

POLYURIA AND POLYDIPSIA OF SUDDEN ONSET IN A DOG

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CASE PRESENTATION

Specimen: Giemsa-stained ultrasound-guided fine needle aspiration smears from right and left kidney (Figure 1 and 2).

Signalment: Dog, Doberman pinscher, 7-year-old, intact male, 48.5 kg.

History: The dog was presented with a recent history of polyuria and polydipsia, mild anorexia and right forelimb lameness. The patient had also been diagnosed with leishmaniasis in the past and had been treated accordingly, while two months before the presentation it was surgically treated for intraocular malignant melanoma. The dog was housed indoors and was current on vaccinations and antiparasitic prophylaxis.

Clinical and clinicopathological findings: Physical examination revealed mild peripheral lymph node enlargement and palpable organomegaly of the cranial abdomen. The CBC and blood smear evaluation were unremarkable, except for a moderate increase in total solids (9.2 g/dL, reference interval: 6-8 mg/dL), while moderately elevated cholesterol (390 mg/dL, reference interval: 125-296 mg/dL) and slightly elevated alkaline phosphatase (243 U/L, reference interval: 32-149 U/L) values were reported on serum biochemistry. Urinalysis suggested hyposthenuria (specific gravity: 1.006). *Dirofilaria immitis* and *Ehrlichia canis* serology was negative.

Diagnostic imaging: Thoracic radiographs indicated focal interstitial infiltrates in the caudal lung fields and diffuse interstitial infiltrates in the dorsocaudal lung fields. Abdominal radiographs revealed mild hepatomegaly, while radiographs of the right forelimb were unremarkable. Abdominal ultrasonography indicated multiple hypoechogenic and hyperechogenic foci in the left and right kidney, whereas echocardiography was normal.

Evaluate the following images and provide your diagnostic interpretation (Figure 1 and 2).

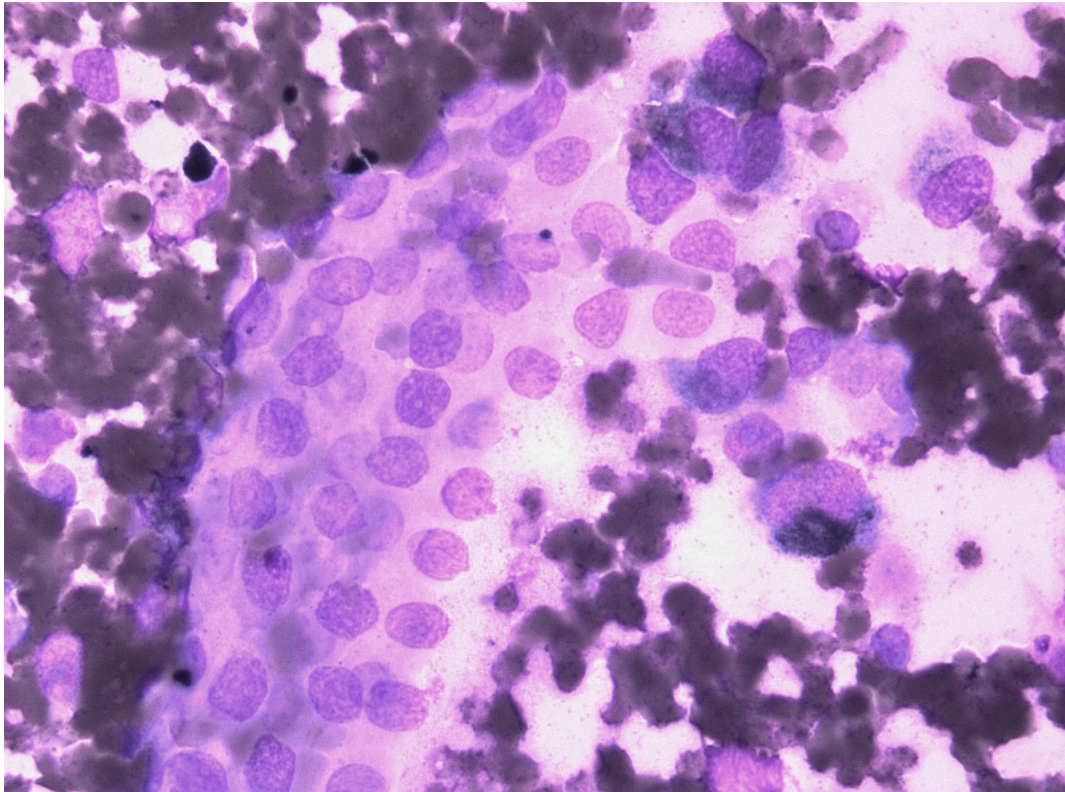


Figure 1 (right kidney, 63x objective)

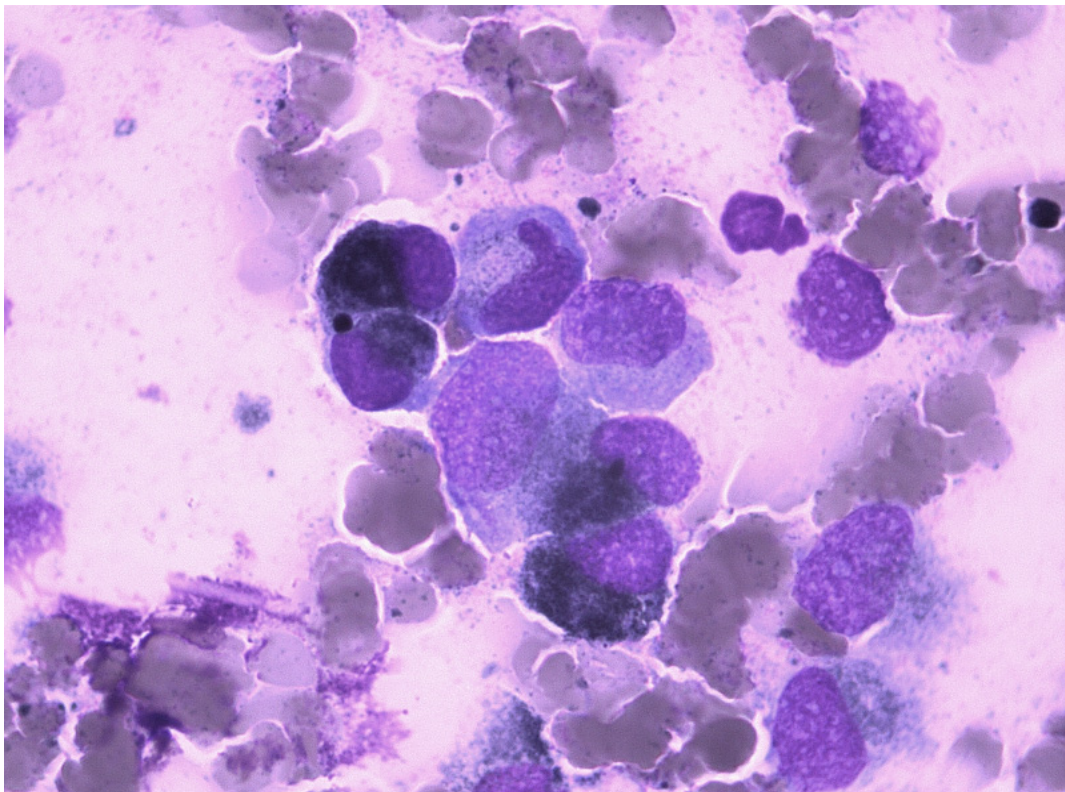


Figure 2 (left kidney, 100x objective)