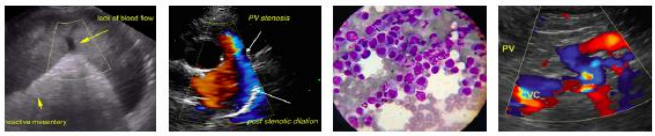


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Camda Gander

SPECIES
Canine

BREED
Doberman

SEX
Female

AGE
6 months

WEIGHT
56 #

HOSPITAL NAME
Franklin Animal Clinic

REFERRING VET
Sam Doverspike

DATE
9/28/22

History
Diagnosed with UTI 6/22 – treated empirically with Clavamox. No resolution and *E. coli* diagnosed on subsequent culture – treated with doxycycline. Reassessed in September for PuPd with owner mentioning that the dog always had drunk a lot of water and appeared to be urinary incontinent.

Therapy
Various antibiotics and enalapril.

Physical Examination
Clinical normal. Progressive weight gain.

Urine Analysis (6/17)
SG 1.018, pH 6.5, hematuria, leukouria and suspected bacteria.

Urine Analysis (7/6)
SG 1.009, pH 5, hematuria, leukouria and suspected bacteria.

Urine Analysis (7/29)
SG 1.015, pH 6.5, hematuria, leukouria and suspected bacteria.

Urine Analysis (8/9)
SG 1.003, pH 7, negative sediment. UPC 0.87.

Urine Analysis (9/16)
SG 1.010, pH 5, leukouria and suspected bacteria.

Urine Analysis (9/27)
SG 1.006, pH 7, negative sediment.

Urine Culture (7/6)
Resistant *E. coli*.

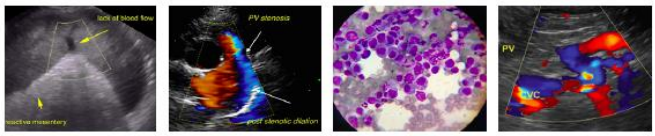
Hematology (8/9)
Mild non-regenerative anemia, lymphocytosis.

Hematology (9/16)
Mild non-regenerative anemia.

Serum Biochemistry (8/9)
Azotemia – urea 40, creatinine 1.7, SDMA 17.

Serum Biochemistry (9/16)
Azotemia – urea 42, creatinine 1.9, SDMA 32.

Renal Biopsy (8/11)
Superficial area of cortex with no glomeruli present and no abnormalities evident.



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Abdominal Ultrasound (8/9)

Renal disease.

Abdominal Ultrasound (9/27)

Renal disease – increased echogenic appearance of both kidneys (right worse than left) with loss of cortico-medullary differentiation, pyelectasia and irregular capsule.

ACTH Stimulation test

Within reference range.

INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES

With the PuPd, persistent low urine SG, mild anemia, mild progressive azotemia, and ultrasound appearance of the kidneys, this patient has renal disease with possible etiologies being congenital renal disease/renal dysplasia, previous acute kidney injury (toxins, infection, hypoxia), bacterial nephritis, and pyelonephritis.

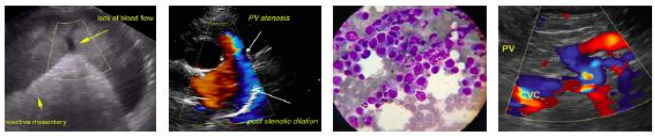
Familial/idiopathic glomerulopathy has been reported in the Doberman with a probable inherited nature.

Juvenile renal disease may be associated with renal dysplasia but may also be a manifestation of in-utero or early subclinical infection or a hypoxic event during partus.

Although the patient had been initially been diagnosed with a UTI, there were no obvious systemic signs making prior bacterial infection an unlikely differential diagnosis and likewise for a previous acute kidney injury.

I would thus ascribe the recurrent UTI's are most likely secondary to the renal disease rather than a primary etiology.

The lymphocytosis evident on the 8/9 is most likely incidental as it was a once off abnormality.



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RECOMMENDATIONS

Although the only way to reach a final etiological diagnosis would be renal biopsy, this will not change the management or the outcome. Unfortunately, the previous biopsy was non-diagnostic.

Additional further assessment would be blood pressure.

Management of the renal disease would be:

- Renal diet, which at her age should not be an issue.
- Free access to water at all times.
- Avoiding any nephrotoxic drugs.
- Ensuring that blood pressure is maintained if she is sedated or anesthetized.
- Continue with the enalapril.
- Enteric phosphate binders as and when needed.

Regular monitoring:

- Body weight.
- Urinalysis, with culture if there is evidence if bacteria.
- Hematology/PCV
- Renal function (urea, creatinine).
- Serum phosphate.
- Blood pressure.

Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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