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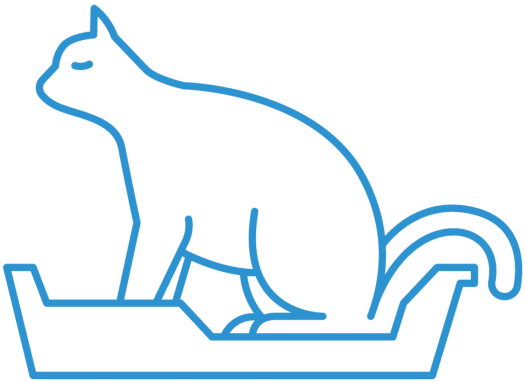


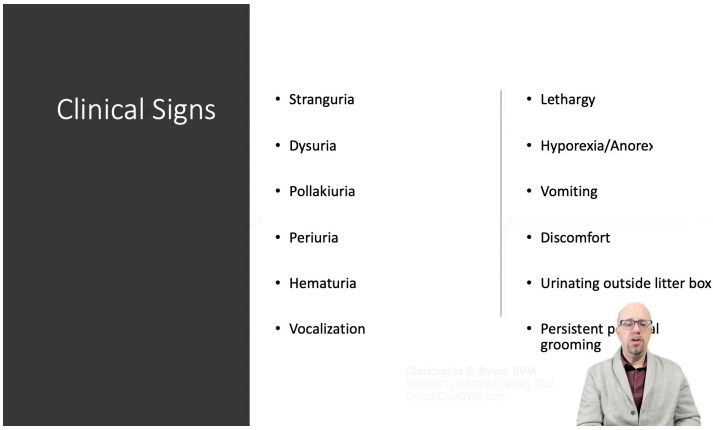
# Feline Urethral Obstruction

micro drip study guide

December 7, 2021

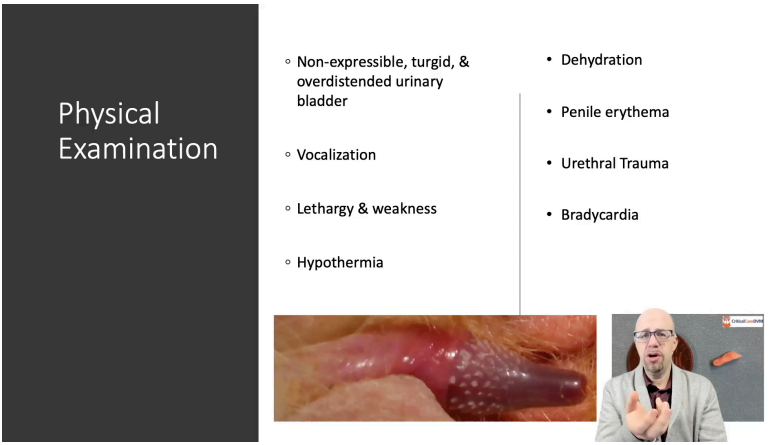
Instructor: Dr. Christopher G. Byers, DVM, DACVECC, DACVIM (SAIM), CVJ

**Be advised this document is here to enhance your learning experience and is a cumulative of the slides and transcript & area for your notes. You are welcome to take your notes electronically or print then use it to supplement your learning while watching the drip**




So what do they look like what do family's report to you and me or to our nurses well obviously there is some type of abnormal behavior that's typically witnessed in or around the litter box maybe the urine is even grossly discolored so we have Stranguria Pollakiuria Dysuria painful urination Periuria in inappropriate places they cry.

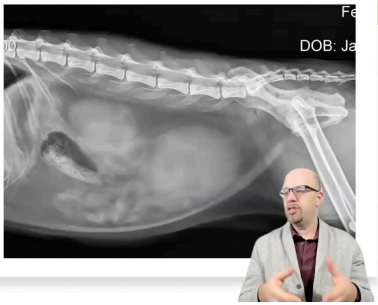
We all know heard or had parents tell us how horrible it sounds sometimes like the death howl they don't feel well they're not eating well or at all sometimes they strain so much or they've developed their A. K. I. that to an extent that we have your urenea and they have vomitition because of those reasons and it hurts so one of their natural responses is going to be to try and resolve the obstruction themselves by licking at the perineal area or directly traumatizing the penis itself.




And so when we examine these patients obviously we're gonna feel usually a firm turgid very large painful urinary bladder they'll cry they may be moribund on the table until you actually palpate that bladderand then all of a sudden you get a very severe reaction if they're presented in shock as many of them are they'll be hypothermic they certainly are often dehydrated examine the penis area examined the perineum you're often going to see at least erythema if not actual trauma and as we all know typically from either shock and or hyperkalemia these patients are often presented with meaningful bradycardia as well.

# Minimum Database

- PCV/TS
- Renal values
- Electrolytes
- Urinalysis
- Diagnostic imaging
- Venous blood gas
- Electrocardiography




In terms of diagnostic testing I like to think in emergency scenarios in terms of the minimum data base what do I feel I really need to know that so I want to know a PCV total solids because a lot of these patients are anemic at presentation. Obviously we need to know renal values if I had to choose one I wanna know creatinine but if you can get creatinine B. O. N. phosphorus that's ideal Electrolytes for sure you need to know pottasium and I'm even going to put a plug in for calcium because hypocalcemia is relatively common in these patients.

Urinalysis for obvious reason and ideally a urine culture because the vast majority of these kiddos do not have active urinary tract infections and in the interest of not promoting antimicrobial resistance for having good stewardship for antimicrobial use submitting a culture is appropriate to make sure that we don't need a antibiotic diagnostic imaging at least looking for radioopaque uralyths let's see if you don't have alter sonography I like to do a combination of radiography and sonography because sonography is also obviously great to look within the urinary bladder maybe even over the pelvic brim but obviously then the pelvic brim gets in the way and you don't really know what's going on in the penis with ultrasound so a combination of both of those diagnostic imaging modalities is great.

Why do I want a venous blood gas? I want to a venous blood gas because the vast majority of these kiddos are gonna come in with some degree of metabolic acidosis and having as much data as possible is great and electrocardiography especially if you detect bradycardia on your physical exam and or if you document hyperkalemia and we need to intervene with some of the medicines that we'll talk about in a few slides.