

Diagnosing, Staging, and Treating Chronic Kidney Disease in Dogs 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.

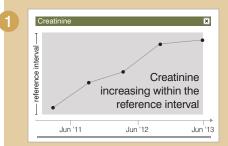
Can be asymptomatic in early CKD. Signs may include polyuria, polydipsia, weight loss, decreased appetite, lethargy, dehydration, vomiting, and bad breath.

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.

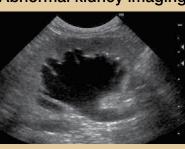
To diagnose early CKD

One or more of these diagnostic findings



Persistent increased SDMA >14 μg/dL

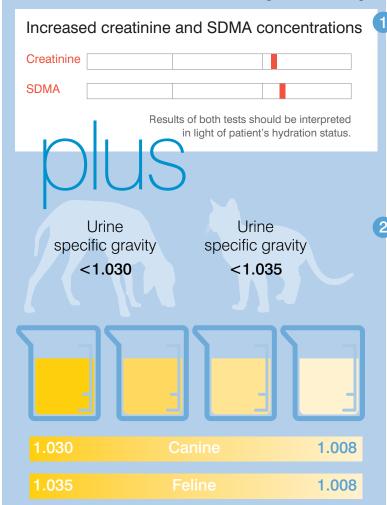
3 Abnormal kidney imaging





To diagnose more advanced CKD

Both of these diagnostic findings



Step 2: Stage CKD

'		S	ge 1 Stage 1	Stage II Stage II	Stage IV
			1.6 °	1.6 to 2.8 2.9 to 5.1	
		Stage 1 No azotemia	Stage 2	Stage 3 Moderate	Stage 4 Severe
Creatinine in mg/dL					
Stage based on	Canine	<1.4	1.4–2.0	2.1–5.0	>5.0
stable creatinine	Feline	<1.6	1.6–2.8	2.9–5.0	>5.0
SDMA in μg/dL		>14	>14	Moderately increased	Markedly increased
Consider understaged based on creatinine			≥ 25		
				≥ 45	
UPC ratio	Canine	Nonproteinuric <0.2 Borderline proteinuric 0.2-0.5 Proteinuric >0.5			
Substage based on					
proteinuria	Feline	Nonproteinuric < 0.2 Borderline proteinuric 0.2–0.4 Proteinuric > 0.4			
Systolic blood pressure in mm Hg		Normotensive <150 Borderline hypertensive 150–159			
Substage based on blood pressure		Hypertensive 160–179 Severely hypertensive ≥180			

SDMA = IDEXX SDMA™ Test

Step 3: Treat CKD

Stage IV ge 1 Stage 1 Stage II Stage II 1.6 to 2.8 2.9 to 5.1 Stage 1 Stage 2 Stage 3 Stage 4 No azotemia Moderate Mild Severe Same as Stage 1 Same as Stage 2 Investigate for and treat Same as Stage 3 underlying disease Kidney therapeutic diet Keep phosphorus <5.0 Keep phosphorus Treat hypertension if mg/dL <6.0 mg/dLTreat hypokalemia in cats systolic blood pressure Treat anemia (PCV <25% Consider feeding tube for Treat metabolic acidosis persistently >160 or in dogs; PCV <20% in cats) nutritional and hydration If SDMA ≥ 25. consider evidence of end-organ support and for ease of treatment for Stage 3 damage medicating Treat persistent proteinuria Treat vomiting/inappetence/ with therapeutic diet and nausea medication Consider subcutaneous (UPC > 0.5 in dogs; and/or enteral fluids to UPC > 0.4 in cats) maintain hydration Keep phosphorus Consider calcitriol therapy < 4.6 mg/dL in dogs If required, use kidney therapeutic diet If SDMA ≥45, consider +/- phosphate binder treatment for Stage 4 Use with caution



Treatment

recommendations

Consider treatment of

next stage. Creatinine may

kidney dysfunction in patients with poor muscle mass.

underestimate degree of

SDMA = IDEXX SDMA™ Test

potentially nephrotoxic

Correct prerenal and postrenal abnormalities

Fresh water available at

drugs

all times

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