

Diagnosing, Staging, and Treating Chronic Kidney Disease in Dog and Cats

Chronic kidney disease (CKD) is diagnosed based on evaluation of all available clinical and diagnostic information in a stable patient. The IRIS Board continues to recommend using creatinine, a widely available and well understood test, to diagnose and stage CKD. Symmetric dimethylarginine (SDMA), a new marker of kidney function, may be a useful adjunct for both diagnosis and staging of CKD.

Step 1: Diagnose CKD

Clinical signs and physical examination findings worsen with increasing severity of kidney disease

Clinical presentation

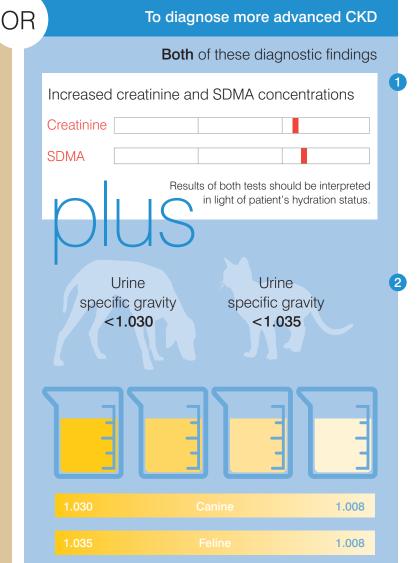
Consider age, sex, breed predispositions, and relevant historical information, including medication history, toxin exposure, and diet.

Can be asymptomatic in early CKD. Signs may include polyuria, polydipsia, weight loss, decreased appetite, lethargy, dehydration, vomiting, and bad breath.

Physical examination findings

Can be normal in early CKD. Findings may include palpable kidney abnormalities, evidence of weight loss, dehydration, pale mucous membranes, uremic ulcers, evidence of hypertension, i.e., retinal hemorrhages/detachment.

To diagnose early CKD One or more of these diagnostic findings Creatinine increasing within the reference interval Persistent increased SDMA >14 μg/dL Abnormal kidney imaging Persistent renal proteinuria UPC > 0.5 in dogs; UPC > 0.4 in cats 0.6 0.71.0 Oct '15 Nov '15 Urine protein to creatinine (UPC) ratio



Step 2: Stage CKD

	Stage 1 No azotemia	Stage 2	Stage 3 Moderate	Stage 4 Severe
Creatinine in µmol/L Stage Canine based on	<125	125 - 180	181 - 440	>440
stable creatinine Feline	<140	140 - 250	251 - 440	>440
SDMA in μg/dL	>14	>14	Moderately increased	Markedly increased
		≥25		
Consider understaged based on creatinine			≥45	
UPC ratio Substage Canine	Nonproteinuric <0.2 Borderline proteinuric 0.2 - 0.5 Proteinuric >0.5			
based on proteinuria Feline	Nonproteinuric <0.2 Borderline proteinuric 0.2 - 0.4 Proteinuric >0.4			
Systolic blood pressure in mm Hg Substage based on blood pressure	Normotensive <150 Borderline hypertensive 150 - 159 Hypertensive >160 Severely hypertensive ≥180			

SDMA = IDEXX SDMA™ Test

Step 3: Treat CKD



Stage 1

No azotemia

Investigate for and treat underlying disease

Treat hypertension if systolic blood pressure persistently >160 mmHg or evidence of end-organ damage

Treat persistent proteinuria with therapeutic diet and medication

UPC > 0.5 in dogs; UPC > 0.4 in cats

Keep phosphorus <1.50 mmol/L If required, use kidney therapeutic diet +/- phosphate binder

Use with caution potentially nephrotoxic drugs

Correct prerenal and postrenal abnormalities

Fresh water available at all times



Stage 2

Same as Stage 1

Kidney therapeutic diet

Treat hypokalemia in cats

Treat metabolic acidosis

If SDMA ≥ 25, consider treatment for Stage 3



Stage 3

Moderate

Same as Stage 2

Keep phosphorus <1.60 mmol/L

Treat anemia (PCV <25% in dogs; PCV <20% in cats)



Treat vomiting / inappetence / nausea

Consider subcutaneous and/or enteral fluids to maintain hydration

Consider calcitriol therapy in dogs

If SDMA ≥ 45, consider treatment for Stage 4



Stage 4

Severe

Same as Stage 3

Keep phosphorus <1.90 mmol/L

Consider feeding tube for nutritional and hydration support and for ease of medicating





See iris-kidney.com for more detailed staging, therapeutic, and management guidelines.

Treatment

recommendation

Consider treatment of

kidney dysfunction in

mass

next stage. Creatinine may

underestimate degree of

patients with poor muscle