**Polydipsia/Polyuria**

**Confirm PD/PU**

**General history**
- Age
- Sex/vaccination status
- Details of pair/group
- Manner in which kept
- Diet offered
- Manner in which water offered

**Specific history**
- How much is rabbit eating?
- Has dietary preference changed?
- How much is animal drinking?
- When was the problem first noticed?
- Has the rabbit's weight or body condition score changed?
- Details of previous medical conditions and medications administered
- Are other rabbits in household normal?

**Problem focused history**
- Any blood or calcium sludge noted in urine?
- Has the rabbit recently lost its litter training?
- Has the rabbit had contact with wild rodents?

Normal water intake volume: 100-150ml/kg/day
Normal urine output: 130ml/kg/day

**Physical examination**
- Body weight and BCS
- Examine skin and ears (failure to groom, urine scald, hock sores)
- Oral examination (dental spurs/foci of pain)
- Abdominal palpation/auscultation (size/location of abdominal organs, signs of pain)
- Thoracic auscultation

**Diagnosis**

**Differential diagnosis**

**Investigation**

**Treatment**

**Results**

- High environmental temperatures and lack of shade increasing drinking
  - review husbandry
- Providing drinking bowls rather than bottles can increase water intake
- Review diet and perform urinalysis
- BCS appropriate for body weight? If not evaluate for effusions and cachexia
Initial diagnostic baseline
- CBC
- Chemistries
- Urinalysis

Differential Diagnoses
- Renal insufficiency
- Pyelonephritis
- Acquired dental disease
- Liver disease, eg hepatic lipidosis
- Ketoacidosis
- Pyometra (rare)
- Iatrogenic (diuretics, corticosteroids)
- Diet or environment related
- Endocrine disease (rare)
- Diabetes insipidus (rare)

Definitive diagnostic testing
- Urine protein:creatinine ratio used to define proteinuria and stage renal disease
- Serology for EC, leptospirosis
- Water deprivation testing
- Dental examination under GA
- Skull radiography
- Abdominal radiography and ultrasonography

Causes of polydipsia and polyuria are potentially serious and should be definitively diagnosed and treated

Renal function can be improved using ACE-inhibitors; EC organisms can be treated with fenbendazole (although this may not improve related clinical signs); dental issues should be addressed by physically burring the teeth

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