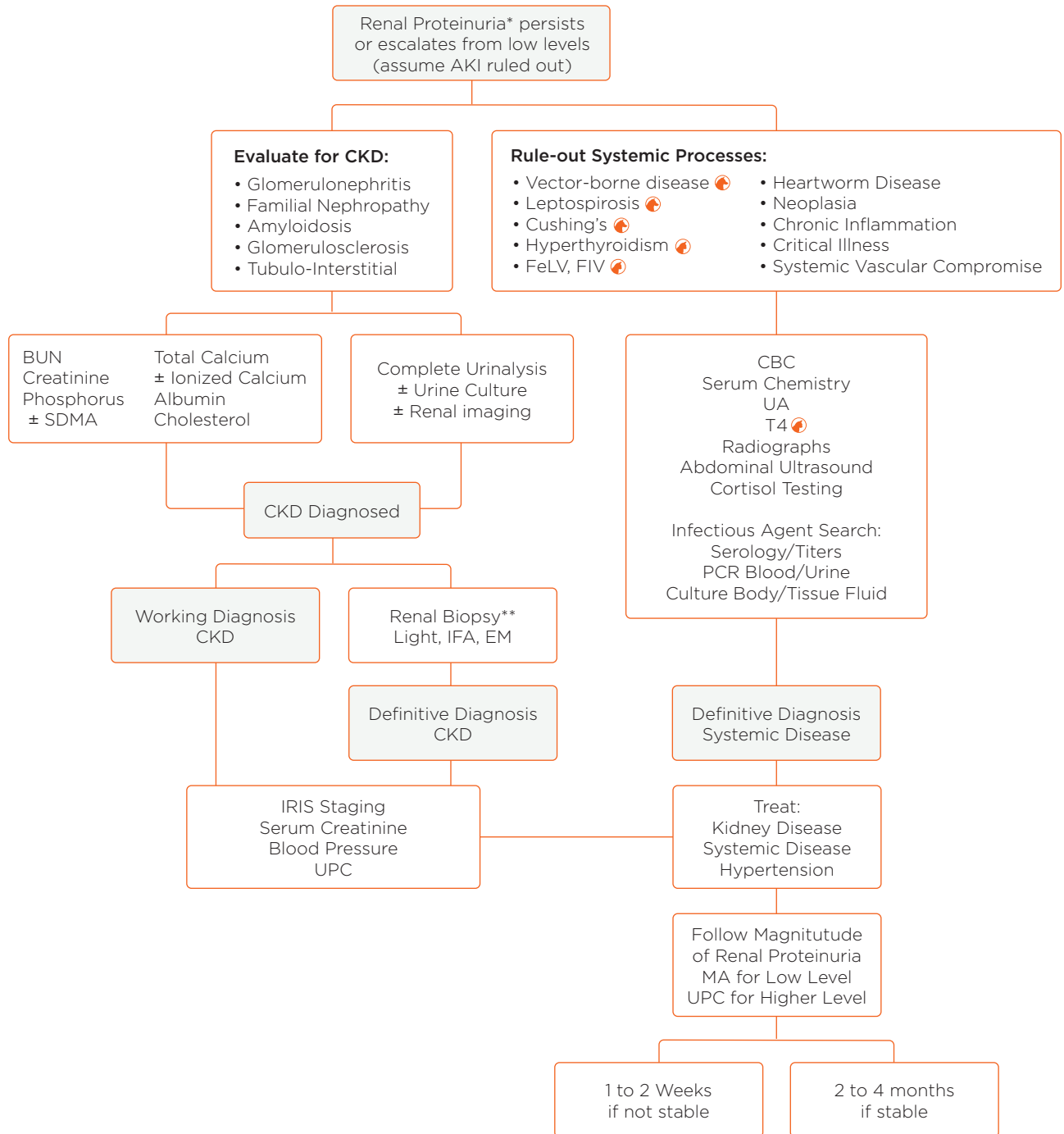


Establishing a Definitive Diagnosis and Monitoring Proteinuria

Dennis J. Chew, DVM, Dip ACVIM (Internal Medicine)



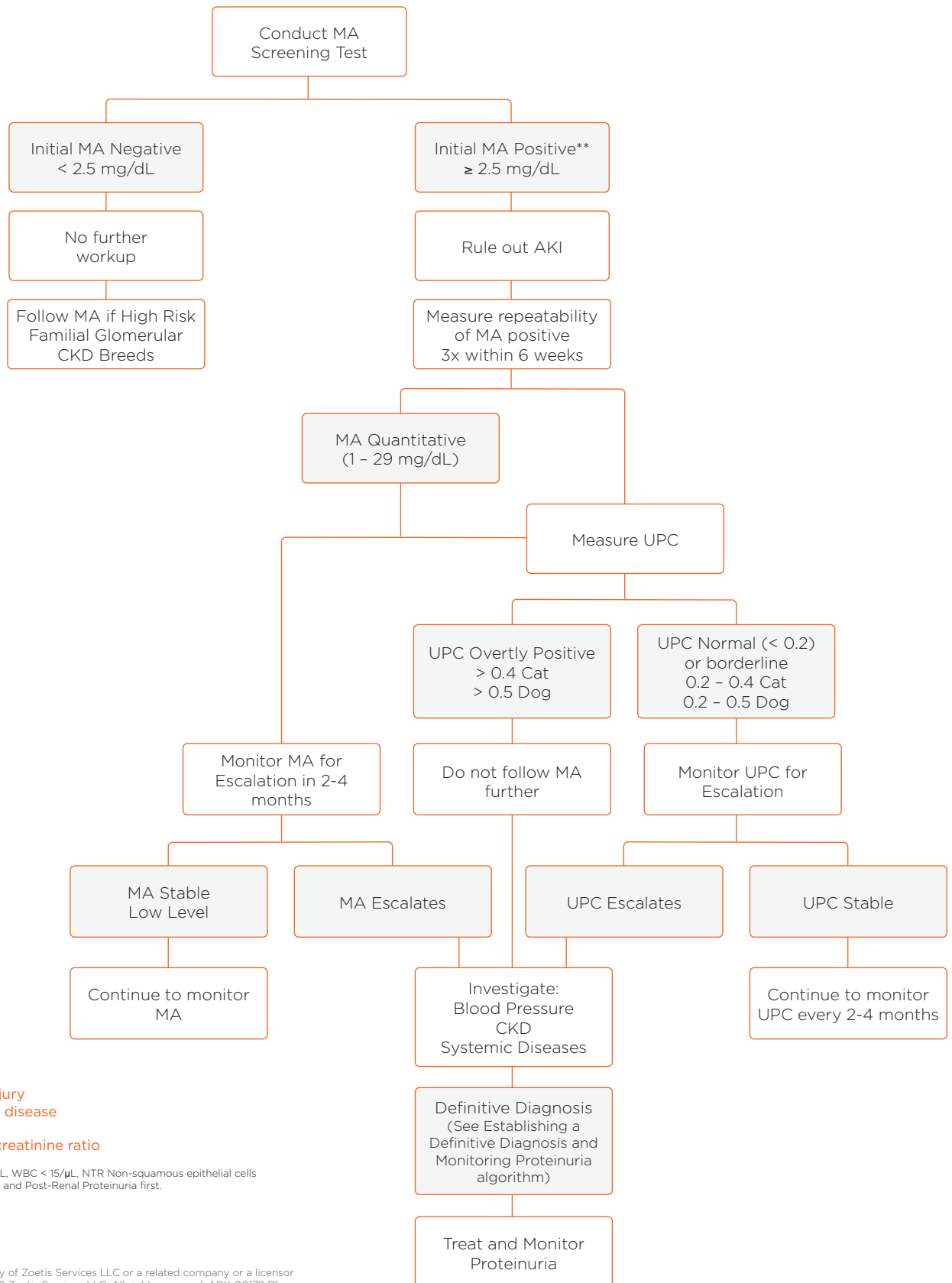
AKI = acute kidney injury
EM = electron microscopy
IFA = Immunofluorescent antibody
Light = light microscopy
MA = microalbumin
UPC = urine protein: creatinine ratio

*Be sure to rule out Pre-Renal and Post-Renal Proteinuria first.

**Renal biopsy is not advocated for all patients with CKD, especially if the kidneys are small and there is advanced disease. Renal biopsy is helpful to disclose immunological and non-immunological causes for those with renal proteinuria before there is obvious azotemia and extensive renal fibrosis. Pathological findings from the combination of light microscopy using special stains, immunofluorescent microscopy, and electron microscopy are needed in order to properly assess underlying renal pathology causing renal proteinuria (most commonly glomerular causes). The prognosis for patients with renal proteinuria varies by the specific pathological diagnosis. Aggressive treatment protocols using immunosuppressive drugs are best directed in patients that have undergone renal biopsy providing evidence for an immune process (e.g. immune complex deposition within the glomeruli).

General Approach to Renal Proteinuria Using MA and UPC in Dogs and Cats with Inactive Sediment*

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AKI = acute kidney injury
CKD = chronic kidney disease
MA = microalbumin
UPC = urine protein: creatinine ratio

*Clear Supernatant, RBC < 15/uL, WBC < 15/uL, NTR Non-squamous epithelial cells
 **Be sure to rule out Pre-Renal and Post-Renal Proteinuria first.

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