Ganesh was a 4-year-old spayed female domestic cat. She lived in an apartment with her owner and was the only cat in the household. She was receiving a grocery dry food. Ganesh had been urinating in the bath for the past month and her urine frequently contained traces of blood.

Clinical examination

The clinical examination did not reveal any abnormalities. Ganesh was in a good general state of health and weighed 4.570 kg. Because her bladder was empty during the visit, urine was collected three days later using an artificial litter. The urine was yellow and concentrated (specific gravity over 1.050) and contained red blood cells and numerous struvite crystals. The owners were asked to stop giving her dry food and to switch Ganesh to a commercial wet food only, pending the results of the laboratory urine analysis.

Additional examinations and diagnosis

The laboratory found only a few struvite crystals, without any blood. Urine culture was negative. Additional radiological and ultrasound investigations revealed no abnormalities, with a thin bladder wall. Blood tests were normal.

A mixed diet (wet and dry food) of PURINA® PRO PLAN® VETERINARY DIETS Feline UR St/Ox Urinary was then prescribed.

Clinical Case: Feline UR St/Ox Urinary

This case report demonstrates the successful use of PURINA® PRO PLAN® VETERINARY DIETS Feline UR St/Ox Urinary wet and dry in the dietary management of Feline Low Urinary Tract Disease (FLUTD) in a cat.

Feline Low Urinary Tract Disease (FLUTD) in a female cat

Dr Fradin-Fermé

Feline exclusive veterinary practitioner

in Vincennes, France
Treatment and follow-up

At D0 + 2 months, Ganesh was asymptomatic. She had been eating only canned Feline UR St/Ox Urinary, as her owner was reluctant to give her dry food. However, Ganesh had started to tire of the tins and had lost weight. She now weighed 4.120 kg. Because the bladder was well-distended, urine was collected by cystocentesis. Ganesh was also scheduled for tattooing, so the urine was collected under anaesthesia. Urine specific gravity was low (1.016), the pH was 8.0, and numerous red blood cells and occasional struvite crystals were found. Radiological and ultrasound results were normal. Because the clinical results were satisfactory, the owner was advised to try Ganesh with the dry form of Feline UR St/Ox Urinary.

At D0 + 4 months, Ganesh had started urinating in the bath again. Urination was frequent and the urine almost always tinged with blood. Ganesh was in a good general state of health but had lost a little weight. Because the bladder was well-distended, urine was collected by cystocentesis. The urine was dark yellow and well-concentrated (specific gravity 1.050). Microscopic examination revealed no blood but a few struvite crystals. Blood tests and radiological results were normal. Ultrasound examination revealed a thin bladder wall and the presence of hyperechoic particles floating in the urine.

Discussion and conclusion

The owner was subsequently advised to give Ganesh wet food only, and everything returned to normal within a few days. In this case, the haematuria and dysuria appeared to be linked to the consumption of dry food, irrespective of its composition, possibly because Ganesh was not drinking enough. Regarding the haematuria observed at D0 + 2 months, it is difficult to say whether it was pathological or caused by the cystocentesis, because this method of sample collection is sometimes associated with mild haematuria.

Nestlé PURINA would like to thank Dr Fradin-Fermé, for providing the details of this case.

www.purinavets.eu