

CHRONIC KIDNEY DISEASE

MOST COMMON RENAL DISEASE IN CATS

1/3 ALL CATS > 15 YEARS

PROGRESSIVE DISEASE

GOALS:

MINIMIZE CLINICAL SIGNS - UREMIA

MINIMIZE

NUTRITION AND HYDRATION

IMPROVE QUALITY OF LIFE, ESPECIALLY STAGE 3 AND 4 (QOL)

MODIFY PROGRESSION STAGE 2 AND 3

IRIS STAGES (CRITERIA)

STAGE 1

	DOG	CAT
CREATININE	<1.4	<1.6
SDMA (PERITANE)	>14	>14
PROTEINURIA	>0.5	>0.4
BLOOD PRESSURE	<150 150-159 160-179 >180	NORMAL DOCKALINE HYPERTEN HYPERTENSIVE SEVERELY

STAGE 2

CREATININE	1.4-2.0	1.6-2.8
SDMA	>15	>25

STAGE 3

CREATININE	2.1-5.0	2.9-5.0
SDMA	>15	>25

STAGE 4

CREATININE	>5.0	>5.0
SDMA	>14	>14

1. HYDRATION:

ESPECIALLY IMPORTANT IN STAGE 3 AND 4

QOL, ELECTROLYTES, RENAL BLOOD FLOW

HOSPITALIZE AND IV FLUIDS

OWNER EDUCATION: LONG TERM

1. INCREASE WATER INTAKE
2. SUBCUTANEOUS

2. DIET:

RESTRICT PROTEIN, PHOS, NA

INCREASE CALORIC DENSITY

DIET FOR STAGES 2-4: CREATININE >1.4 OR >1.6

3. MANAGE PHOS AND CA

DIET

PROGRESSION:

ATOH 50mg/kg BID - CAN MIX IN FOOD

4. MANAGE POTASSIUM

HYPOKALEMIA - LETHARGY, POOR APPETITE, CONSTIPATION, WORK MUSCLES

SUPPLEMENT 2-3.5

RENAL DIET ARE ALREADY

5. MANAGE BLOOD PRESSURE

SYSTEMIC HYPERTENSIONS

ORGANS TARGETED: EYES, HEART, CEREBROVASCULAR TISSUE, KIDNEY

HYPERTENSION ASSOCIATED WITH PROTEINURIA

AMLODIPINE: DOG: 0.1-0.5mg/kg SID; CAT: <4kg 1/4 25mg tab, >4kg 1/2 25mg tab

TELMIKARTINE: DOG AND CAT 1mg/kg SID (PROTEINURIA TOO)

6. MANAGE PROTEINURIA

URINE PROTEIN: CREATININE

TX WHEN >0.4 SOME DO 2

RENATEPIL DOG: 0.25-0.5mg/kg SID-BID; CAT: 0.5-1.0mg/kg SID-BID

RENAL DIET

7. MANAGE ANEMIA

ANEMIA OR POORLY REGENERATIVE ANEMIA

PCV <20%; MAINTAIN >25%

IRON SUPPLEMENT MAY BE NEEDED

DALBEPOTHIN: 1mg/kg SQ WEEKLY UNTIL >25%, THEN q2-3w

IRON DEFERAN: 50mg/kg MONTHLY

8. URINARY TRACT INFECTIONS:

MONITOR CLINICAL SIGNS AND/OR PYURIA (>5 WBC/hpf)

START ANTIMONY WHILE WAITING RESULTS: AMOXICILLIN 11-15mg/kg TID

9. MANAGE CLINICAL SIGNS

NAUSEA, VOMITING, INAPPETENCE

MAROPROFEN: 2mg/kg SID ↓ VOMITING

METOPROLOL: 1.88mg/CAT q12h ↓ VOMITING, ↑ APPETITE

POOR DENTAL THERAPY RESPONSE

ESOPHAGOSTOMY TUBE - DIET, HYDRATION, DRUG ADMINISTRATION