FELINE STRUVITE/URATE

Prioritize urate prevention over struvite because sterile struvite dissolves rapidly in cats and protocols for urate dissolution are not available. The primary etiology underlying ammonium urate uroliths in most cats is unknown. Although hepatic portovascular anomalies have been identified in some, this abnormality is uncommon. The therapeutic benefit of allopurinol in the management of urate uroliths in cats is unknown. Because of potential side effects, we only use allopurinol in cats with highly recurrent urate uroliths and monitor for adverse effects.

MINIMIZING RECURRENCE

** 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.

** DIAGNOSTIC CONSIDERATIONS

- Serum bile acid concentrations are necessary to eliminate liver disease as a cause.

** MEDICAL CONSIDERATIONS

- Prioritize urate prevention over struvite. Make adjustments in therapy to minimize struvite without opposing therapy to minimize urate (e.g. decrease urine specific gravity (<1.030), and medications (antibiotics to control infection-induced struvite, when present)).
- Consider potassium citrate (75mg/kg, q 12-24hr) if urine pH is consistently less than 6.5.

** NUTRITIONAL CONSIDERATIONS

- Lower purine/protein foods that produce neutral or alkaline urine (e.g. Hill’s k/d early support, k/d, others) to minimize urate recurrence. If needed, feed canned therapeutic food or add water to food to lower urine specific gravity below 1.030.

** MONITORING CONSIDERATIONS

- Urinalysis every 3 to 6 months to adjust pH to 6.5 or greater,
- Medical imaging every 6 to 12 months to detect recurrent stones when small to possibly permit their removal without surgery.
- With recurrent stones, first consider therapeutic foods to dissolve struvite (e.g. c/d multicare, others) which are effective when recurrent stones are primarily composed of struvite.