



KIDNEY DISEASE IN CATS

PET OWNER'S GUIDE TO DECODING LAB VALUES

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BUN (Blood Urea Nitrogen) – Urea is produced by the liver and leaves the body via the kidneys. When the blood urea nitrogen (BUN) builds up in the blood it we suspect that the kidneys are not functioning properly. There are other reasons for BUN to be high, such as high protein diets or non-fasted blood samples

CREA (creatinine) – This is the most sensitive indicatory of kidney function. Creatinine comes from muscle and leaves the body through the kidneys. When the kidneys are not functioning, creatinine builds up in the blood stream, causing this value to be elevated. Your veterinarian will be watching this number very closely.

Potassium – With kidney disease we see this number low. It's important to know that there are other reasons your kitty's potassium would be low. If the potassium is low, your veterinarian can help you supplement potassium in your kitty's diet.

Phosphorus – As kidney disease progresses, phosphorus levels become high. These high levels of phosphorus can make your cat feel sick. Luckily, your veterinarian can help you manage these levels with the use of subcutaneous fluids and agents that bind phosphorus in the gut.

Contact Dr. Angie Today 720-503-6646

SDMA – This is a new test by Idexx Laboratories. The idea of this test is to detect kidney disease at its early stages. This test has been out for a little over a year at this time. So far, my experience with this value is that it is not often helpful.

Urine Specific Gravity – This number evaluates how well the kidneys are concentrating the urine. The kidneys filter blood and make urine. When the kidneys are not working as well as they should, the urine is more dilute. This value, paired with CREA and BUN are the best indicators of kidney function and disease.

Blood Pressure – Many kitties with kidney disease develop high blood pressure. This can affect other parts of the body such as they back of the eye. Untreated high blood pressure can cause irreversible blindness.



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