

PATIENT *History*

Queso Hoopman
Chronic urinary tract disease characterized by intermittent episodes of hematuria. Previously diagnosed (11/22) urinary tract infection – bacteruria, pyuria, and hematuria.

SPECIES *Therapy*

Feline
5 mg fluoxetine SID, 1mg prazosin SID, 100mg gabapentin, and MultiCare Stress diet. Buprenorphine and meloxicam as needed.

BREED *Physical Examination*

DSH
Normal.

Repeated Urine Analyses

SEX
Hematuria with low SG (1.025) on one occasion.

FS *Urine Culture*

Negative bacterial growth.

AGE *Hematology*

4 years
Within reference range.

WEIGHT *Serum Biochemistry*

11.4 #
Within reference range, including SDMA.

Abdominal Ultrasound

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- Urinary bladder: large amount of floating hyperechogenic sediment with normal thickness and appearance of the wall with no uroliths evident.
- Urethra: normal appearance.
- Kidneys: small in size with moderate decrease in cortico-medullary differentiation distinction, and evidence of prior infarcts.

REFERRING VET

Amanda Bergin, DVM

INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES

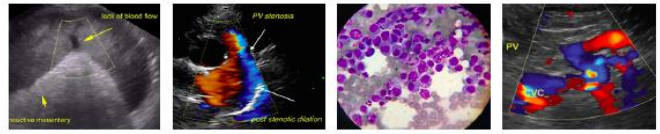
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Based on the history, normal clinical examination, normal blood work, and negative urine culture, the most likely diagnosis would be feline interstitial/idiopathic cystitis.

Although the kidneys appear ultrasonographically abnormal, there is no overt clinical or biochemical signs of renal insufficiency; however, hypertensive nephropathy needs to be considered, as it can result in hematuria and thus serial blood pressure would be recommended.

Repeat urinalysis, urine culture, and renal function (urea, creatinine, SDMA) can be considered, however, highly unlikely to be any different from the previous assessments. As the signs are intermittent and there is no constant stranguria or dysuria, a contrast urethrogram most probably will also not add to the diagnosis.



PATIENT **RECOMMENDATIONS**

Queso Hoopman

The current thinking is that feline interstitial/idiopathic cystitis is a disorder that affects the urinary bladder rather than a primary bladder disorder, and is a chronic and frustrating disease that requires excellent client communication as there is no specific management or therapy. Client communication is mandatory as the client needs to fully understand that there is no quick cure and that the condition can merely be managed and never cured, similar to interstitial cystitis in people.

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 years

As the disease tends to wax and wane with no real cure, numerous therapies have been tried/advocated over the years with no real response, including antibiotics, cortisone, glycosaminoglycan supplementation, amitriptyline, fluoxetine, and prazosin. In addition, there is the potential negative effects of chronic pilling on the cat, which will add to stress for both the cat and the client.

Management is based on multimodal environmental modification, analgesics as needed, possibly dietary therapy, and pharmacologic agents to permit clinical recovery in the acute phase of the disease.

Current recommendations are:

WEIGHT

11.4 #

Multi-modal environmental modification:

- Sufficient hiding places.
- Sufficient and clean litter trays.
- Sufficient feeding and water bowls.
- Reduce inter-cat conflict situations.
- Environmental enrichment.
- Mimic predator feeding patterns by placing small amounts of food around the house and using feeding devices.

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Dietary therapy:

- Even though there are no controlled clinical studies, may have some effect.

Use of feline pheromones:

- Feliway™.

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Analgesics:

- Used when showing acute signs.
- Combination of buprenorphine and meloxicam.

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.

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