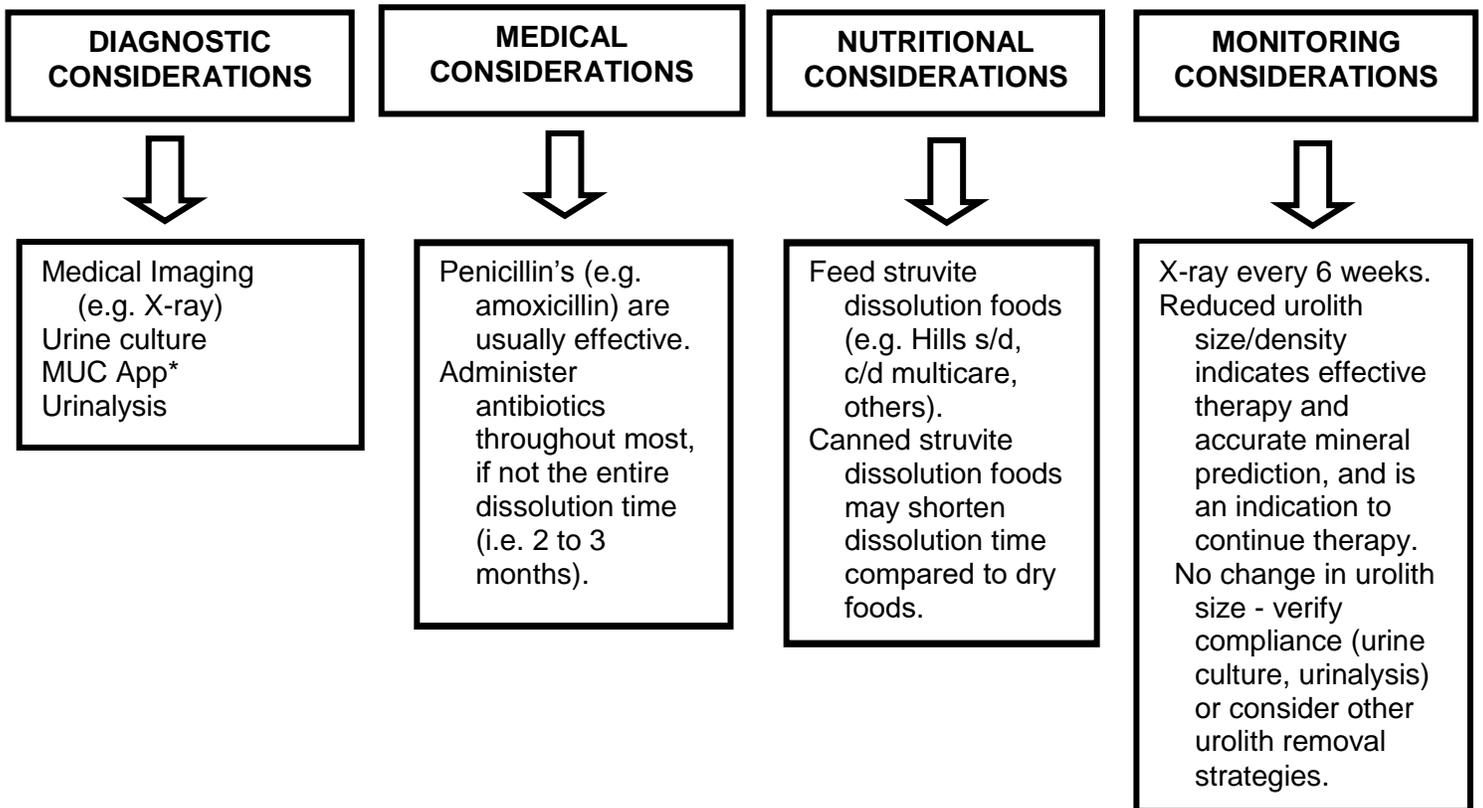




CANINE STRUVITE UROLITH MEDICAL DISSOLUTION

In almost all dogs, struvite forms as a consequence of a urinary tract infection with bacteria that produce urease (e.g. *Staphylococcus* sp.). Benefits of dissolution over cystotomy include simultaneous resolution of unrecognized struvite nephroliths, avoidance of abdominal contamination with infected urine during cystotomy, and prevention of suture nidus, which is a risk for recurrent stones and recurrent infection. Urethral obstruction during dissolution is rare when infection and pain are effectively controlled. Dissolution is contraindicated for dogs with urinary obstruction (e.g. urethroliths, ureteroliths), but may be possible after obstruction is corrected (gentle retropulsion of urethral stones, ureteral stent, etc.).

DISSOLUTION



*MN Urolith for Apple devices and Minnesota Urolith Center on Androids

** Review manufacturer's therapeutic food literature to determine indications/contraindications. For pets with multiple health concerns, consult a veterinary nutritionist to select an optimal food.

Support from [Hills Pet Nutrition](#), veterinarians, and pet owners make our work possible.





CANINE STRUVITE UROLITHS: MEDICAL DISSOLUTION

In almost all dogs, struvite forms as a consequence of urinary tract infection with bacteria that produce urease (e.g. *Staphylococcus* sp.). Urease is responsible for over-production of urine ammonia and subsequent urine alkalinization. Female dogs (85%) are over represented presumably because they are at greater risk for urinary tract infection.¹ Sterile struvite stones are rare, and have been diagnosed more often in males. Benefits of dissolution over cystotomy include simultaneous resolution of unrecognized struvite nephroliths, avoidance of abdominal contamination with infected urine during cystotomy, and prevention of suture nidus (a risk for recurrent stones and recurrent infection). Urethral obstruction during dissolution is rare when infection and pain are effectively controlled. Dissolution is contraindicated in dogs with urinary obstruction (e.g. urethroliths or ureteroliths), but maybe possible after the obstruction is corrected (gentle retropulsion of urethral stones back into the urinary bladder, ureteral stents, etc.).

Medical Considerations:

- Urinary tract infection by urease-producing bacteria is the underlying cause of most canine struvite stones. Therefore, culture urine prior to antimicrobial administration to accurately classify and effectively manage uroliths.
- In some dogs, struvite formation occurs in the absence of urinary tract infections (i.e. sterile struvite stones). However, risk factors (distal renal tubular acidosis, hypoxemia, chronic diuretic use, administration of antacids, and hyperaldosteronism) promoting persistent alkaluria, hyperphosphaturia and hyperammoniauria are rarely detected. Sterile struvite stones can be dissolved with dietary therapy without the addition of antibiotics.

Nutritional Considerations:

- Diets with moderate reduction in protein, phosphorus and magnesium that promote formation of acidic urine (i.e. $\text{pH} \leq 6.5$) reduce struvite precipitation and promote struvite dissolution (Hills Prescription Diets c/d and s/d fit these criteria).
- Extreme and prolonged reductions of some risk factors that minimize struvite urolith formation, (e.g. acidic urine), may increase risk for calcium oxalate uroliths in some breeds (e.g. Bichon, Miniature schnauzer, Shih Tzu, Lhasa Apso, miniature poodle and others at risk for CaOx).
- Both dry and canned struvitolitic foods are have been associated with successful infection-induced struvite dissolution.

Pharmacological Considerations:

- While waiting for urine culture results, consider antimicrobics (e.g. beta-lactam) with high efficacy for eradicating common, urease-producing uropathogens (e.g. staphylococcal sp.).
- Consider dl-methionine (100mg/kg q12 hr) or ammonium chloride to acidify urine and assist urolith dissolution in patients unable to consume therapeutic diets and in dogs whose urine remains alkaline following appropriate therapy.²

Consider These Facts:

Some veterinarians prefer to remove uroliths surgically due to the perception that surgical management is more effective, less expensive, alleviates clinical signs quicker, and will not be associated with urethral obstruction that could occur as uroliths decrease in size with medical dissolution. These are more often misperceptions. Surgery is a feasible option;



however, medical dissolution with Hills Prescription diet s/d ® was 100% effective after just 3 to 6 weeks for sterile struvite uroliths³ and 8 to 12 weeks with antimicrobics for infection-induced struvite uroliths.⁴ Noninvasive medical dissolution is an effective and compassionate choice for the majority without urinary obstruction.

Although low-protein, dissolution diets are not recommended for immature growing dogs, their short-term use in conjunction with antimicrobics has rapidly dissolved infection-induced struvite uroliths in 9 to 12 days without adverse events.⁵

When feeding Hills Prescription Diet s/d, owner/patient compliance is easily and rapidly determined with a urine specific gravity (mean = 1.008 ± 0.003) and pH (mean = 6.2 ± 0.7).⁶ If urine is inaccessible, the serum concentration of urea nitrogen is also a reliable marker (mean = 3.5 ± 2.4 mg/dl) of dietary compliance.

Some struvitolytic diets are relatively high in fat (e.g. s/d) in order to maintain calorie intake while providing lower quantities of protein to reduce urolith precursors (e.g. phosphorus and urea) important for dissolution. High dietary fat is a risk factor for pancreatitis in susceptible dogs (e.g. miniature Schnauzers (and some other breeds) and dogs with hyperadrenocorticism). Be aware of these associations and know how to respond (e.g. discontinue high fat struvitolytic diet, maintain hydration) to adverse events (vomiting/pancreatitis) if they occur. Then consider low-fat alternatives that also acidify urine to assist correction of both diseases (e.g. i/d low fat).

Twenty-six percent of canine nephroliths are composed of struvite.⁷ As with bladder stones, struvite kidney stones can be dissolved medically. Dissolution times are typically longer due to possible reduced kidney function, reduced urine production, and reduced nephrolith dwell time in therapeutically undersaturated urine. In some cases, stenting the ureter may assist clearing an infection from the kidney.

The duration of antibiotic administration to dissolve infection-induced struvite is unknown. Discontinuing antibiotics before complete dissolution may promote recrudescence of infection and stones.

Several case reports have demonstrated struvite dissolution using antibiotics without a struvitolytic diet.⁸ The addition of a struvitolytic diet will likely accelerate dissolution, reduce disease period and shorten duration of antibiotic administration.

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