## An SDMA case study: Molly





Chemistry

**Patient:** Molly, 7-month-old, intact female shih tzu

**Presenting reason:** Molly presented for a routine ovariohysterectomy (OVH).

**History:** Molly was purchased healthy from a breeder at 2 months of age. Molly's diet

consisted of Kirkland Signature<sup>®</sup> puppy food and she reportedly had a good appetite. While Molly had occasional household accidents, Molly's owners thought nothing of it, as they felt it might have been part of house training or just her excitable nature, and that it would improve with time. **Physical examination:** Molly was bright, alert, and responsive (BAR). She was well-hydrated and had a normal temperature, pulse, and respiratory rate. Her body condition score (BCS) was excellent, and her weight was stable.

#### **Diagnostic plan**

Complete blood count (CBC); chemistry panel, including the IDEXX SDMA<sup>™</sup> Test and electrolytes; the SNAP® 4Dx® Plus Test; and a complete urinalysis as a presurgical screen were recommended.

### Laboratory findings

Molly's presurgical diagnostic results showed a negative SNAP 4Dx Plus Test, a normal CBC, and the following chemistry findings.

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▶ Glucose			113	63 - 114 m	ng/dL									
▶ BUN		30		9 - 31 mg/dL										
▶ Creatinine	ne 1.0		1.0	0.5 - 1.5 mg/dL										
IDEXX SD     Learn Mo		d	20	0 - 14 µg/dL										
Potassium	1	4.7		4.0 - 5.4 mmol/L										
▶ Total Prot	al Protein 5.1		5.5 - 7.5 g/dL											
▶ Albumin	Albumin 3.:		3.1	2.7 - 3.9 g/dL										
▶ Globulin	▶ Globulin		2.0	2.4 - 4.0 g/dL										
▶ Alb:Glob F	Ratio		1.6	0.7 - 1.5										
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Hemolysis	Index	е	Ν											
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#### **Diagnostic review**

- Increased SDMA\* result guides us to investigate further— Additional finding of low total protein as a result of low globulins is considered normal in puppies. The increased SDMA result was indicating an issue with kidney function.
- Next step considerations—A complete urinalysis should accompany an increase in SDMA. Additional diagnostics could include imaging of the kidneys as well.
- Status of OVH appointment—Further investigation of the laboratory results was recommended to rule out any conditions that could complicate Molly's surgery.

**Urinalysis** 

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Collection		CYSTOCENTES	SIS											
Color		YELLOW												
Clarity		CLOUDY												
Specific Gravity		1.022												
▶ pH		6.5												
Protein		NEGATIVE												
Glucose		NEGATIVE												
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Blood / Hemoglobin		NEGATIVE					_1 •			8	•	•/		
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# Diagnostic review following SDMA signal to investigate further

- Molly's complete urinalysis showed a urine specific gravity of 1.022, with white blood cells and rod-shaped bacteria on sediment evaluation. The urine was submitted to the reference laboratory for a urine culture and MIC (minimum inhibitory concentration) sensitivity.
- Diagnostic imaging can hold value for identifying and localizing disease—Molly's ultrasound showed both kidneys slightly decreased in size and mild bilateral renal pelvic dilation.

#### Discussion

Molly's single SDMA result led to the investigation and ultimate diagnosis of active kidney injury (AKI), specifically pyelonephritis along with concurrent renal dysplasia. Antibiotic therapy based on the urine culture and MIC sensitivity findings proved valuable in getting the infection under control, and Molly's urinalysis was normal at her 1-month follow-up appointment. Additionally, her SDMA returned to within normal limits at that recheck following treatment.

**SDMA is more reliable than creatinine as a biomarker of kidney health**, and elevations outside of normal limits should be investigated further for the underlying cause. For cases like Molly, it can identify a health situation that is treatable and establish a longer-term monitoring plan for blood work and urinalyses to guard against infections the patient can be predisposed to.



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\*Symmetric dimethylarginine

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