



## PATIENT

Dash Jewell

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

7Y

## WEIGHT

9.8lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Tina Lynn,  
CVT/George  
Eales, DVM

## HOSPITAL NAME

Green Prairie Animal  
Hospital

## REFERRING VET

The Pet Doctor-Dr.  
Jewell

## INVOICE

74233

## DATE

3-17-26

## PRESENTING CLINICAL SIGNS

- weight loss
- Slightly elevated kidney values, ultrasound shows blocked left kidney, no stone visible on ultrasound or radiographs

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast CT study of thorax are provided for review totaling 3 series. One pre-contrast series of the abdomen, soft tissue algorithm. Two post-contrast series of the abdomen, soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### ABDOMEN

The left kidney is mildly enlarged compared to the contralateral kidney, measuring approximately 4.5 cm in length (right kidney: 4.3 cm). The left renal pelvis is moderately dilated (0.8–1.4 cm), containing predominantly hypoattenuating fluid material. Two small mineral foci (~0.1 cm) are identified within the renal pelvis. The dilated renal pelvis results in compression of approximately 35% of the adjacent renal parenchyma.

The left ureter is moderately dilated proximally and mildly dilated distally, with a mildly tortuous course. Mild ureteral wall contrast enhancement is noted without significant mural thickening. No radiopaque calculi are identified along the ureteral course. Approximately 1.6 cm proximal to the ureterovesical junction, there is an abrupt reduction in ureteral diameter.

The right kidney, renal pelvis, and ureter are within normal limits.

The urinary bladder is moderately distended with homogeneous hypoattenuating content admixed with discrete contrast material. The urinary bladder wall is of normal thickness.

The liver is normal in size, shape, and attenuation, with homogeneous contrast enhancement.

The gallbladder is distended with hypoattenuating content. A small mineral focus measuring approximately 0.2 cm is present, consistent with cholelithiasis. The cystic duct and common bile duct are within normal limits.

The spleen is normal in size, shape, attenuation, and contrast enhancement.

The gastrointestinal tract is normally distributed and distended, with no evidence of mural thickening or mass effect.

The colon and rectum contain gas and fecal material, with normal wall thickness.

The pancreas and abdominal lymph nodes are within normal limits.

Both adrenal glands are within normal limits.

The serosal and retroperitoneal fat exhibit normal attenuation, with no evidence of effusion.



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A small focus of intramuscular gas with mild surrounding enhancement is noted in the right lumbar epaxial musculature, likely iatrogenic.

Dash Jewell

The remaining musculoskeletal structures are unremarkable.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

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- Moderate left-sided hydronephrosis with associated proximal ureteral dilation and mild distal ureteral dilation, followed by abrupt luminal narrowing approximately 1.6 cm proximal to the ureterovesical junction. Differential diagnoses include partial ureteral obstruction secondary to non-radiopaque material (e.g., debris, blood clot, or purulent material), pyonephrosis, pyelonephritis, concurrent ureteritis, less likely ureteral stricture/stenosis.
- Mild compression of the left renal parenchyma secondary to pelvic dilation (~35%).
- Incidental cholelithiasis.

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

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The computed tomographic findings support a partially obstructive process affecting the left ureter, resulting in moderate pyelectasia and proximal ureteral dilation. The absence of a clearly defined radiopaque ureterolith raises concern for a non-mineral obstruction, such as inflammatory debris, a blood clot, or infectious material; and other differential diagnoses such as pyonephrosis, pyelonephritis, concurrent ureteritis, less likely ureteral stricture/stenosis.

**WEIGHT**

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Correlation with urinalysis and urine culture is recommended to assess for infection (e.g., pyelonephritis or pyonephrosis).

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Ultrasound-guided pyelocentesis may be considered for further laboratory evaluation.

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Close ultrasonographic follow-up is recommended to monitor progression of the partial obstruction/urethritis during conservative management. Serial ultrasonographic evaluation will help guide the next clinical steps, including the need for urological consultation for more invasive approach.

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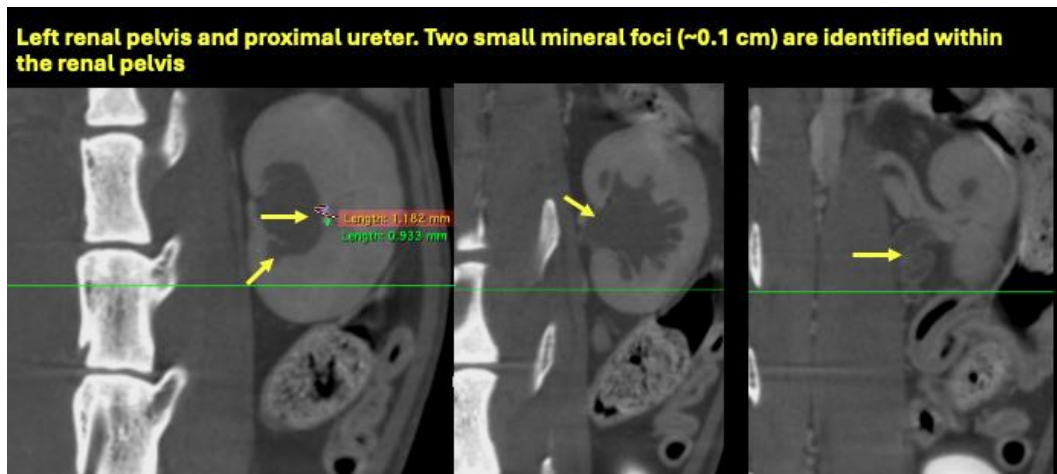
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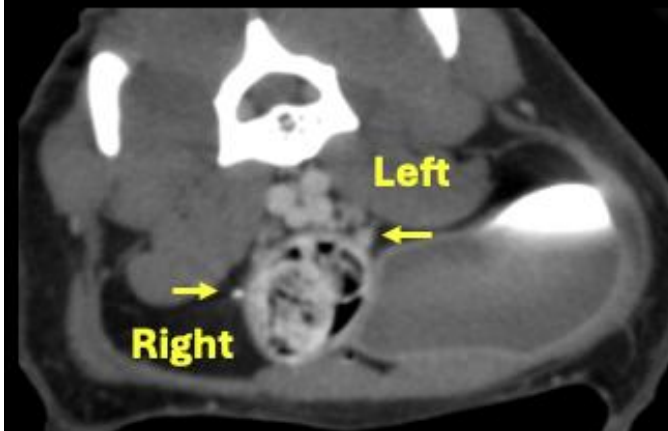
## DATE

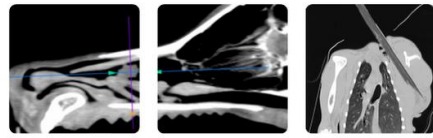
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### Left renal pelvis and proximal ureter. Two small mineral foci (~0.1 cm) are identified within the renal pelvis



### Right and left distal ureters





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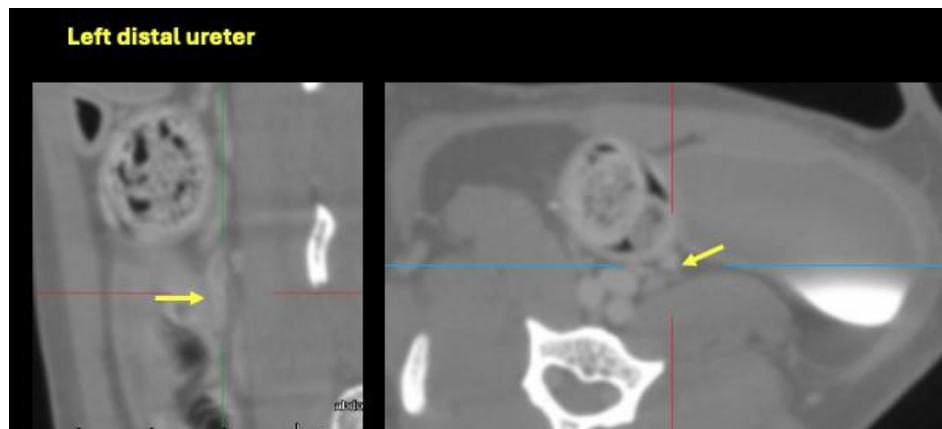
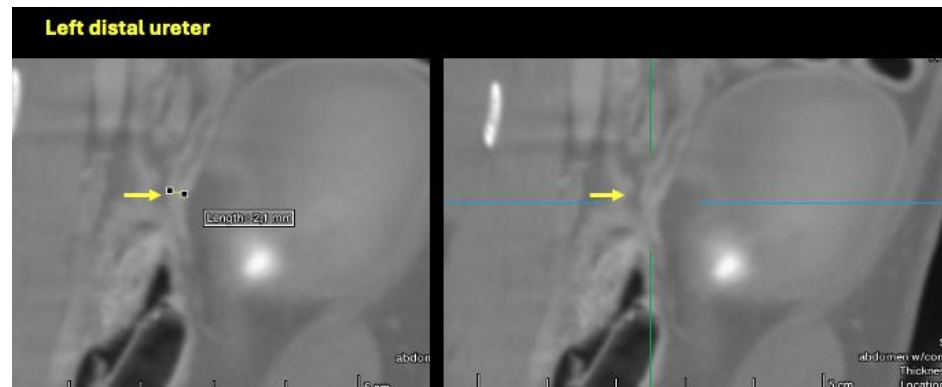
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)