LONG-TERM THERAPY OF UROLITHIASIS

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Measures to increase water intake have frequently been advised for control of urolithiasis in all species. The preventive effect is attributed to further dilution of urinary solids and more frequent elimination of urine. Sodium chloride has been added to cats' food for this purpose, and adding 1% salt can increase the urine output by 50 to 100%. Some observers have reported that this simple measure virtually eliminated the deposit of triple ammonium sulfates, a common form of urolithiasis in cats. Urolithiasis has also been attributed to urinary stasis due to less-than-normal frequency of urination. Thus, some practitioners think that free roaming cats have fewer urinary obstructions than those which are closely confined. Frequent opportunity to eliminate should therefore be provided for confined cats which urinate outdoors, or the litter in cat boxes should be replaced daily to avoid voluntary retention of urine because of dirty litter.

Following initial administration of an antibacterial agent at a high level, to control urinary infections associated with urolithiasis, the selected agent should be administered daily for at least 30 days. Some cats must be given antibacterials continuously for much longer periods, or treated on alternate days or weeks indefinitely. To avoid the development of bacterial resistance to any one agent, sensitivity testing should be done periodically during such a therapeutic program. Among the other agents which have been found useful following the initial treatment of urethral obstruction by mucous plugs or calculi, Urecholine (Merck) is recommended for stimulation of an atonic bladder. The numerous calculus-inhibiting agents which have been used to control phosphocrystalluria in cats, include Curecal-Feline (Albion), recently reported to be efficacious.