

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/toxicant exposure, and diet.

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

Physical examination findings

Can be normal in early stage 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 Stage 1 and early Stage 2 CKD

One or more of these diagnostic findings:

1

Creatinine

Creatinine increasing within the reference interval where no prerenal cause is apparent

SDMA

SDMA increasing within the reference interval where no prerenal cause is apparent

2

Persistent increased SDMA* >14 µg/dL

3

Abnormal kidney imaging

4

Persistent renal proteinuria

UPC >0.5 in dogs; UPC >0.4 in cats

0.6 0.7 1.0

Sept '15 Oct '15 Nov '15

Urine protein to creatinine (UPC) ratio

OR

To diagnose more advanced CKD (late Stage 2–4)

Both of these diagnostic findings:

1

Increased creatinine and SDMA concentrations

Creatinine

SDMA

Results of both tests should be interpreted in light of patient's hydration status.

plus

Urine specific gravity <1.030

Urine specific gravity <1.035[†]

1.030

Canine

1.008

1.035

Feline

1.008

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

[†]Note that some cats can produce hypersthenuric urine in the face of renal azotemia.