

**DATE**

6/27/22

**PRESENTING CLINICAL SIGNS**

Pet seen at another clinic 4/20/22, labs revealed BUN of 38 and creatinine of 1.9. Pet has history of recurrent UTIs and severe chronic allergies, ear infections, and recessed vulva. P has been on chronic Apoquel, currently under therapy for UTI (cultured proteus). UTD on all vaccines including Leptospirosis  
 Current Medications: Zenequin 150 mg q24h x 9 days, Cerenia 80 mg q24h x 8 days, PPVD NF diet  
 Lab Results: Labs performed 6/22/22 - BUN of 52, Creatinine of 2.8. Negative 4dx 5/5/22. Severe proteinuria. NIBP 6/22/22 - Reading 1: 144/75/113, Reading 2: 142/92/109, Reading 3: 134/87/104.  
 Date of Previous IntraPet Ultrasound: No previous.

**PATIENT**

Gracie Harlacher

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Spayed Female

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No overt neoplasia or mineral is observed. There is bilateral pyelectasia. The left kidney appears more severely affected than the right. The left kidney measured 4.35 cm and the right kidney measured 6.59 cm.

**AGE**

1/27/18

**WEIGHT**

89.4 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Renal dysplasia** – This appearance of the kidneys in a young dog is most concerning for congenital renal dysplasia or juvenile nephropathy. Other differentials include glomerular or interstitial nephritis, leptospirosis, chronic pyelonephritis, ethylene glycol toxicosis, etc.

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reported history of chronic urinary tract infections, chronic pyelonephritis on top of suspected renal dysplasia is considered probable. Leptospirosis is recommended despite the reported vaccine status cannot be ruled out and therefore testing is recommended. In the meantime, medical management of chronic kidney disease with chronic pyelonephritis is recommended. In the form of maintaining hydration status /diuresis for the acute recent jump in azotemia as well as a long term treatment course of urine culture directed appropriate antibiotics (4-6 weeks) with a follow-up culture after 7-10 days off of antibiotics to ensure that the infection has fully cleared. Renal diet should also be utilized if tolerated. If the proteinuria was diagnosed in a quiet urine sediment then concurrent management of proteinuria is recommended with an ace inhibitor as well as fatty acid supplementation and anti-thrombotics such as low-dose aspirin or Clopidogrel. However, if proteinuria was present at the same time as a urinary tract infection then recommendations include clearing the urinary tract infection and reassessing the urine for protein prior to initiating treatment.

**HOSPITAL NAME**

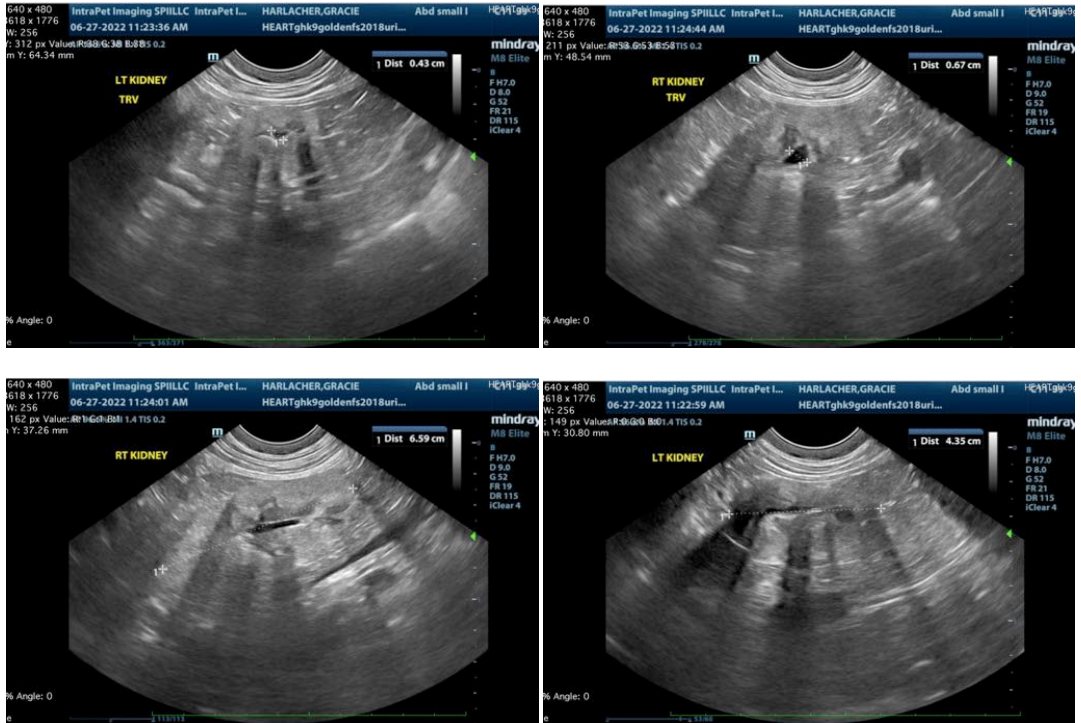
Heart and Paw

**REFERRING VET**

Dr. Kraselski

**INVOICE**

31259



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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com