Urine scalding

Define urine scalding

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?
- Are there mites or hock sores noted?
- Is there any hindlimb weakness or lameness?
- Is rabbit conscious of urination?
- Can rabbit adopt a normal urination stance?

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

Problem focused examination
- Musculoskeletal examination: foci of pain?
- Neurological examination
- Size of bladder

Initial diagnostic baseline
- CBC
- Chemistries
- Urinalysis

The values for rabbit urine are often widely variable, and must be evaluated with reference to other results
Differential diagnoses
- Inability to balance for normal urination (EC, vestibular syndrome, paresis, paralysis)
- Incontinence (neurological, UTI, outflow obstruction, SMI in spayed does)
- Too painful to achieve correct stance for urination (musculoskeletal disease, abdominal pain)
- Increased urinary calcium and urethritis
- Polydipsia/polyuria

Definitive diagnostic tests
- Neurological examination (leading to EEG or MRI)
- Survey radiography
- Contrast radiography of bladder
- Cystoscopy
- Serology for EC and toxoplasmosis (rare)

Clip skin (will usually require at least sedation) and apply barrier cream, eg Vaseline, Sudocrem, F10 ointment
- If vestibular disease diagnosed: antibiotics, NSAIDs and potentially anti-vertigo drugs; review in 14 days
- If musculoskeletal disease is noted: NSAIDs and possibly physiotherapy should be considered
- If neurological disease, consider fenbendazole (EC)
- If UTI and urge incontinence diagnosed, urine culture and sensitivity and appropriate antibiotics
- While high calcium in the diet is not a direct cause of scalding, using a diet reduced in calcium with an appropriate calcium:phosphorus ratio can help, in addition to treating underlying primary causes
- If polydipsic, then the underlying cause must be determined and treated
- If outflow obstruction consider cystotomy and surgical removal of obstruction, eg polyp, calculus
- If SMI, response to stilboestrol/phenylpropanolamine

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