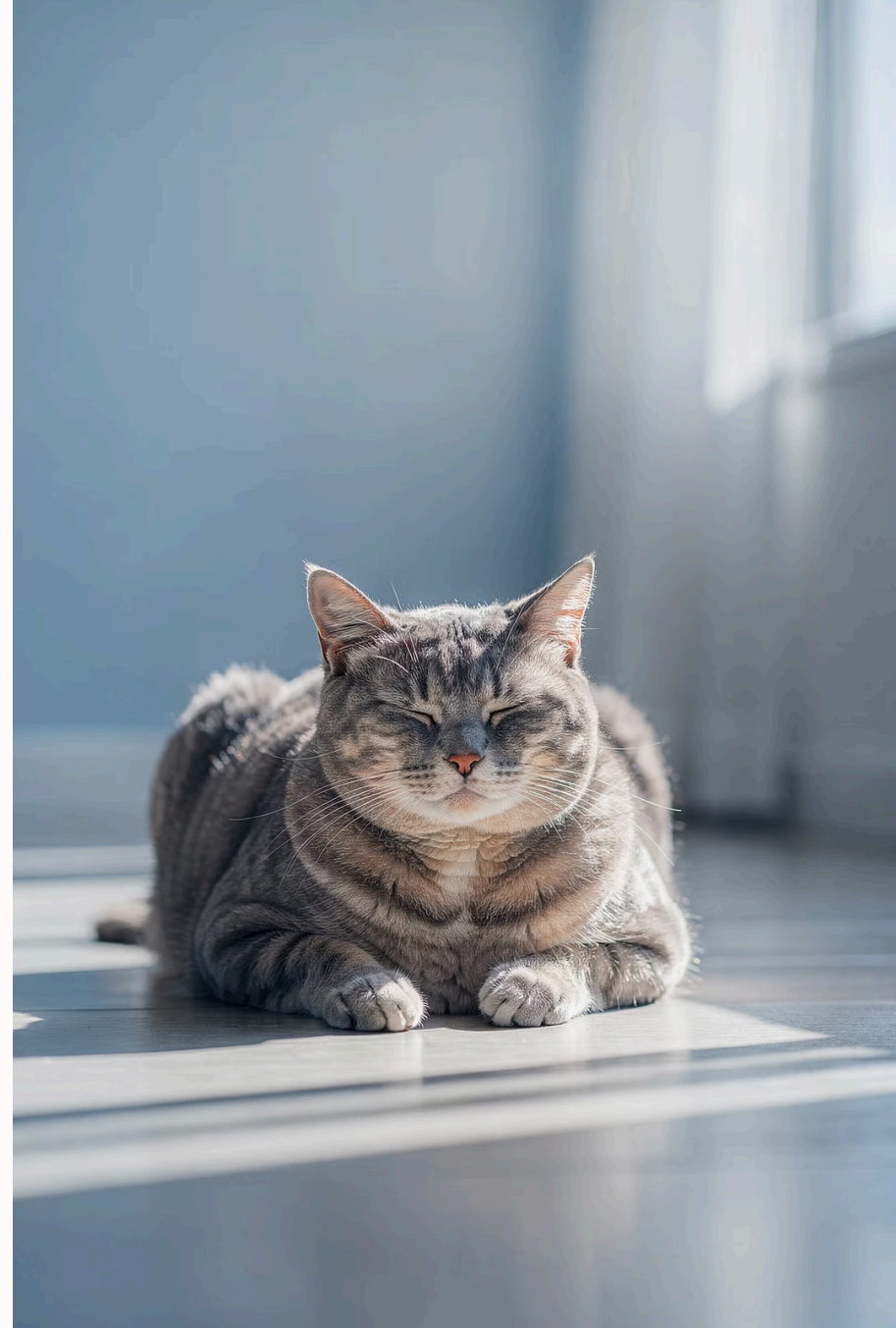


Feline Chronic Kidney Disease (CKD): A Comprehensive Guide for Caring Cat Parents

Clinical note: This course is educational and not a substitute for a veterinarian–patient–client relationship or individualized medical advice. Always partner with your primary vet (and a veterinary internal medicine specialist when appropriate) for decisions on diagnosis and treatment.



What This Course Will Do For You

If your cat has been diagnosed with chronic kidney disease (CKD), you are not alone—and you are **not powerless**. CKD is common in aging cats, and it often starts silently years before it shows up as symptoms. That's exactly why a Functional Health approach matters: it gives you earlier detection, clearer staging, and more leverage to slow progression.

By the end of this course, you'll have a complete understanding of how CKD begins, what tests actually matter, how IRIS staging guides decisions, and what diet and hydration strategies have the strongest payoff. You'll also learn how supplements and medications fit into a rational plan, leaving with a practical monitoring schedule and "next-step" checklist you can use immediately.



- ❏ If you want a personalized roadmap for the rest of your cat's life, book a Pet Longevity Consult with Dr. Kevin.

CKD: The "Quiet" Chronic Disease That Starts Long Before Symptoms

CKD is a progressive loss of kidney function over time. It is usually not a sudden event, but rather a long decline in filtration, hydration balance, and hormonal functions. Understanding this timeline is crucial to protecting your cat's health.

01

Why Cats Look Normal for So Long

Cats are masters at compensation. The kidneys have a large functional reserve, and many cats maintain "normal" behavior while damage accumulates silently beneath the surface.

02

The Consequence: Symptoms Appear Late

By the time you see classic signs—increased thirst and urination, weight loss, reduced appetite, nausea, vomiting, dehydration, or poor coat quality—the disease has usually been present for quite a while.

03

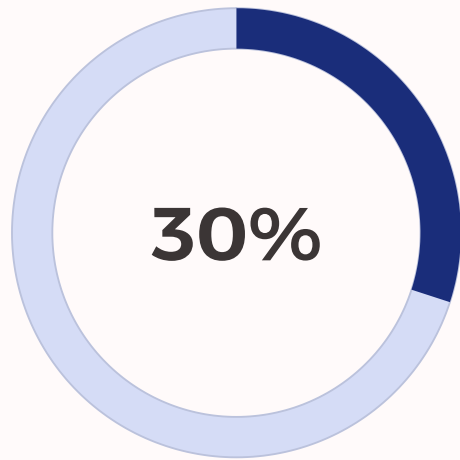
Functional Health Principle

Don't wait for symptoms. Use proactive labs to detect early decline and the drivers that accelerate it: hypertension, protein loss in urine, inflammation, dental disease, cardiac disease, and hyperthyroidism.

Early CKD is a data problem, not a symptom problem.

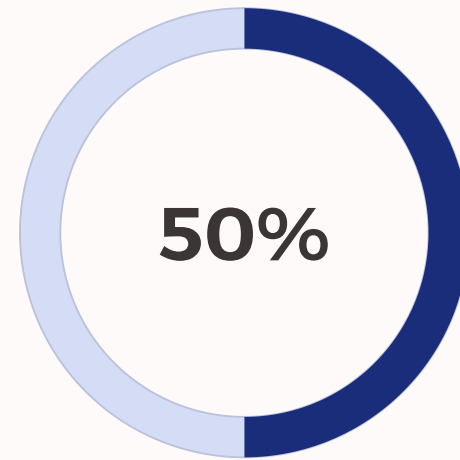
How Common Is CKD as Cats Age?

CKD prevalence rises sharply with age. Many senior and super-senior cats will show some degree of kidney compromise if you look closely and consistently. This isn't meant to frighten you—it's meant to empower you with knowledge.



Cats over 10 years

Approximately 30% of cats over age 10 show evidence of CKD



Cats over 15 years

Nearly 50% of cats over age 15 have some degree of kidney disease

Practical reality for cat parents: If your cat is over 8–10 years old, the right question is often not "Will CKD happen?" but "How early can we detect risk or early decline—and how effectively can we slow it?" The Functional Health goal is to shift from reactive treatment of late-stage symptoms to early-stage preservation of function and body condition.

Genetics and Breed Risk: Persians and Beyond

While most feline CKD is not purely genetic, certain breeds have higher risk for inherited or breed-associated kidney conditions that every owner should be aware of.

Persians (and related lines): Persians are classically associated with polycystic kidney disease (PKD), an inherited disorder that can progress to kidney failure. In many regions, screening has reduced prevalence, but risk still exists in some lines.

Other breeds sometimes discussed in higher-risk contexts:

Depending on lineage and geographic breeding patterns, increased renal disease risk has been reported or suspected in some lines of British Shorthair, Abyssinian, Siamese-related breeds, and others—though the strength of evidence and exact disorders vary.



If You Have a High-Risk Breed

If you have a Persian or a cat with known family history, you should treat early screening as mandatory, not optional:

- Earlier baseline labs (starting at 3–5 years)
- Earlier ultrasound if indicated
- More frequent monitoring for urine concentration and proteinuria

Underlying Causes and Accelerators: What Pushes CKD Forward?

CKD often has multiple contributors. Even when the original trigger is unclear, several common factors accelerate progression. Understanding and managing these accelerators is one of the most powerful tools you have.



Hypertension

High blood pressure damages kidney microvasculature and worsens protein loss in urine



Dental Disease

Chronic periodontal disease creates persistent inflammatory burden that affects systemic health



Cardiac Disease

Heart disease reduces effective circulation and complicates hydration and medication choices



Hyperthyroidism

Can "mask" kidney disease by temporarily increasing blood flow and filtration



Dehydration

Cats that don't drink well or eat primarily dry food suffer repeated strain on kidneys

Functional Health approach: We look for the accelerators, not just the creatinine.

Diagnostic Tests That Matter (and Why)

A strong CKD evaluation is not "one blood test." It's a pattern across blood, urine, and blood pressure—often trended over time. Here's what you need to understand about each critical test.



Chemistry Panel

BUN, creatinine, electrolytes including phosphorus and potassium provide baseline kidney function markers



SDMA

Earlier indicator of reduced filtration than creatinine in many cats—can detect problems sooner



Complete Blood Count

Anemia can emerge as CKD progresses and requires monitoring



Urinalysis with USG

Urine specific gravity tells you concentrating ability; declining concentration can precede azotemia



Urine Protein Evaluation

Proteinuria via urine protein:creatinine ratio (UPC) when indicated



Blood Pressure Measurement

Must be done correctly with repeated measurements if borderline results

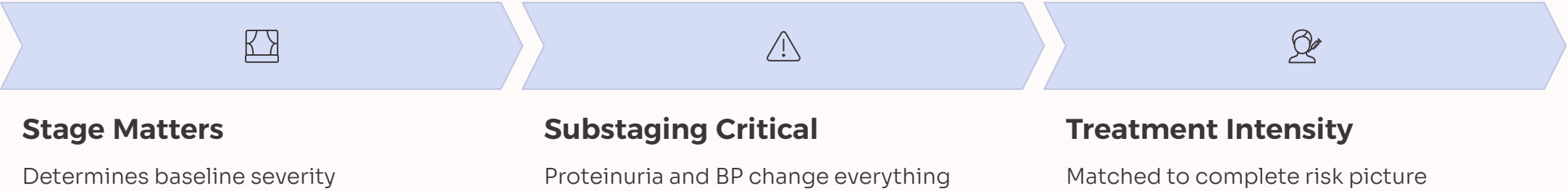
- ☐ **Functional Health note on early detection:** A cat can have "normal" creatinine but show early warning signs such as rising SDMA trend, lowering urine specific gravity trend, emerging proteinuria, or hypertension.

IRIS Staging: The Framework That Guides Decisions

IRIS (International Renal Interest Society) staging organizes CKD severity and risk so you can match treatment intensity to the disease. This standardized system is used by veterinarians worldwide to ensure consistent care.

IRIS uses:

- Stage (primarily based on creatinine and/or SDMA in a stable, hydrated cat)
- Substaging based on proteinuria (non-proteinuric vs borderline vs proteinuric)
- Blood pressure category (normotensive vs prehypertensive vs hypertensive)



Action point: Ask your vet: "What is my cat's IRIS stage and substage (proteinuria + blood pressure), and what is our monitoring schedule?"

Diet Therapy: The Biggest Lever (Done Correctly)

Diet is a cornerstone of CKD care, but "kidney diets" are not one-size-fits-all. Understanding the principles behind dietary recommendations empowers you to make the best choices for your individual cat.

Protein: Quality Over Quantity

Cats are obligate carnivores. The goal is NOT to minimize protein—that's outdated thinking. Instead: adequate protein to maintain lean mass, higher biological value sources (fish > poultry > red meat), and avoiding malnutrition.

Hydration Strategy

Wet food often helps significantly. Consider adding water or low-salt broth to food, multiple water stations or fountains, and subcutaneous fluids in selected cases with veterinary guidance.

Phosphorus Management

As CKD progresses, phosphorus control often becomes pivotal. Diet changes and/or phosphorus binders may be used depending on lab values and stage.

Practical Diet Implementation

- Transition gradually over 1–2+ weeks to avoid GI upset
- Prioritize intake: a cat that eats reliably often beats a "perfect diet" they refuse
- Track weight and appetite weekly during changes
- Lower sodium helps with blood pressure management

Your CKD Action Plan: Next Steps and Long-Term Success

CKD management is less about one "perfect" plan and more about rapid, intelligent course-correction before weight loss and nausea spiral. Here's your comprehensive checklist for moving forward with confidence.

01

Confirm Complete Diagnosis

Establish IRIS stage, proteinuria status, blood pressure category, and baseline SDMA trend plan with your veterinarian

02

Implement Nutrition Strategy

Choose a diet that prioritizes consistent intake and stable weight with adequate high biological value protein, lower salt, and proper hydration

03

Start Indicated Medications

BP control if hypertensive, proteinuria therapy if proteinuric, phosphorus management if elevated, and nausea/appetite support early if needed

04

Establish Monitoring Schedule

Set specific recheck dates based on stability and stage—track weight at home weekly, monitor appetite objectively, and follow lab trends consistently

05

Consider Longevity Approaches

Discuss whether supplements like high-quality fish oil and longevity-forward options like rapamycin are appropriate for your cat's specific context

Remember: Your job isn't to "cure" CKD—it's to preserve function, maintain body condition, and prevent preventable accelerators. Feline CKD is often a slow-moving process that rewards early action and disciplined monitoring.

☐ **Ready for a personalized plan?** If you want a customized roadmap for the rest of your cat's life—covering labs, diet, supplements, medications, and longevity-forward options like rapamycin when appropriate—book a Pet Longevity Consult with Dr. Kevin.