Concurrent Condition Case Scenarios

INDEX

Canine

Feline

PATIENT NAME:

Peanut

9-Year-Old Canine
Neutered Male
Maltese

HISTORY:

One-week history of hyporexia and intermittent vomiting, history of chronic enteropathy managed well with hydrolyzed diet, prior history of calcium oxalate uroliths removed surgically.

EXAM & DIAGNOSTICS:

Positive snap cPL, acute inflammatory leukogram on CBC, ultrasound findings supportive of acute pancreatitis.

PEANUT'S PROBLEM LIST:

- Pancreatitis
- Chronic enteropathy
- Calcium oxalate urolithiasis

The nutritional challenge:

After hospitalization for management of acute pancreatitis, Peanut should be discharged with a low fat diet that is also appropriate for his historical chronic enteropathy and urolithiasis.

How Prescription Diet z/d Low Fat can help:

- Hydrolyzed proteins to help reduce skin irritation, scratching and digestive issues caused by adverse food reactions
- Rich in omega-6 & omega-3 fatty acids
- S+OXSHIELD: Formulated to promote a urinary environment that reduces the risk of developing struvite & calcium oxalate crystals
- ActivBiome+ ingredient technology, a proprietary blend of prebiotics shown to rapidly activate the gut microbiome to support digestive health and well-being

Hill's nutrition comparison chart

Hill's Food	kCal/g	Fat Content g/100 kCal
Prescription Diet z/d Low Fat Dry	3.20	2.1
Prescription Diet z/d Low Fat Canned	0.93	2.5
Prescription Diet z/d Dry	3.56	3.7
Prescription Diet z/d Canned	0.98	3.9
Prescription Diet i/d Low Fat Dry	3.31	2.1
Prescription Diet i/d Low Fat Canned	0.89	2.1

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Smokey

8-Year-Old Canine
Neutered Male
Black Lab

HISTORY:

Decreased appetite, intermittent vomiting for one week. Known history of chronic pancreatitis. Currently fed Prescription Diet i/d Low Fat.

EXAM & DIAGNOSTICS:

Physical exam unremarkable, no significant findings on abdominal radiographs, bloodwork and urinalysis reveals non-proteinuric IRIS Stage 2 CKD.

SMOKEY'S PROBLEM LIST:

- Chronic pancreatitis
- Non-proteinuric IRIS Stage 2 CKD

The nutritional challenge:

Smokey has done well on his low fat food, but his new CKD diagnosis adds new layers of nutritional requirements.

How Prescription Diet Multi-Organ can help:

- Key nutrients with controlled phosphorus, sodium, protein and fat
- Enriched with omega-6 and omega-3 fatty acids
- ActivBiome+ Kidney Defense technology

Hill's nutrition comparison chart

Hill's Food	kCal/g	Fat Content g/100 kCal	Protein Content g/100 kCal	Phosphorus Content mg/100 kCal
Prescription Diet Multi-Organ Dry	3.50	3.2	5.1	123
Prescription Diet Multi-Organ Canned	0.77	3.2	5.2	106
Prescription Diet k/d Dry (Chicken)	4.00	4.9	3.6	75
Prescription Diet k/d Canned (Chicken)	1.17	5.8	3.5	59
Prescription Diet i/d Low Fat Dry	3.31	2.1	7.2	177
Prescription Diet i/d Low Fat Loaf	0.89	2.1	6.9	169
Prescription Diet i/d Low Fat Stew	0.79	2.4	6.4	165

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Winston

13-Year-Old Canine
Neutered Male
Mixed Breed

HISTORY:

One-month history of decreased interest in going on walks. Appears to struggle with going up and down stairs as well as jumping on the couch. Owner also reports Winston sleeping more throughout the day along with wandering aimlessly at night.

EXAM & DIAGNOSTICS:

Crepitus in both hips, CBC/Chem/UA show no significant findings, OA bilaterally in hips on radiographs.

WINSTON'S PROBLEM LIST:

- Suspected cognitive dysfunction syndrome
- Osteoarthritis

The nutritional challenge:

Winston needs to start primary management for his osteoarthritis. However, he would also benefit from nutritional support for presumed signs of cognitive dysfunction.

How Prescription Diet Brain Care + j/d can help:

- Rich in antioxidants to combat signs of brain aging
- High levels of omega-3 fatty acids including DHA, essential to brain health
- Enriched with glucosamine and chondroitin sulfate

PATIENT NAME:

Barney

13-Year-Old Canine
Neutered Male
Schnauzer Mix

HISTORY:

Increased thirst and urination, multiple episodes of vomiting and inappetence over last few weeks, history of pancreatitis managed with Prescription Diet i/d Low Fat.

EXAM & DIAGNOSTICS:

Subdued demeanor, mild dehydration, reactive on cranial abdominal palpation, chemistry reveals IRIS Stage 2 CKD and mildly increased ALT, USG 1.012, bilateral nephrolithiasis and organizing gallbladder sludge on US.

BARNEY'S PROBLEM LIST:

- Non-proteinuric IRIS Stage 2 CKD
- Nephrolithiasis
- Early gallbladder mucocele

The nutritional challenge:

Barney has done well on his low fat food, but his new CKD and nephrolith diagnoses add new layers of nutritional requirements.

How Prescription Diet Multi-Organ can help:

- Key nutrients with controlled phosphorus, sodium, protein and fat
- Enriched with omega-6 and omega-3 fatty acids
- ActivBiome+ Kidney Defense technology
- S+OXSHIELD: Formulated to promote a urinary environment that reduces the risk of developing struvite & calcium oxalate crystals

Hill's nutrition comparison chart

Hill's Food	kCal/g	Fat Content g/100 kCal	Protein Content g/100 kCal	Phosphorus Content mg/100 kCal
Prescription Diet Multi-Organ Dry	3.50	3.2	5.1	123
Prescription Diet Multi-Organ Canned	0.77	3.2	5.2	106
Prescription Diet k/d Dry (Chicken)	4.00	4.9	3.6	75
Prescription Diet k/d Canned (Chicken)	1.17	5.8	3.5	59
Prescription Diet i/d Low Fat Dry	3.31	2.1	7.2	177
Prescription Diet i/d Low Fat Loaf	0.89	2.1	6.9	169
Prescription Diet i/d Low Fat Stew	0.79	2.4	6.4	165

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Layla

7-Year-Old Canine
Spayed Female
Yorkshire Terrier

HISTORY:

Decreased appetite, intermittent vomiting for one week. History of gastroesophageal reflux disease. Currently fed Prescription Diet i/d Low Fat.

EXAM & DIAGNOSTICS:

Physical exam unremarkable, no significant findings on abdominal radiographs, bloodwork and urinalysis reveals non-proteinuric IRIS Stage 2 CKD

LAYLA'S PROBLEM LIST:

- Gastroesophageal reflux disease (GERD)
- Non-proteinuric IRIS Stage 2 CKD

The nutritional challenge:

Layla has done well on her low fat food, but her new CKD diagnosis adds new layers of nutritional requirements.

How Prescription Diet Multi-Organ can help:

- Key nutrients with controlled phosphorus, sodium, protein and fat
- Enriched with omega-6 and omega-3 fatty acids
- ActivBiome+ Kidney Defense technology

Hill's nutrition comparison chart

Hill's Food	kCal/g	Fat Content g/100 kCal	Protein Content g/100 kCal	Phosphorus Content mg/100 kCal
Prescription Diet Multi-Organ Dry	3.50	3.2	5.1	123
Prescription Diet Multi-Organ Canned	0.77	3.2	5.2	106
Prescription Diet k/d Dry (Chicken)	4.00	4.9	3.6	75
Prescription Diet k/d Canned (Chicken)	1.17	5.8	3.5	59
Prescription Diet i/d Low Fat Dry	3.31	2.1	7.2	177
Prescription Diet i/d Low Fat Loaf	0.89	2.1	6.9	169
Prescription Diet i/d Low Fat Stew	0.79	2.4	6.4	165

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Lily

12-Year-Old Canine
Spayed Female
Poodle

HISTORY:

Three-week history of lethargy, weight loss and intermittent vomiting. One-week history of polydipsia previously diagnosed with mitral valve disease.

EXAM & DIAGNOSTICS:

BCS 1.5/5, Grade III/VI holosystolic murmur, systolic blood pressure of 180 mmHg, moderate azotemia, USG 1.014.

LILY'S PROBLEM LIST:

- Mitral valve disease
- Non-proteinuric IRIS Stage 2 CKD
- Hypertension

The nutritional challenge:

Lily has done well on her low fat food, but her new CKD and hypertension diagnoses add new layers of nutritional requirements.

How Prescription Diet Multi-Organ can help:

- Key nutrients with controlled phosphorus, sodium, protein and fat
- Enriched with omega-6 and omega-3 fatty acids
- ActivBiome+ Kidney Defense technology

Hill's nutrition comparison chart

Hill's Food	kCal/g	Sodium Content mg/100 kCal	Protein Content g/100 kCal	Phosphorus Content mg/100 kCal
Prescription Diet Multi-Organ Dry	3.50	67	5.1	123
Prescription Diet Multi-Organ Canned	0.77	62	5.2	106
Prescription Diet k/d Dry (Chicken)	3.99	41	3.6	68
Prescription Diet k/d Canned (Chicken)	1.17	39	3.5	59

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Lucy

4-Year-Old Canine
Spayed Female
Jack Russell Terrier

HISTORY:

Three-day history of urinary accidents in the house with hematuria and stranguria, history of chronic pancreatitis managed well on Prescription Diet i/d Low Fat.

EXAM & DIAGNOSTICS:

Physical exam unremarkable, CBC/Chem unremarkable. Hematuria, pyuria and bacteriuria in UA. Multiple large uroliths on abdominal radiographs, urine culture pos. for E. Coli.

LUCY'S PROBLEM LIST:

- Urinary tract infection
- Suspect struvite uroliths
- Chronic pancreatitis

The nutritional challenge:

In addition to primary treatment of the urinary tract infection, Lucy needs a diet suitable for dissolving struvite uroliths AND with appropriate fat content.

How Prescription Diet c/d Multicare Low Fat can help

- Low fat to help manage chronic fat-responsive conditions
- Controlled magnesium, phosphorus and calcium to reduce building blocks for stones

Hill's nutrition comparison chart

Hill's Food	kCal/g	Fat Content g/100 kCal
Prescription Diet c/d Low Fat Dry	3.38	2.0
Prescription Diet c/d Low Fat Canned	0.79	2.3
Prescription Diet c/d Multicare Dry	3.82	4.1
Prescription Diet c/d Multicare Canned	1.21	4.1
Prescription Diet i/d Low Fat Dry	3.31	2.1
Prescription Diet i/d Low Fat Canned	0.89	2.1

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Sally

4-Year-Old Feline
Spayed Female
Domestic Shorthair

HISTORY:

History of fiber-responsive enteropathy. Has had recurrence of hematochezia and large bowel diarrhea since a new housemate was adopted from shelter one week ago.

EXAM & DIAGNOSTICS:

Unremarkable on physical exam, CBC/Chem/UA within normal limits, fecal float negative, giardia snap test negative.

SALLY'S PROBLEM LIST:

- Chronic enteropathy (large bowel)
- Stress related to infighting with new housemate

The nutritional challenge:

GI signs and the new housemate are all contributors to increased stress levels for Sally. The housemate is also stressed, and the owner is unable to feed the cats separately.

How Prescription Diet Gastrointestinal Biome can help:

- Works quickly to activate the gut microbiome and promote healthy stool
- Clinical nutrition formulated to help manage stress in cats and digestive upsets
- Clinically formulated to help limit recurrence of digestive upsets

PATIENT NAME:

Chester

13-Year-Old Feline
Neutered Male
Domestic Shorthair

HISTORY:

Decreased appetite, weight loss, more frequent trips to the litter box. Diagnosed with diabetes mellitus 6 months ago, currently managed well on 2U of glargine twice daily.

EXAM & DIAGNOSTICS:

Physical exam unremarkable, bloodwork and urinalysis reveals non-proteinuric IRIS Stage 2 CKD, no ketones noted.

CHESTER'S PROBLEM LIST:

- Diabetes mellitus
- Non-proteinuric IRIS Stage 2 CKD (new)

The nutritional challenge:

High-protein, low-carbohydrate diets are often recommended for diabetic cats, but this would conflict with the nutritional recommendations for his chronic kidney disease.

How Prescription Diet Multi-Organ can help:

- Controlled phosphorus and sodium
- Balanced carbohydrates, protein and mixed fiber sources
- Enriched with omega-6 and omega-3 fatty acids
- ActivBiome+ Kidney Defense technology

Hill's nutrition comparison chart

Hill's Food	kCal/g	Carbohydrates g/100 kCal	Protein Content g/100 kCal	Phosphorus Content mg/100 kCal
Prescription Diet Multi-Organ Dry	3.84	6.1	9.3	140
Prescription Diet Multi-Organ Canned	1.10	3.8	9.7	131
Prescription Diet k/d ES Dry (Chicken)**	4.08	8.6	7.9	126
Prescription Diet k/d ES Canned (Chicken)**	1.10	8	7.9	121
Prescription Diet m/d Dry	3.98	3.6	12.5	189
Prescription Diet m/d Canned (Liver)	1.11	3	11.9	151
Prescription Diet m/d Canned (Chicken & Liver Stew)	0.95	3.6	11.8	179

** k/d ES = k/d Early Support

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

PATIENT NAME:

Porkchop

5-Year-Old Feline
Neutered Male
Domestic Shorthair

HISTORY:

One-week history of urinating outside the litter box, vocalizing and straining while urinating. These behaviors reportedly started after a social event at the owner's house last week.

EXAM & DIAGNOSTICS:

BCS 9/9, CBC/Chems unremarkable, hematuria/pyuria on UA, no evidence of urolithiasis on radiographs.

PORKCHOP'S PROBLEM LIST:

- Feline idiopathic cystitis
- Obesity

The nutritional challenge:

Porkchop may benefit from a therapeutic urinary food to address the primary owner concern. However, managing stress and addressing obesity may also reduce the frequency of recurrent cystitis episodes.

How Prescription Diet c/d Multicare Stress + Metabolic can help:

- Formulated to reduce stress, a risk factor for common urinary signs
- Formulated to dissolve struvite stones in as little as 7 days (average 27 days)
- Helps your pet feel full & satisfied between meals
- S+OXSHIELD: Formulated to promote a urinary environment that reduces the risk of developing struvite & calcium oxalate crystals

PATIENT NAME:

Oreo

10-Year-Old Feline
Neutered Male
Domestic Shorthair

HISTORY:

Two-week history of decreased appetite, weight loss and intermittent vomiting. Previously diagnosed with Stage B hypertrophic cardiomyopathy.

EXAM & DIAGNOSTICS:

Mild muscle wasting and BCS 3/9, bloodwork and urinalysis reveal non-proteinuric IRIS Stage 2 CKD.

OREO'S PROBLEM LIST:

- Hypertrophic cardiomyopathy
- Non-proteinuric IRIS Stage 2 CKD

The nutritional challenge:

Oreo needs a therapeutic food controlled in phosphorus for his kidney disease with moderate levels of high-quality protein to support his cardiomyopathy.

How Prescription Diet Multi-Organ can help:

- Controlled phosphorus and sodium
- Balanced carbohydrates, protein and mixed fiber sources
- Enriched with omega-6 and omega-3 fatty acids
- ActivBiome+ Kidney Defense technology

Hill's nutrition comparison chart

Hill's Food	kCal/g	Sodium Content mg/100 kCal	Protein Content g/100 kCal	Prosphorus Content mg/100 kCal
Prescription Diet Multi-Organ Dry	3.84	85	9.3	140
Prescription Diet Multi-Organ Canned	1.10	87	9.7	131
Prescription Diet k/d ES Dry (Chicken)**	4.08	64	7.9	126
Prescription Diet k/d ES Canned (Chicken)**	1.10	62	7.9	121

** k/d ES = k/d Early Support

*This is a fictionalized case representing a common clinical scenario. All cases with complex nutritional requirements should be slowly transitioned to new foods over at least 5 – 7 days (10 – 14 days with Multi-Organ) and monitored closely for signs of intolerance.

NOTES

NOTES

6180 Sprint Parkway
Overland Park, Kansas 62211