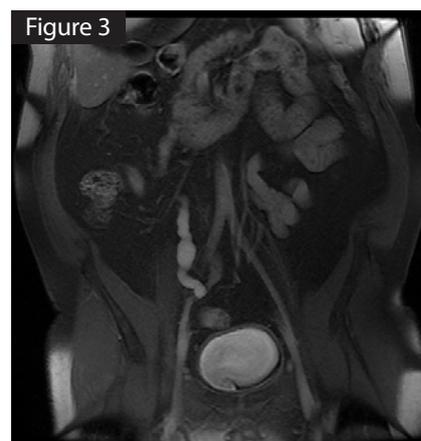
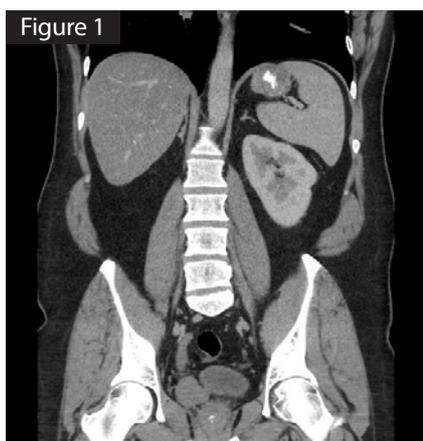


Incidental Detection of a Unilateral Dilated Blind-Ending Ureter, Renal Agenesis, and a Dilated Seminal Vesicle



A 45-year-old man presented with sciatica. Magnetic resonance imaging (MRI) of his lumbosacral spine revealed an extravescical mass at the base of his bladder and an absent right kidney. Physical examination was normal with a 20 gram benign prostate noted.

Flexible cystoscopy revealed a normal urethra, non-obstructive prostate, and normal bladder neck. His right hemitrigone was hypoplastic with an absent right ureteral orifice and normally placed left ureteral orifice. Abdominal computed tomography revealed an absent right kidney, dilated right ureter and seminal vesicle, and a normal left renal tract (Figure 1). T1 and T2-weighted MRI with gadolinium again demonstrated right renal agenesis, a dilated, non-obstructed right ureter containing proteinaceous material with no vesical connection, and a dilated right seminal vesicle (Figures 2 and 3).

Cystic dilatation of the right seminal vesicle associated with right renal agenesis and a prostatic utricle cyst has been described in a patient presenting with lower tract symptoms.⁽¹⁾ Incidental detection of seminal vesicle cysts, renal agenesis, and ectopic ureter has been documented in asymptomatic patients presenting for prostatic biopsy.⁽²⁾ Laparoscopic removal of cystic seminal vesicles and an aplastic renal moiety with associated ectopic megaureter has been described.⁽³⁾

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