A STARTER GUIDE FOR THE FIRST TWO WEEKS

Your cat has chronic kidney disease.

This is the short version of what matters now. It is not everything, on purpose. It is what I would tell you in the room if we had twenty minutes instead of ten.

What it means

Her kidneys have permanently lost some of their filtering capacity, so waste builds up in her blood and she loses more water than she should. It happened slowly and it will not reverse. In a great many cats it is manageable for years.

What it does not mean

It is not an emergency today. It is not contagious to your other pets. And it almost certainly is not the result of anything you did or fed her.

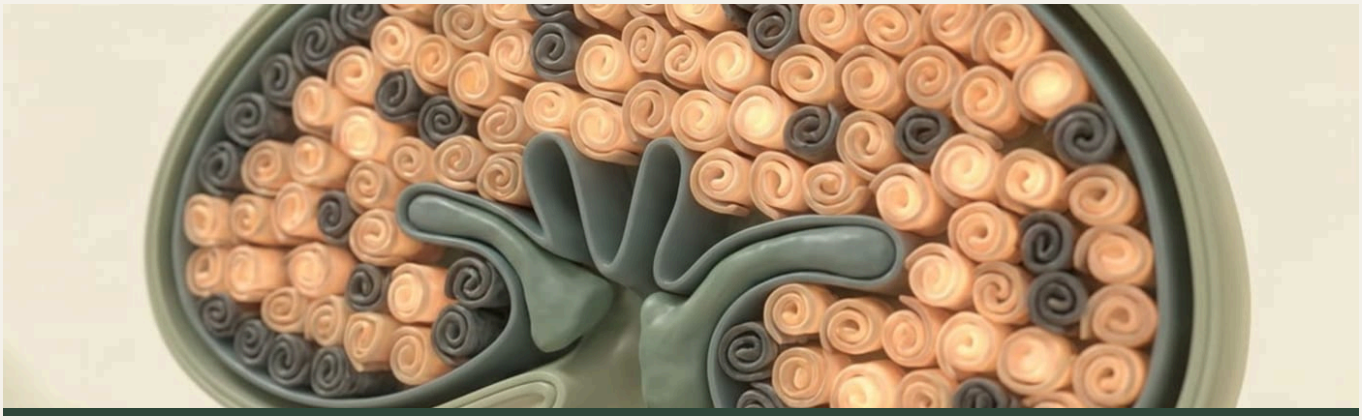
Written by **Dr. Steve Pelton, DVM** · kidneycats.org · August 2026

01

The numbers worth knowing

Six values do most of the work. Four are on the panel your vet ran. Two are not, and both are worth asking for.

Creatinine	A waste product from muscle that healthy kidneys clear out. It rises as kidney function falls. *Her IRIS stage is based on this one.*
SDMA	Another waste product, and a more sensitive one. It rises earlier than creatinine. *Often catches the disease sooner.*
Phosphorus	A mineral the kidneys are supposed to dump. When it climbs, cats feel nauseated and flat. *The value that most changes how she feels, and the one I work hardest to control.*
Potassium	Drives muscle strength. Kidney cats get it wrong in both directions: usually low early and in the middle, high in late disease. *Decided on a blood value and rechecked, never on last year's prescription.*
Urine protein, the UPC	Not on the blood panel, and frequently never run. It measures whether her filters are leaking protein. *Cheap, needs no special equipment, and it changes what she is prescribed. Ask for it by name.*
Blood pressure	Also not on the blood panel. Between one in five and one in three kidney cats is hypertensive. *Usually causes no symptom until it causes a permanent one, most often sudden blindness. Worth having where it can be had.*



Why she seemed well until last week. A kidney is built from many thousands of tiny filters. They wear out a few at a time, and the survivors quietly work harder to cover for them, which is why blood values stay normal until roughly two thirds of the tissue is gone. There was nothing on a lab sheet to miss.

Generated illustration, not a photograph of a real patient.

02

The first two weeks, in order

Not all at once. One or two a day is plenty. Nothing here has to happen tonight unless something on page four is true.

1

Read her numbers

Six numbers do most of the work. You can learn them in five minutes.

kidneycats.org/guides/bloodwork-explained

2

Find out her stage

Stage 1 to 4. It guides treatment rather than predicting time.

kidneycats.org/guides/iris-stages

3

Deal with nausea before you deal with food

Treating the nausea first changes more than anything else on this list.

kidneycats.org/guides/nausea-vomiting

4

Get her drinking, and find out about fluids

Hydration is most of how she feels day to day.

kidneycats.org/guides/subcutaneous-fluids

5

Then sort out the food

Lower phosphorus is the goal. A cat who eats is the constraint.

kidneycats.org/guides/kidney-diets

6

Build the routine, and write it down

Two weeks from now this should be boring. Boring is the goal.

kidneycats.org/guides/first-30-days

7

Book the recheck before you leave the parking lot

The trend matters more than any single result.

kidneycats.org/guides/recheck-schedule

03

When to pick up the phone

These two pages are the ones to put on the fridge. Nothing on either is a wait-and-see, and the two groups are genuinely different urgencies.

Emergency clinic, now. Measured in hours.

Her ears, paws or legs feel cold
Feel them against your cheek. A cat who has gone cold is in trouble now, and this is the sign owners most often miss because a cold cat mostly looks like a quiet cat.

Her gums are pale or white
Lift her lip. They should be bubblegum pink.

She's straining in the litter box
If she's a male cat, this is a drive-there-now emergency, he may be blocked, and that's measured in hours.

There's blood in her vomit, or her stool is black and tarry

She's had a seizure, collapsed, or can't stand up

She's breathing fast or hard at rest, or with her mouth open
Open-mouth breathing in a cat is always an emergency.

She's bumping into things, or her pupils are wide and stay wide
This can be sudden blindness from high blood pressure, and the window to save her sight is hours.

She's breathing wetly or working to breathe after subcutaneous fluids
Stop the fluids and call.

Anyone gave her human medication
Say so right away. Ibuprofen and acetaminophen are given with the best intentions and are catastrophic in cats.

03

Call today, not Monday

None of this is an emergency in the next hour. All of it is a phone call before the day ends, or the out-of-hours service if the practice has closed.

She has eaten far less than normal for a day

Not "nothing at all", a real drop. A few licks of gravy doesn't count as eating. A cat who stops eating can develop a serious liver problem called hepatic lipidosis within days, and that's why this one won't wait.

There are no wet clumps in the box

Scoop it tonight, look again in the morning. Nothing at all in twelve hours is an emergency.

She's vomiting repeatedly, or can't keep water down

She's weak in the back legs, or holding her head oddly low

She's hiding and won't come out even for food

Or is hiding somewhere she never goes and feels cold. Hiding on its own can just be a thunderstorm. Hiding plus not eating, or hiding plus cold, is different.

Before you dial, write these down

Weight _____

Last ate _____

Litter box _____

Medications _____

Fluids _____

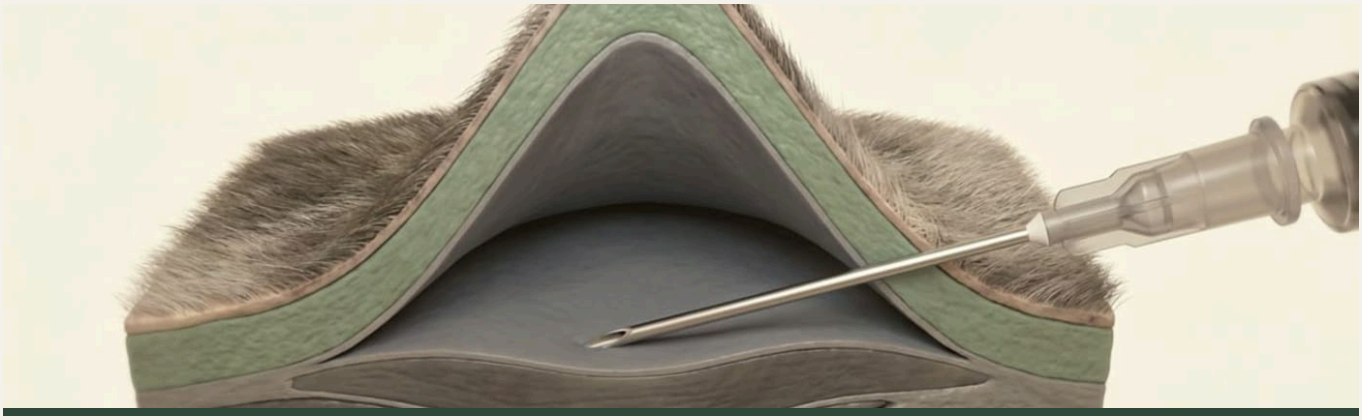
04

What can make it worse

A short list, and the first item on it is the one that kills cats in ordinary homes with people who were trying to help.

Never give her

Any anti-inflammatory or painkiller meant for a person. Ibuprofen, naproxen, aspirin, and especially **acetaminophen (Tylenol), which is lethal to cats.** Never a leftover anti-inflammatory prescribed for another pet. And never a human enema, because phosphate enemas can kill a cat.



If you end up giving fluids at home. The needle goes in almost flat, running parallel to her spine, into the pocket under the tented skin. Aiming downward is the common mistake, and it hurts more than it needs to. There is a full walkthrough at kidneycats.org/guides/subcutaneous-fluids.

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05

Where the rest of it is

Thirty guides, free, no sign-up, no products for sale. This sheet is deliberately the shallow end.

Start here
kidneycats.org

What the disease actually is
kidneycats.org/guides/what-is-ckd

Her bloodwork, line by line
kidneycats.org/guides/bloodwork-explained

What each IRIS stage means
kidneycats.org/guides/iris-stages

How long she has, honestly
kidneycats.org/guides/life-expectancy

Nausea, and why she will not eat
kidneycats.org/guides/nausea-vomiting

Kidney diets, and refusals
kidneycats.org/guides/kidney-diets

Fluids at home, start to finish
kidneycats.org/guides/subcutaneous-fluids

Phosphorus binders
kidneycats.org/guides/phosphorus-binders

The first thirty days
kidneycats.org/guides/first-30-days

Weighing and monitoring at home
kidneycats.org/guides/monitoring-at-home

What it all costs
kidneycats.org/guides/costs

Quality of life, and knowing when
kidneycats.org/guides/quality-of-life

When a bad day arrives
kidneycats.org/guides/crisis-days

One last thing

The number that matters most is not on any of these pages. It is whether she is eating, grooming, and coming to find you. If those are true, you are doing better than the bloodwork suggests. If they stop being true, that is worth a phone call on its own.

Dr. Steve Pelton, DVM · kidneycats.org · August 2026

Print it, photocopy it, put it in your new-diagnosis folder, add your own clinic details. Nothing to sign and nobody to ask. If you change any of the clinical wording, please take my name off it, because I cannot stand behind wording I have not read.