinct ureteral entrance into the bladder. There is suspicion of right side intramural ectopia, supported by subtle contrast enhancement near the urethral region and lack of visualization of normal ureteral insertion.

The urinary bladder is mildly distended, containing hypoattenuating fluid material admixed with hyperattenuating contrast material.

The uterine stump is mildly enlarged (approximately 1.5 cm), without intraluminal fluid accumulation, and is associated with mild adjacent fat stranding. Mild, rounded mesenteric fat reaction is noted in the ovarian regions.

The visible intestinal loops, descending colon, and rectum are within normal limits regarding wall thickness and distribution.

Moderate fecal retention is present within the rectum and descending colon.

The right kidney (based on lateral markers) is positioned more caudally than expected and is partially included in the field of view. Its contours appear irregular, with a hypoattenuating, triangular-shaped lesion in the caudal pole. The left kidney is not included within the scan collimation and cannot be evaluated.

The medial iliac lymph nodes are within normal limits.

The visible musculoskeletal structures are unremarkable.



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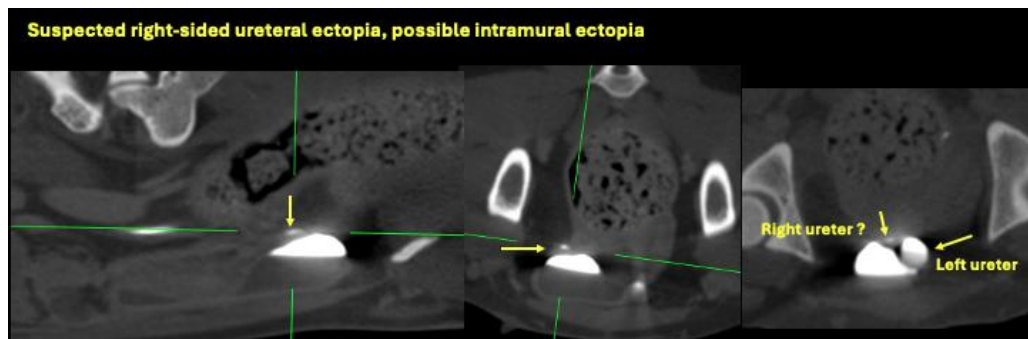
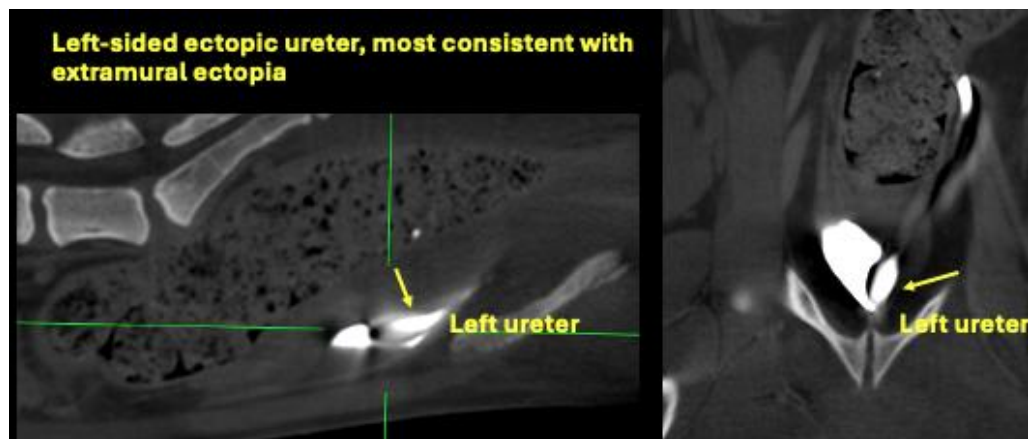
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Left-sided ectopic ureter, most consistent with extramural ectopia, associated with mild ureteral dilation and possible distal ureterocele formation.
- Suspected right-sided ureteral ectopia, possible intramural ectopia, based on absence of visible normal angulation, and delayed post-contrast findings.
- Mild bilateral ureteral dilation.
- Mild urinary bladder distension with intraluminal contrast mixing.
- The uterine stump is mildly enlarged (approximately 1.5 cm), without intraluminal fluid accumulation, and is associated with mild adjacent fat stranding. A mild, rounded mesenteric fat reaction is noted in the ovarian regions. These findings may be compatible with recent ovariectomy.
- Partially visualized right kidney with an irregular contour and focal hypoattenuating lesion at the caudal pole.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings confirm a left ectopic ureter, with features most compatible with extramural insertion into the urethra. The right ureter insertion is not clearly defined, there is a possibility of right ectopic ureter, likely intramural in nature.

Surgical correction of the left ectopic ureter should be considered. Cystoscopic evaluation and/or intraoperative assessment is recommended to definitively characterize the right ureteral insertion.





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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**  
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