Feline Kidney Disease: Definition & Terminology

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Recently, a shift in terminology regarding kidney disease and kidney failure has been recommended; the term chronic renal failure has largely been replaced by the preferred chronic kidney disease (CKD) for several reasons:

**EARLY RECOGNITION**
First, CKD can exist without kidney failure (usually defined as persistent azotemia superimposed on an inability to concentrate urine). Recognition of early (ie, nonazotemic) CKD is important because CKD may be progressive and increased monitoring, as well as renoprotective treatments (see page 33), may be beneficial. Early CKD may be diagnosed in cats with abnormal kidney structure (via palpation, imaging), persistent proteinuria and/or urine-concentrating deficits of kidney origin, or increasing serum creatinine (SrCr) concentrations within normal ranges. For example, sequential annual serum biochemistry evaluations may demonstrate an increase in SrCr from 0.6 mg/dl to 1.2 mg/dl, compatible with a loss of glomerular filtration rate (GFR) ≥50%.

**CLIENT UNDERSTANDING**
In addition, the term CKD is preferable when discussing the disease with clients. Many clients do not initially understand the term renal and a diagnosis that includes the term failure is often discouraging.

**INITIAL PRESENTATION**
Cats with CKD presenting for the first time are typically older (>10 years) and have a history of one or more of the following: decreased appetite, weight loss, vomiting, polyuria/polydipsia (PU/PD). At examination, these cats are often dehydrated and unkempt and have small, irregular, nonpainful kidneys. A minimum database is helpful in ruling out diabetes and hyperthyroidism. Most cats with CKD severe enough to cause weight loss and decreased appetite will be azotemic (SrCr >1.6 mg/dl) with a urine specific gravity <1.035. Some cats with azotemic CKD retain urine-concentrating ability, and pre-renal azotemia should be ruled out with fluid therapy. Azotemia that resolves with fluid therapy alone is likely caused by dehydration and decreased renal perfusion.

Azotemic kidney disease may also be caused by acute kidney injury (AKI; the preferred term over acute renal failure). History, signs, and examination findings compatible with CKD versus AKI include: a long history of weight loss, poor body condition, and/or long-standing PU/PD; small, irregular kidneys; or nonregenerative anemia.

**MORE FOR YOUR TEAM!** Download a useful team education handout about CKD at veterinaryteambrief.com/clinical-suite/feline-ckd

**STEP 2**
Team Education Primer

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