

Kidney Disease in Cats: An Interview With Dr. Lisa Pierson

By Dr. Karen Becker

KB: Dr. Karen Becker

LP: Dr. Lisa Pierson

KB: My next guest for Cat Week is Dr. Lisa Pierson. Thank you for joining me, Dr. Lisa. I appreciate you spending a few minutes with us.

LP: I always appreciate you asking me. It's kind of fun to do this interview.

KB: It's very fun. Tell us – At most, all of my audience know exactly who you are and what you do. We're so thankful for the invaluable information that you are constantly ever presenting on your website. But maybe for first-time or brand-new kitty owners, could you just tell us a little bit about yourself and what you do?

LP: Yeah. I graduated from University of California (UC) Davis Veterinary School in 1984, so about 33 years ago. But it's been mostly the last 15 years that I've really focused on feline nutrition and feline medicine. I kind of got my head around wanting to feed these cats properly to possibly prevent the various diseases we've been treating, like diabetes and urethral obstructions.

My biggest goal, as you well know, is to get people to stop feeding dry food to cats due to the water depletion leading to urethral obstructions and the carbohydrates, making them more susceptible to diabetes. But I know today, we're going to focus on feeding the kitty with kidney disease, because that is the No. 1 problem that we see in the feline practice. I think that's going to be our focus today. It's how we're going to feed these cats with kidney disease.

KB: Wonderful. I can't think of a better topic. Just what are your thoughts on – When I went to vet school 20 years ago, they said 3 out of 4 cats die of kidney disease, but they didn't tell us why. They just gave us the stat that we should prepare ourselves. "There's nothing you can do. Cats are predisposed to dying of kidney failure." They taught us how to identify it, but they didn't teach us why it's going on. What are your thoughts on what this epidemic of kidney disease is from?

LP: That's a fabulous question I wish I had the answer to. We do know that there's a research out of Colorado State University, [from] Dr. Michael Lappin, who's a very well-respected researcher, that has a link to the feline viral rhinotracheitis, calicivirus and panleukopenia (FVRCP) vaccine, which is grown in feline kidney cell cultures. We really want to be very careful not to over-vaccinate cats, because they can possibly set up an autoimmune type of reaction to their own kidney cells.

Having said that, my own cats still developed kidney disease. I assure you they were not over-vaccinated. They got vaccinated as kittens. They passed away between 18 and 20 years of age. They were never vaccinated since kittens, yet they still got kidney disease. They were not on dry

food. They were on a water-rich diet. The short answer to your question is, “I don’t know, but I wish I did.”

KB: Yeah. This is totally off-topic, but really good information that just sparked in my brain. I advocate that if you have an indoor kitty that you don’t vaccinate at all because their exposure is none, what are your thoughts if you know that this kitty will never step foot outside and that the owners will never bring any cats into the home? What are your thoughts on not vaccinating for anything ever?

LP: Well, my own cats – and this is interesting – I had five cats two years ago. I lost four out of my five cats in the last two years. They were between 18 and 20 years of age. Nobody had been vaccinated since they were kittens. Maybe a couple of them had an FVRCP, the three-way, which is the herpes, calicivirus and panleukopenia, also known as kitty distemper. None of them had been vaccinated since they were kittens or maybe a year old.

I ran panleukopenia titers, kitty distemper titers, which measured the antibody levels in the bloodstream, which we all know, antibodies are not the only thing that fight disease. But for all intents and purposes, they all had protective titers.

My mom’s cat is 20 years of age. I don’t think I vaccinated him since he was 5 years of age. I ran a couple of titers on him and he comes back technically protected or whatever that means. My own cats, I have to admit, they’re 100 percent indoor, that’s it. They get vaccinated when they’re kittens. The last vaccine has to be at least when they’re 16 weeks of age to deal with maternal antibodies. And then you know what? I’m done.

KB: Yeah.

LP: I hate to say it, but I’m done.

KB: Yeah. I have done exactly what you have done to my indoor cats. They got one vaccine at 16 weeks. But I’m thinking now, if I were to get another cat, another kitten that I know will be strictly indoors, I think I would probably do nothing. Nothing. Not one. I would do probably none, because their exposure is none, in my opinion.

But neither here nor there, you actually bring up a really good point – You are a brilliant cat veterinarian. You’ve done everything right, and yet you can still have cats suffer from debilitating diseases, including kidney disease, after you’ve done everything right. You and I have a lot of clients who say, “I don’t know what I’ve done wrong.” Oftentimes, they’ve done nothing wrong. They’ve done everything right, and your cat still can suffer from kidney disease.

LP: Yeah.

KB: That’s a really important thing to talk about, because people end up feeling incredibly guilty over something that they should have, could have or would have done differently. Oftentimes, you can’t identify anything that you’d do differently. Like in your cats’ situation, your kitty still acquired kidney disease.

Now, your kitty was really, really old, which is a blessing. I mean you have a really old cat. But all that to say, sometimes you can do everything right and you still end up with really frustrating and heartbreaking diagnosed diseases at the veterinarian.

If you wanted to help people prevent kidney disease, what are your top suggestions knowing that maybe they've already had the heartbreak of dealing with the cat that has had chronic kidney disease, or people are proactive and they're aware that this is a huge risk? What are some suggestions on some things you can do early on to help prevent kidney disease from manifesting, or at least manifesting later in life?

LP: Yeah. As far as that goes, I don't know anything concrete. Some will say, "Sure, if you feed a water-depleted diet like dry food, you could obstruct the kidneys." I don't know if there's any research that supports that. I don't know. I mean the kidney is saying, "Heck, you're only putting the water-depleted diet in my bowl. I better super concentrate this urine to save a lot of water for the body and take out a high-urine specific gravity, high-concentrated urine with very little water."

Does that cause or lend itself to kidney disease? I really don't know. Definitely not over-vaccinating. I know from myself I would always give at least one vaccine. I've just seen enough cats die from panleukopenia. We do take these cats in at the vet hospital. I would at least vaccinate once. I kind of differ with you on that a little bit.

KB: Yup.

LP: I think I'll be a little worried about leaving them completely naked, that type of thing. But back to the kidney disease – I feed a water-rich diet. I feed a species-appropriate diet, high-protein.

We're going to talk about protein as it affects the kidneys, because protein is not the enemy of the cat kidney. Protein doesn't cause kidney disease. It doesn't exacerbate kidney disease. It is not the enemy of the kidney. If there's one take-home message I want to get across, it's "Please stop vilifying protein." Get away from these awful low-protein prescription diets, none of which I would ever feed to any cat in my care.

KB: Let me just interrupt and ask you a question pertaining to that. I know Dr. Delmar Finco in 1994 proved that kitties die of hypoproteinemia and low protein long before they would ever die of kidney disease. If he did that research in 1994, why on earth is there still this pervasive thought in veterinary medicine that we should restrict protein? Why have veterinarians not recognized that this is a really bad idea? What are your thoughts on that?

LP: Well, let's back up for a second and ask, why did they come to be to begin with? Why did this profession glom onto "protein is the bad guy"? When we eat protein, we break it down. We use what we need and BUN, blood urea nitrogen, or known as urea, is a waste product of protein metabolism.

When we eat protein, and the more protein we eat, the more the BUN load. If the kidney is efficient and healthy, it filters the BUN, which is trash. It's garbage. It's a waste product. It kicks it off into the litterbox – no harm. When the kidney becomes a less efficient filtration organ, the BUN climbs. So the powers that be said, “BUN comes from dietary protein. Let's just minimize dietary protein.” I think we need to talk about where it came from first, and then – I have to be very tactful here, but our colleagues are not that interested in nutrition.

KB: Right.

LP: They're really not. They defer to the pet food companies. The question is why are the pet food companies or the nutritionists who formulate this diet not getting onboard with this?

KB: Right. Exactly. Part of my thought process is, number 1, if you're feeding a really terrible quality rendered protein that's constantly dehydrated, that could potentially – Feeding hooves and nails, that's 100 percent protein, but that's not digestible. Really poor quality protein may, in the long term, negatively affect the kidneys. But excellent quality, human-grade, really bioavailable protein, which is what kitties would be hunting in the wild, that, of course, would not, in any way, negatively impact their organ systems, or they never would have been so successful as a species.

But don't you think that part of it is because we preached this low-protein long enough, we would have, for us to switch viewpoints at this point, it would dramatically affect the pet food industry, a billion-dollar industry. I think maybe we're too far in to actually turn around and switch gears.

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LP: I don't know. I'm still hopeful, you know? I am still hopeful, because I did speak with a colleague the other day. She said, “Wow. I just went to a seminar and they were preaching. We've got to stop protein-starving these cats.” I went, “Hallelujah.” I've been preaching this for 15 years, as have you.

I want to give your listeners some numbers to chew on. I don't like to say low, high or medium. I want numbers.

KB: Yup.

LP: If you look at metabolizable energy, meaning the calories from protein, fat and carbs, [they] have to add up to 100 percent. Something like Hill's KD, Purina NF, Royal Canin – I'm not going to pick on any one particular company. Let's just say the prescription renal diets – are somewhere in that 20, 22, maybe at highest 27 percent of the calories from protein. A cat's natural diet is about 60 to 70 percent.

When I formulate recipes from my chronic kidney disease (CKD) cats, or I recommend over-the-counter, using my proteins, fats, carbs, phosphorus chart at CatInfo.org, I recommend a nice happy medium of 40 percent. I don't truly think cats need the 60 to 70 percent that they find in the wild. All you are doing is adding to the BUN load. I don't think it's necessary.

I found fabulous results over the last 15 years feeding probably literally thousands of CKD, chronic kidney disease cats right, around 40 percent protein, and less than 10 percent carbs. My homemade diet has zero carbs. That means they have 60 percent fat, because it has to add up to 100 percent. I wanted to just give your listeners some numbers. I think 40 percent proteins will support muscle mass, will support the immune system, without overloading the BUN bucket that the kidney then has to deal with.

KB: That's interesting. Your 60 percent fat actually lines up with the ketogenic diet. Do you have some clients who maybe go back from their conventional vets and say, "Oh, my vet says it's too high in fat." I get that a lot. That also is a frustration and also part of the learning curve. It's educating our clients that fat is a really excellent source of energy. It's their evolutionary source of energy. Have you had any pushback with the level of fat or no?

LP: No. I actually haven't. In the wild, I mentioned 60 to 70 percent protein, 0 to 2 percent carbs, and then 10 to kind of 30 or 40 percent fat range. Sixty percent can be kind of doubled what the natural diet is. Very occasionally, and there's been some work done on fat and GI cases – you know, chronic vomiting, chronic diarrhea, IBD – now and then I will run across maybe a pancreatitis type kitty – but it just doesn't deal really well on a 60 percent fat diet, but that's extremely rare.

KB: That's great. Yup.

LP: They're obligate carnivores. They're designed to eat protein, fat and no carbs. What some of the prescription diets do – KD for instance – when they lower the protein, you have to either raise fat or carbohydrates. It has to add up to 100 percent. They raise carbohydrates. That's species-inappropriate. Something like Royal Canin, they actually choose to raise the fat, keep the carbs down a bit. That's much more species-appropriate. If you're going to lower protein at all, don't raise the carbohydrates. Raise the fat. It's more species-appropriate.

KB: Yup. That's great advice. If people are thinking, "You know what, I do have a cat that has renal dysfunction, and I'm really frustrated because I feel like my vet could have caught it earlier," one of the things I've tried to convince my clients, which could be difficult, is, you know, we need to start doing proactive annual bloodwork to identify some of the subtle changes that are occurring in cats' bodies long before they start drinking more or peeing more.

At what age do you suggest that people consider doing annual bloodwork to check the internal organ health of their kitties in their house?

LP: Okay. That's a great question, but I'm going to turn it around. You know, what I check, because it's the first thing to head south, is urine specific gravity. I have a spoon sitting next to all my litterboxes – they're uncovered, I'm not a fan of covered or hooded litterboxes at all – and a little syringe.

For 50 to 70 dollars, a person can buy a refractometer – this is actually on my urinary tract diseases web page towards the bottom, under the urinalysis section. There's a link there to a

refractometer. You put a couple of little drops on it and you look at urine specific gravity, which is a measure of the concentrating ability of the kidneys.

All of my cats, they all go in for annual bloodwork anyway, no matter their year of age or whatever. I mean if they're sick, I'll take them in more frequently. Bottom line is, I do annual bloodwork, but I'm checking their urine specific gravity like a hawk.

KB: That's great.

LP: My cats are so used to their spoons stuck under their butt – once again, your first tip-off. I will argue that even before the SDMA, which is the IDEXX urine proprietary test, which is supposedly better than creatinine at detecting early kidney disease, SDMA, I will argue that urine specific gravity, which can be done at home for no cost other than your refractometer, is actually a better marker early on.

I have found that my path of urine specific gravity starts to be at 1.040. 1.040 and above is normal. 1.012 is rock bottom. When you start getting that 1.030, 1.025, 1.020, you then may want to take your cat in to check the BUN, the creatinine, the phosphorus and the potassium.

KB: That's great advice. It's really great advice. Cheap, easy, simple, and you're not stressing out your cat. You can do it. You can start at 6 months of age. You can start when the animals are kittens. You can just continue to use that proactively throughout their lives. It's a brilliant tip.

LP: I do suggest people set up an Excel spreadsheet for all these BUN, creatinine, phosphorus, potassium and urine specific gravity. Those are my big five: BUN, creatinine, phosphorus, potassium and urine specific gravity. I've charted all my cats, which brings me to the IRIS staging system. I don't know if you want to touch on that now.

KB: Let's do.

LP: Okay. The IRIS staging system – I can't remember. It's International –

KB: Renal Interest Society. Yup.

LP: Yeah. Something like that. It's basically, for your listeners, a group of people that got together and sort of picked parameters. When the creatinine is over X, they're stage one. When it's over Y, they're stage two. There are four stages. I personally strongly dislike this system. I think that it's far too strict. Creatinine over 1.6 is deemed a problem. I disagree with that.

I see many, many, many cats. My own, Robbie, who happens to be lying in my lap at this point in time just had a creatinine in the low twos for the past 10 years. He's 17 years of age, and his kidneys are still fine. The IRIS staging system in a nutshell, I think it alarms people unnecessarily too early. I think it is too strict. I just want readers and your listeners to understand that when your vet says stage 1 kidney failure, eh, maybe, maybe not.

KB: Yup.

LP: They hang black crepe paper over these cats.

KB: Exactly. Yeah. You're right. It's a whole lot of doom and gloom. I think it also can lead to animals being euthanized very prematurely when a whole lot can be done for another decade in many situations.

LP: What happens is they put them on a prescription renal diet I strongly dislike. That's one of the reasons I have been having a problem with the SDMA, because now, these cats are being put on these low-protein diets even earlier.

KB: Earlier. Yeah.

LP: I went, "Great." We've got an early marker, but now these 6-, 7-, 8-year-old cats are now being put on low-protein diets, which makes me cringe.

KB: Yeah. Absolutely. Yeah. What are your suggestions when it's – Let's say that you're checking urine specific gravity, your kitty is doing great. In year eight, year nine or year 10, specific gravity dips, let's say, to 25. You go in and you do SDMA. They determine that the kitty is in the beginning stages of renal dysfunction. What are your thoughts in terms of what to do at that point?

LP: Okay. First of all, let's hope that the cat has been off of dry food all its life, or at least as soon as you learn that dry food is not a very healthy diet for a cat. They're on a water-rich diet. Remember, when the urine specific gravity drops, that's telling you – Picture a sieve in your kitchen. In that sieve, the holes are getting bigger and bigger and bigger. The kidney is leaking more and more water. It's unable to save water for the body.

There's nothing that frustrates me more than to see a cat leave the vet hospital with a bag of fluids under one arm and a bag of dry food under the other arm. They're feeding the water-depleted diet and they're sticking a needle in the cat's back to put water into him. That's pretty nonsensical.

KB: Yup.

LP: It reeks of lack of common sense. Step one, water-rich diet. Step two, low phosphorus. Step three, omega-3 fatty acids – fish oil, fish oil, fish oil. When we do post-mortems on these cats, we see nephritis. "Neph-" means kidney, "-itis" means inflammation. We know that fish oil, omega-3 fatty acids, specifically eicosapentaenoic acid (EPA) plus docosahexaenoic acid (DHA), is anti-inflammatory.

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They did a meta-data study where they looked back on all the individual studies that were done, and they said, "Wow. That's interesting. The cats that were on all the highest amount of fish oil seem to live the longest." I'm thinking that I'm not that bright, but two plus two might be four in

this case, where we have an inflammatory process. Fish oil happens to have anti-inflammatory properties.

Here's my goal: one capsule per cat per day. One regular strength capsule should have about 300 milligrams of combined EPA plus DHA. They've done safety studies to show that 600 milligrams of combined EPA plus DHA per cat per day is safe.

They look for bleeding problems. If your reader or your listener has gone in for surgery, they always tell you, "Stop your aspirin and stop your fish oil because it's anti-clotting." Some people might even go even higher than the 300 combined EPA plus DHA. Basically, water-rich, low-phosphorus, get your omega-3 fatty acids in there for anti-inflammatory.

We treat with potassium as needed, because sometimes these guys get very hypokalemic, meaning low potassium in the blood. One of the reasons I don't like the renal diet is that toward the end stage, they get hyperkalemic. They get too much potassium in the blood. Now, all the renal diets are fortified with potassium. Now where do you go?

KB: Yeah. I get it.

LP: I really love homemade diets. I'm a big fan of homemade diets. In the recipes that I formulate, they've got plenty of B vitamins, plenty of fish oil, potassium as needed. They're low-phosphorus. They're high-quality proteins. They're a moderate amount of protein. My patients thrive on these homemade diets.

KB: I could not agree more. As you know, I'm a huge proponent of homemade diets, but the No. 1 question I get – I'm sure you get it too. In fact, it has to be the biggest pushback – is "I made a batch and tried it. My cat won't eat it. Now what do I do?"

LP: Okay. Yeah. People have to not get so discouraged. They have to roll up their sleeves and they have to be patient. Also, the key issue is change the diet before your cat is really sick. No sick cat wants to try something new. Next, use hunger as your friend. Don't put it down and then they walk away from it. You give up and you do whatever you need to do. You feed something else. Make them go 12 hours without food. I mean make them go 18 hours without food. Get a little tough.

Look at the tips for transitioning on the sidebar of CatInfo.org. There are tips to transitioning dry food addicts to canned food. It's applicable to change to any diet. Hunger as your friend, number one. Take the diet they like, 90 percent of it. Mix in 10 percent homemade, then go 80-20 or 70-30. Or do the opposite, take 90 percent of the homemade, start slipping in a little Fancy Feast or Sheba, or whatever you want to feed.

KB: Yup.

LP: But be patient. Be patient. Don't give up. You can really out-stubborn your cat, but people give up far too easily.

KB: They do. And people don't realize kitties are just masters of manipulation. We think, "Oh, I've tried it two days. All is lost. She's not eating it. She refuses to eat," and then they just give up. I think the persistence thing is really, really, really important.

LP: I want to give a timeframe. It took me three months to get my cats off of 100 percent dry food. Some of them had never seen canned food in their entire lives, including my 10-year-old. It took me three months to get them from dry food to canned food. And then it took me a little bit longer to get them from the canned to the homemade, because the canned tends to be gamier-smelling a little bit maybe more flavorful.

I love FortiFlora, that Purina probiotic. If I put that on cardboard, my cats would eat it. I just use it with salt and pepper. Mix a little bit of it in and garnish on the top. It's a liver digest. If you're going to pick something that a cat likes, most cats love liver. If you go and you buy something like Fancy Feast Chicken and Liver or Turkey and Liver, the classic feast, that's kind of my go-to for sprucing something up. I try to stay away from fish. I don't want to create a fish addict. There's [inaudible 24:07] with fish. When they're trying to transition, I don't mind giving them a little bit of fish, but you'll have to wean them off of it.

KB: Yeah. I just want to interject really quickly here. For those of you that think, "Oh my gosh. You just recommended fish oil and now you're saying fish is bad," we have to clarify that our issue with protein fish is not only are many, many fish contaminated, but, of course, they have very high iodine content.

When Dr. Pierson's talking about fish oil, number one, you're not going to have an allergy issue. Number two, there's no iodine included in it. Number three, the good brands are tested for purity and potency, which means they're screening for heavy metals and PCBs. All that to say, fish oil is an entirely different category, despite the fact that it still contains the word fish. It's not the same thing as feeding fish as a protein source.

LP: I'm so glad you brought that up.

KB: Yeah.

LP: I get that all the time. "Why are you telling me you feed fish oil?" It's protein versus fat.

KB: It's just important that we explain to our audience that fish oil is safe and fine. Feeding fish is not what we recommend for cats. Two different things, yeah. Very good.

Okay, Dr. Pierson, last concluding thoughts or ideas when it comes to cats. We've successfully weaned cats with renal dysfunction onto a homemade, species-appropriate, low-phosphorus diet. Any other things you would suggest to our listeners on what they can do to help extend their kitty's quality of life, longevity or renal function by doing things that help?

LP: You might want to ask your veterinarians because this is a prescription item about calcitriol. Calcitriol is the active form of vitamin D, as in dog. One of the jobs of the kidney in the body is to take the inactive form of vitamin D and activate it. In other words, it makes calcitriol.

The parathyroid gland, not the thyroid gland, but the parathyroid gland, is very intimately involved with calcium and phosphorus balance. It secretes parathyroid hormones, which can be toxic to the kidney if it gets too elevated. The off switch for PTH production is calcitriol. If we don't have enough calcitriol in our body, there's nothing to tell the parathyroid gland, "Shut up. Be quiet. Stop making so much PTH."

The literature is a little scanty and iffy on cats. It proved to be beneficial in a study in dogs. But I'm on VIN, Veterinary Information Network – It's kind of the who-to of all the veterinary specialists in the world. Dr. Larry Nagode, N-A-G-O-D-E, is a really big proponent of it, so are some of the feline specialists in the feline medicine folder on VIN. I think it's a "can't hurt, may help" issue. Your listeners should ask their vets about eating calcitriol. It is recommended early in the disease. If the dosage is adhered to properly, I think it's a can't-hurt-may-help.

KB: Yeah.

LP: We did get some hypocalcemia early on because our dosages were every day. We now do it twice a week instead. The dosages were too high. So, calcitriol. You know what? I don't recheck these cats to death, because, you know, my motto is "I feed them a good low-phosphorus diet with plenty of antioxidants and anti-inflammatories. I use calcitriol, and then I call it a day." You know what, after that, the chips are going to fall where they may.

I find that most of my clients get so frantic about "What can I do, what can I do, what can I do?" Not much. You know what? Those kitties are going to progress if they're going to progress. Don't over-vaccinate. Feed a water-rich diet. You can sit back with your cat. Don't keep fretting about it because the kidneys are going to do what they're going to do on their own timetable. There's really nothing we can do about it.

KB: Haven't you found, Dr. Pierson – because I certainly have – that it's so impressive how resilient these cats' bodies can be? That they can, in a state of decompensation, just keep going and going and going. Sometimes, if you were to recheck that BUN, it's 120, 130 or 140, and they're still eating. The kitties physically look okay.

If you're chasing a number, if you're making decisions based on a piece of paper, I think we can become so overwhelmed by looking at the numbers on paper or the change in numbers on papers that it actually takes away from the quality of life for ourselves, because we're so panicked about the numbers progressing. But I think it also puts us in a state of panic when it comes to unnecessary fretting about their future when we should be enjoying the time that we have left.

LP: Yes. I'm glad you brought that up. Subcutaneous fluids – I find that subcutaneous fluids are used far too frequently and too early in the disease process. I am also personally not a fan of Azodyl. I don't feel that it works. I don't feel that there's any benefit. I don't want to see cats being pillled with these humongous capsules.

You know me, I'm typically not much of a supplement person. I'm a "give them good food, give them fresh water, call it a day. Love them and don't keep poking a needle in their back until it's really time."

KB: Well, you bring up a really great point. I love Azodyl, but I do not believe we should be shoving anything down a cat's throat. I think if your kitties will eat supplements like Azodyl or probiotics on their own, awesome. But the last thing you're going to do is chase a cat around the house and have them hide underneath the bed and fear you, which is totally disruptive to your relationship, but most importantly, triples your animal's stress response, which is going to end their life sooner than anything else you're doing.

There's no reason we should be cramming anything down a cat's throat. If they take supplements voluntarily, awesome. If they don't, then that's unfortunate. They don't. But I could not agree with you more. Cramming anything down your cat's throat is not only least optimal, it will dramatically reduce your cat's quality of life, so don't do it.

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LP: Absolutely. I have a pilling cats article on my website. I hate pilling cats. You'd think I'm a rogue weeny about that, but I just hate it.

KB: Yeah.

LP: Be careful about starting fluids too early. I find that a lot of – Boy, I'll tell you, my cats got kidney disease at 14 and 16. They both died four years later. You know what, they never died of kidney disease. They died from cancer.

KB: Yup.

LP: Their urine specific gravities, by the way – I want to mention. Just because your cat has a low urine specific gravity, that is not the kiss of death. Cats live three, four, five years and longer and quite often die from something else. If somebody starts to get a low urine specific gravity, no reason to panic. There's no reason to panic.

KB: Yeah. All of your suggestions today have been common sense and very, very respectful to the cat's body. But I think, most importantly, it should provide a lot of peace of mind.

I think sometimes the more information we gather – although we want to use, of course, the knowledge we're gaining to be able to make the really good best decisions – I think sometimes, when we gain knowledge, that maybe our cat could have early renal dysfunction, it ends up, a) creating a profound stress response within us.

But then, b) it causes our local conventional veterinarians to give us this very long list of tasks that we need to be doing that can be overwhelming and daunting, but I think, also, make us make decisions not necessarily based on what our animal looks like and is acting like, but based on theoretical progressions that may or may not occur. We end up creating a whole lot of stress for the entire house. It doesn't have to be that way.

LP: Exactly. Because I know [inaudible 31:46]. When the creatinine is 3, very arbitrarily. No. You look at the patient. Are they eating a water-rich diet? Are they eating plenty of it? Do they have any vomiting or diarrhea? Are they bright and alert? You don't just start fluids arbitrarily at a number. You look at the patient.

KB: Yeah.

LP: That's exactly what you just said.

KB: Yup.

LP: You honor their stress level. You don't get in their faces too much.

KB: That's exactly right. Yeah.

LP: Leave them alone. Let them be.

KB: Yeah. I think, above all, that's one thing that I think that we, as veterinarians, need to be very vocal about a whole lot more often than we are. That above all, we need to respect the animal's body. If they say, "Don't do that to me," we need to not do it to them. That's one of the hardest things I have ever been able to convince my client of. This is a really nice approach if our patient participates.

But if we have a cat that chooses not to participate and that says, "I never want subcutaneous fluids, even when my bloodwork says I need them. I will not have them," you have no choice but to respect that.

If your cat says, "I will not take this medication. I do not want this done to my body," you can either force it on them, which I would never recommend, or you end up having to say, "Okay, that's your choice. These would be great treatment modalities that you're choosing not to participate, and I'm going to respect your choice." I think that we need to encourage our clients to be more respectful and push less. I think we don't do that as a profession.

LP: Yeah. I agree 100 percent. My Toby, I thought he'd be very easy to give fluids to. I tried it, and he hated it.

KB: Never again. That's exactly right. Sometimes we end up making decisions to not treat the patient, because they have decided that they don't want to be treated. You know what, that's called honoring our patients' wishes.

LP: Quality over quantity.

KB: Yeah.

LP: Because let's face it, we want everybody, human and animal, to live forever.

KB: Forever. Of course.

LP: There's a selfish component to it.

KB: There is.

LP: Because you don't want to lose them.

KB: Yeah.

LP: But don't be selfish with your cat. Listen to them.

KB: Yup. All great information, common sense, really important information that we all need to hear over and over. I appreciate you taking the time to tell us once again your tips, tricks, ideas, thoughts and amazing information. All this information can also be found on your website. We'll direct people back to that website if they have additional questions. Thank you for taking time out of your very busy day to remind us of what we need to be doing when we're faced with some of these challenges.

LP: Sounds good. Okay.

KB: Thank you so much.

LP: Thank you, Karen, Dr. Becker. Okay, bye.

[END]