



PATIENT PRESENTING CLINICAL SIGNS

Sunshine KG Foundation Pet was surrender to rescue due to urinary incontinence. Pet constantly dribbles urine, and fur on rear is always wet, but she does posture and void urine normally as well. On 4/26 pet was diagnosed with a UTI, and has been on antibiotics based on C/S results, but foster has not noted any improvement in incontinence. Puppy otherwise seems healthy. Pre anesthetic bloodwork was WNL.

SPECIES Concern for renal abnormalities &/or ectopic ureter.

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

BREED

A high-resolution pre- and post-contrast CT study of the abdomen and perineal region are provided for review. One pre-contrast series and three post-contrast CT series, one 1 minute, one 2-3 minutes and last series five minutes for contrast administration.

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Female

The renal silhouettes are asymmetrical. The right kidney is severely reduced in size in comparison to the contralateral. The right kidney measures 4.7cm by 2.1cm and has an irregular shape, contour, and abnormal enhancement. The right renal pelvis is mildly dilated and has an abnormal shape. The left kidney is mildly compensatory and enlarged in size. The left kidney measures 6.6cm by 4.6cm and has a mildly irregular shape; however, it has regular contour and normal enhancement. The left renal pelvis is normal.

AGE

9 Weeks

The right ureter is ectopic, mildly diffusely distended, and presents an irregular wall with regions of filling defects along the pathway. The distal portion is more focally dilated and inserted in the proximal urethra.

INTERPRETED BY

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

The left ureter is normally distended, has a regular shape and wall, and has no filling defects. The insertion of the left ureter is more caudally and also appears ectopic; however, there are no signs of focally distal dilatation. In all series, the angulation and ureter jet ejecting urinary contrast bolus are not clearly visible; that could be due to a minorly distended bladder or because of the descending colon distention with fecal content compressing the bladder, bladder neck, and distal ureters.

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The urinary bladder is mildly distended in the contrast series, with hypoattenuating content mixed with hyperattenuating contrast media. No evidence of bladder wall thickness.

The liver is homogeneously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable. The intra-hepatic and extra-hepatic portal vasculature are normal.

REFERRING VET

Dr. Keith Burge

The spleen is mildly diffusely enlarged, homogeneously soft tissue attenuating, and uniformly contrast enhancing, likely correlated to the anesthesia.

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The stomach is moderately distended and normally positioned, containing gas admixed with heterogenous soft tissue attenuating material, ingesta and fluid, also a pinpoint mineral material.

The duodenum and small intestine are mildly dilated and contain a small amount of hypoattenuating fluid attenuating material and gas. The duodenum wall measures 0.58cm thickness.

DATE

5-10-23



PATIENT The colon and rectum are moderately distended, contain gas admixed with heterogeneously soft tissue attenuating fecal material. A multifocal pinpoint mineral debris of foreign material is seen in the descending colon, and measures 0.39cm length.

Sunshine KG Foundation

The uterus and ovaries are not identified.

SPECIES The pancreas and mesentery are normal.

Canine

The abdominal lymph nodes and adrenal glands are normal.

BREED The inguinal lymph nodes are mildly enlarged.

Golden Retriever

There is mild hypoattenuating content in the vaginal lumen.

The remainder of the collimated abdomen is normal.

SEX No musculoskeletal abnormalities are identified.

Female

COMPUTED TOMOGRAPHIC DIAGNOSIS

AGE

9 Weeks

- Right side intramural ectopic ureter and small distal ureterocele. The differential diagnosis includes concurrent urethritis.
- Left side, more distal ureteral insertion, appears in the bladder neck; due to this finding, there is a suspicion of extramural ectopic ureter. It was difficult in all presented series to evaluate the ureter jet ejecting the urinary contrast bolus and the ureter angulation to confirm this suspicion. However, there is a reflux of contrast media into the urinary bladder, and it appears mildly filled in the post-contrast series.
- Right renal hypoplasia. The differential diagnosis includes concurrent chronic pyelonephritis.
- Left renal enlargement, likely compensatory.
- The colon and rectum contain moderate fecal material accumulation and small mineral gravel material.
- Inguinal lymphadenitis, reactive
- Vaginal intraluminal urine retention or concurrent vaginitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A right sided intramural ectopic ureter is confirmed and explains the clinical signs of urinary incontinence. There is suspicion of an extramural ectopic ureter on the left side, however, the urinary bladder is mildly filled, and it also explains the urinary mimicking signs. There is a possibility that even in an abnormal position, the reflux of the urine is filling the urinary bladder. In all series, the angulation and ureter jet ejecting urinary contrast bolus are not clearly visible, which causes difficulty in the definition of the left ureter position and this difficulty is also due to retained fecal material in the descending colon compressing the urinary neck and bladder. If a complete evaluation of the urinary system is not performed, laboratory workup is suggested. A cystoscopy could be an alternative for the conclusion of the diagnosis of the left ureter and for a therapeutic approach.

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PATIENT

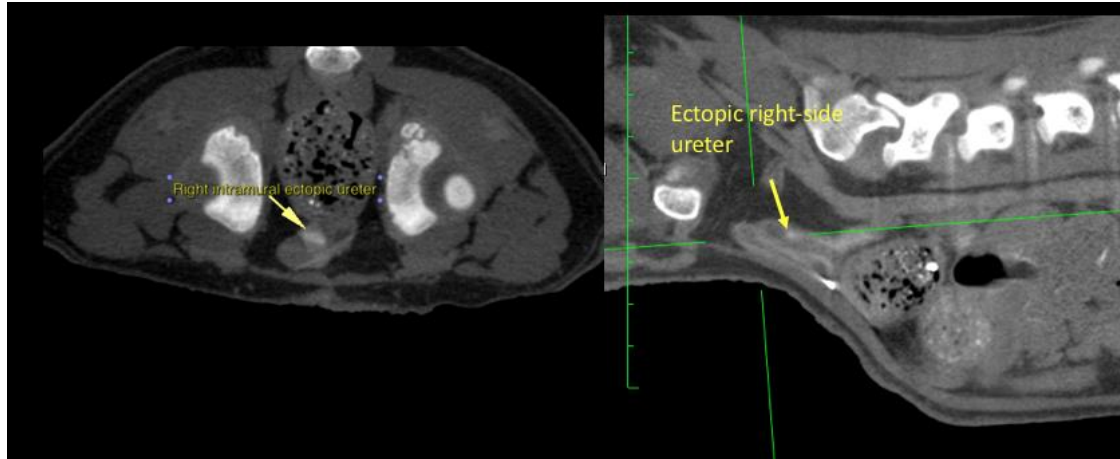
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SPECIES

Canine

BREED

Golden Retriever



SEX

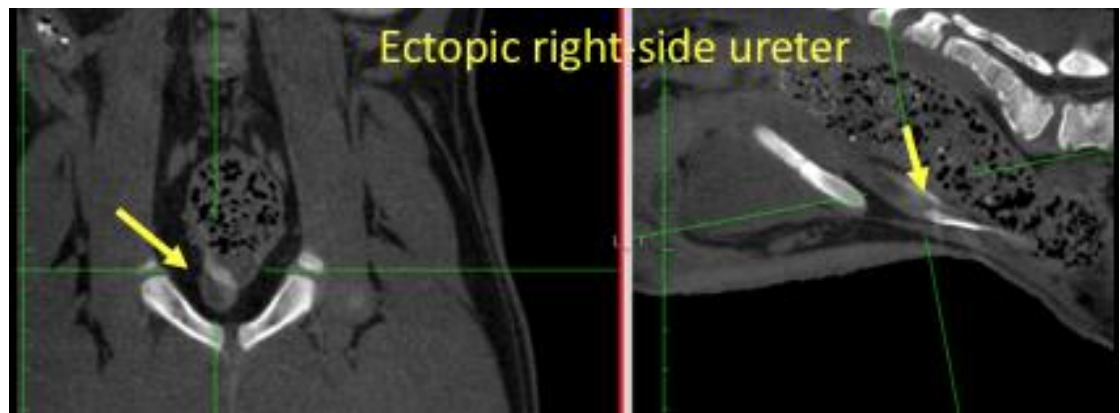
Female

AGE

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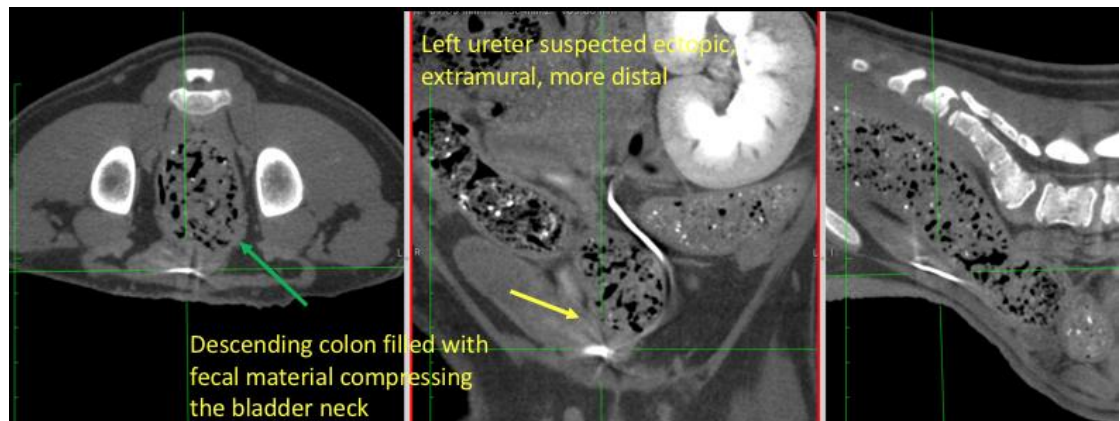


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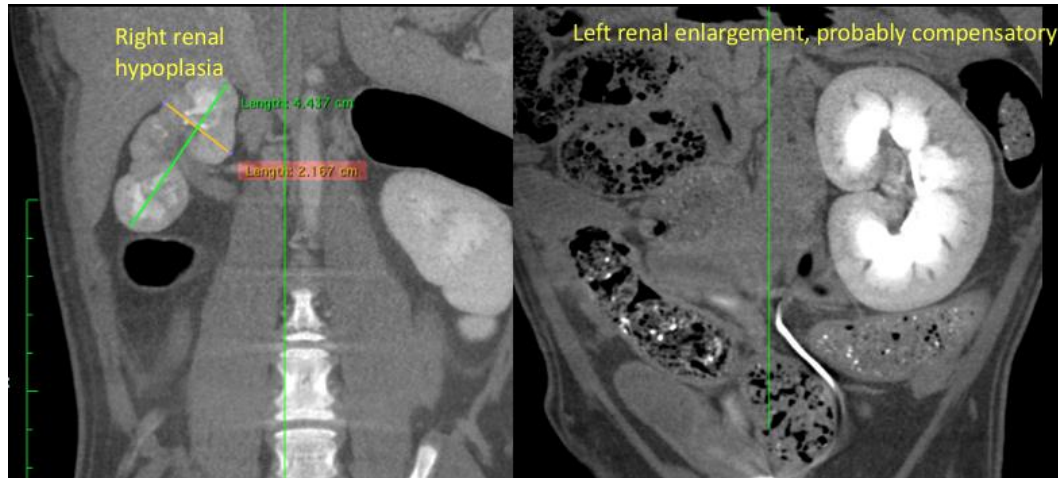
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SPECIES

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BREED

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SEX

Female

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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.

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