

URGENT ESCALATION BOX

- Suspected urinary obstruction (unable to urinate + distended bladder + systemic compromise): immediate decompression/referral.
- Marked protein-loss concern with worsening clinical status: expedite internal-medicine escalation.
- Threshold note: specific K+/creatinine emergency cutoffs and albumin numeric triage thresholds were not explicitly provided in the lecture content used here; apply local emergency protocol and clinician judgment.

PLN decision pathway	Lecture-grounded action criteria
Confirm proteinuria	UPC interpretation in lecture: <0.2 normal; cats 0.2-0.4 borderline; dogs 0.2-0.5 borderline; above range = elevated.
Confirm persistence before committing pathway	Gold-standard repeat: 3 checks if UPC <3; 2 checks if UPC ≥3. Practical option discussed: 3-day urine collection average UPC.
If using antiproteinuric therapy	Do not expect UPC response at 1-2 weeks; recheck ~1 month. After dose increase: recheck creatinine/electrolytes/BP at 1 week. Concern if creatinine rises >30% from baseline.

Urolithiasis action matrix	Use this next
Pre-test probability at intake	Lecture prevalence data: dogs ~40% struvite / 35% CaOx; cats ~52% struvite / 36% CaOx. Use as initial probability, then update with UA + imaging.
Imaging review for likely composition	Radiopacity ladder from lecture: urate (low) -> cystine -> struvite (mid) -> CaOx/Ca phosphate (high). Pair with pH/sediment before final pathway choice.
Likely infection-associated struvite pattern	Use culture-guided antibiotic + strict dissolution diet through entire dissolution. Outcome data cited: 60% full dissolution, median 35 days; practical timeline: dogs 4-8 weeks, cats 1-3 weeks.
No reduction by ~1 month on dissolution	Treat as likely non-struvite/mixed or non-dissolvable component; change course and reassess removal strategy/referral.

Pharmacotherapy / medical management (lecture-based)

- Telmisartan: presented as first-line antiproteinuric option by lecturer.
- Dose: not specified in lecture content used for this sheet.
- Monitoring cadence: UPC at ~1 month; after dose increase recheck creatinine/electrolytes/BP at 1 week; investigate if creatinine increases >30% from baseline.
- UTI-struvite antibiotic choice: lecturer emphasized culture-guided selection; specific empiric drug names/doses were not provided in the lecture excerpt.
- Dissolution diet brands: specific brand names were referenced on slides but not reliably extractable from lecture text; use clinician-selected dissolution diet per local formulary.
- Post-dissolution interval: lecturer provided dissolution-duration and failure-at-1-month trigger; fixed long-term post-resolution interval not explicitly stated in lecture excerpt.

Lecture: Protein-Losing Nephropathies + Urolithiasis Management

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Online printable guide: https://vetonitce.org/resources/Event41_PLN_Urolithiasis_ClinicalGuide.pdf



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