

**PRIMED FOR SUCCESS**

Detailed follow-up questions regarding cats with urination issues can help the veterinarian make a definitive diagnosis.

**EXAM ROOM**

“Why Does My Cat Have Trouble Urinating?”

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Urinary problems are commonly seen in feline medicine. A client may ask, “Why does my cat have trouble urinating?” in different situations, such as during an emergency visit or at an annual wellness visit. This question can be a result of their pet exhibiting abnormal behavior and should lead to detailed and specific follow-up questions from the veterinary nurse to paint a clear clinical picture for the veterinarian to make a definitive diagnosis. Feline lower urinary tract disease (FLUTD), diseases affecting the upper urinary tract, as well as renal and specific endocrine diseases should all be considered.



As veterinary professionals, we are all here to help animals. In fact, that is usually the reason we joined this profession. For us to achieve that goal, we must find successful ways to communicate with clients. This is a difficult task at times; however, concentrating on patient needs will help make it easier.

Simplifying what will be included in the visit and the client goals for that visit will put the hospital and the client on the same page.¹ As veterinary nurses, we should always understand that the knowledge we possess about veterinary medicine is not commonly known among the general public, and it is our job to educate clients.

Veterinary nurses need to be knowledgeable about pathophysiology so that we can have conversations with clients about their pets. In the case of feline urination abnormalities, having a solid understanding of the causes, clinical signs, and signalment will allow us to effortlessly deliver information to clients.

The following is useful information to consider communicating when a client asks about urination abnormalities and their cat.

FELINE LOWER URINARY TRACT DISEASE

Etiology, Signalment, and Signs

FLUTD is a group of diseases that affect the urinary bladder or urethra of a feline patient. It is the responsibility of the veterinary team to determine the actual etiology. Feline idiopathic cystitis (FIC), urolithiasis, urethral plugs, neoplasia, infection, and behavioral and anatomic abnormalities can all be the root causes of FLUTD.

FIC is a chronic, sterile, inflammatory disease that causes clinical signs similar to FLUTD. Common clinical signs such as inappropriate urination, pollakiuria, and abdominal pain are seen with FIC. This condition is seen mostly in younger cats.

Specific aspects for educating clients who have cats with inappropriate urination include general knowledge of the disease. For instance, male cats are much more at risk of urethral obstruction than females because of their anatomy.² A female has a short, wide urethra that is less likely to become blocked. Causes of obstruction can be physical—such as an anatomic malformation, neoplasia, urolith, dried red blood cells, or mucous

plug—or in patients with FIC, mechanical, such as a muscle spasm or edema.

Specific clinical signs should be discussed with clients. When communicating with clients, it is important to keep health literacy in mind and present information in language they will understand. See the **GLOSSARY** for definitions of some of the common signs seen in cats with urination abnormalities. Knowing clinical signs associated with any disease can lead the veterinary nurse to ask more detailed questions about what is occurring at home regarding inappropriate urination and other clinical signs related to feline pain.

Common clinical signs such as vomiting, diarrhea, depression, anorexia, dehydration, dysuria, pollakiuria, and anuria are seen with FIC or urethral obstruction. Commonly, cats will urinate outside the litter box or in other areas of the house, making it hard for their owners to determine if urine is being produced. Patients may also become painful or vocalize when attempting to urinate. These clinical signs can be seen with both urethral obstruction and FIC.

GLOSSARY^a

Anuria (anuresis) Suppression of urine formation and excretion

Dysuria Painful urination; any difficulty of urination

Glycosuria (dextrosuria, glucosuria) The presence of glucose in the urine, especially excretion of an abnormally large amount in the urine (Note that over a short time, glucosuria will cause the urinary clinical signs *polyuria* and *polydipsia*.)

Pollakiuria (pollakisuria) Urinary frequency, or urination at short intervals without increase in daily volume of urinary output, due to reduced bladder capacity

Polydipsia Chronic excessive thirst and intake of fluid

Polyuria The passage of a large volume of urine in a given period, as in diabetes mellitus

Stranguria (strangury) Slow and painful discharge of the urine, due to spasm of the urethra and bladder

^aAll definitions from *Dorland's Medical Dictionary Online*. Accessed October 11, 2021. dorlandsonline.com/dorland/home



The Importance of Environmental Enrichment

Stress is a major trigger for the onset of an episode and can be very frustrating for the client and veterinary team to treat. To help prevent episodes, behavioral and environmental enrichment changes should be made at home.³

Environmental enrichment ensures that the environmental conditions maintain a pet's health, wellbeing, and natural behaviors, thus providing the pet with a fulfilled, healthy life. According to the American Association of Feline Practitioners (AAFP) Cat Friendly Homes, there are 5 different pillars of a healthy feline environment.⁴ They consist of providing a safe place, multiple key environmental resources, the opportunity for natural behavior, positive and routine human interaction, and an environment that respects a cat's sense of smell.⁴

When in an environment that does not allow a cat to express its natural behavior, medical illness and behavior issues can arise.⁵ Common behavior issues involve inappropriate urination and are known to be a reason why cats are regularly surrendered to shelters or rehomed. These habits can be formed by the patient for medical reasons (such as FLUTD) or an aversion to the litter box.⁶

When speaking to clients about these issues, it is important to review the home environment with regard to:

- Litter box quantity and quality
- Feline beds and location
- The client's interaction with feline family members
- What feeding time looks like in the household
- What type of enrichment items are in the house

The options are endless for enrichment items; however, they might include cat trees, scratching posts, toys, exercise wheels, or window perches.

Specific considerations for litter boxes that should be discussed include the following:

- Litter boxes should be cleaned daily and placed in a private location so the cat does not feel threatened when using them.
- The adage of 1 litter box per cat plus 1 is still a good rule for how many litter boxes should be in the house.
- Cats are sensitive to smell and texture, so if the litter is not to their liking, that can also be a litter box deterrent.

Asking clients about litter type, consistency of the litter, and odor should be done as well.

DISEASES OF THE UPPER URINARY TRACT

Diseases of the upper urinary tract include abnormalities of the ureter and renal disease.

Ureteral Abnormalities

Ureterolithiasis is the most common cause of ureteral obstruction. Other causes include stricture, blood, calculi, neoplasia, or a combination of any of the above. Middle-aged to older patients, without any sex predilection, are mostly diagnosed with ureteral obstruction.⁷

Understanding treatment options and discussing them further with clients can also be a role of a trusted veterinary nurse within their clinic. Many times, veterinary nurses have conversations with clients after the veterinarian has given a diagnosis, treatment plan, and prognosis. General knowledge of advancements in veterinary medicine will make veterinary nurses better patient advocates. When this knowledge is obtained, veterinary nurses can have a more in-depth conversation with clients.

For instance, treatment of ureteral obstruction is now achieved with greater success by placement of a subcutaneous ureteral bypass (SUB) system. If the veterinary team decides the appropriate treatment protocol is a SUB device (see page 42), the veterinary nurse can briefly explain the surgical procedure and what to expect.

Renal Disease

Renal disease, which is very common in feline patients, can be seen in 2 different forms: acute and chronic.

Acute renal disease in cats is commonly caused by ingestion of a toxic substance. Household substances such as acetaminophen, chocolate, garlic, lilies, onions, and human nonsteroidal anti-inflammatory drugs (NSAIDs) are all toxic to cats and may lead to acute renal disease. In this situation, other clinical signs such as vomiting, diarrhea, neurologic signs, hypersalivation, or respiratory distress may also be present.



Chronic renal disease is commonly termed chronic kidney disease (CKD). CKD occurs when the body can no longer maintain normal kidney function. As a result, the body cannot appropriately excrete nitrogenous solutes or maintain proper fluid and electrolyte balances, with failure of hormone production resulting in CKD.⁸ Varying degrees of polyuria, polydipsia, inappetence, vomiting, or nausea can all be noted depending on the stage of renal disease.

ENDOCRINE DISEASES

At times, veterinary nurses are asked about abnormalities in urination habits when they may be caused by endocrine diseases, specifically diabetes mellitus. It is important to put the pieces of the conversation together to help the veterinarian solve the mystery of “why does my cat have trouble urinating?”

Type 2 diabetes mellitus is the more common form in cats. Type 2 diabetes mellitus is caused by either insulin resistance or the inability of the beta cells of the pancreas to produce enough insulin. It can also be some degree of both dysfunctions in a cat. When glucose levels become too high in circulation for the kidneys to properly filter, the excess will “spill” over into the urine, causing glycosuria. This is called the renal threshold for glucose. Obesity is a risk factor for both diabetes mellitus and FLUTD.

HISTORY TAKING AND NEXT STEPS

Looking at the entire clinical picture is important for a veterinary nurse. That perspective, along with a strong knowledge base, will allow a veterinary nurse to be able to read between the lines of questions that a client may have during a patient history. When a client asks, “why does my cat have trouble urinating?” it should always be the start of a conversation about what is happening at home with their feline family member.

Veterinary nurses should ask open-ended questions when taking a history, and this skill is advantageous in the examination room or when triaging client phone calls. Refer to **BOX 1** for a series of questions to ask the client to help the veterinary team determine the best course of diagnostics. If the answers to your questions are not detailed or specific, asking clients to be more detailed is always a good way to get the information needed.

Questions asked during a patient history will also determine the urgency of the medical status of that patient. If the patient is producing small amounts of urine or no urine, exhibiting pain, or showing other clinical signs of systemic illness that coincide with the information the client is giving about what they see at

BOX 1

Questions to Ask in Response to “Why Does My Cat Have Trouble Urinating?”*

- Why do you think your cat is having trouble urinating?
- Can you tell me in detail what happens when your cat goes to the litter box?
- Does your cat produce urine when it goes to the litter box?
- Does your cat howl, meow, or cry out in pain when posturing to urinate?
- How many times a day does your cat go to the litter box?
- How often do you clean the litter box?
- Is your cat showing any behaviors to lead you to believe your cat is in pain? (This should lead to further questions regarding hiding behaviors, abnormal aggression, seclusion from others in the household, or hunched posture.)
- Have you seen your cat vomit, or have you found vomitus in the household? If yes, how many times, and what did it look like?
- How many other cats do you have in the household?
- How many litter boxes do you have?
- Can you describe the locations of each litter box?
- Can you explain any or all changes in your house in the past 24 to 48 hours (e.g., new work schedule, new pets, guests staying in the house, furniture has been moved, renovations being done)?
- When was the last time you saw your cat defecate?
- What other abnormal behaviors does your cat exhibit at home?
- What is your cat’s normal diet, including the brand, how much, and how often it eats?
- Has your cat ingested anything other than its food recently?

**This is not a complete list of questions. These questions do not have to be asked in this order.*

**BOX 2****Keeping Client Communication Positive**

In any situation, client communication should be a positive encounter. Remember that you are only in control of you, how you communicate, and how you interact with the other individual. Remain an active listener; do not only listen to ask a question. Make eye contact, be mindful of your nonverbal expressions, and summarize what they are saying and how they are feeling in that situation.⁹ Using statements such as “I hear you saying,” “I see you are,” and “I want to help” will communicate to the client that you are empathetic to what they are going through.

home, this would be considered an emergency. When a patient is experiencing distress or pain for any reason, the veterinarian should be alerted immediately to initiate medical intervention.

The first step in an emergency situation is obtaining consent for treatment from the client. In this situation, the client should be reassured they did the right thing by seeking veterinary attention. Remaining calm and positive and making clear statements will assist in successful communication with clients (**BOX 2**).

The severity of the situation will determine the next course of action:

- If the patient is in severe distress (e.g., is painful, is in respiratory distress, has abnormal mentation), moving the patient from the examination room into the treatment room, notifying the rest of the team, and starting interventions immediately would be appropriate.
- If the patient is in an emergent situation and unstable based on physical examination and vitals obtained, treating the most life-threatening condition first would be appropriate.
- If red flags are raised based on patient history and physical examination findings but the patient is not in immediate distress, leaving the patient in the examination room while you alert the veterinarian could be the appropriate course of action.

The veterinary nurse’s ability to quickly recognize client concern will also contribute to a successful outcome for the patient. Whatever the reason for a client asking the question, “why does my cat having trouble urinating?” it should be investigated. Asking open-ended questions will instigate conversation that can efficiently lead the veterinary team to a diagnostic plan, definitive diagnosis, and appropriate treatment plan. **TVN**

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