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Blood in Their Urine? If you notice your cat has blood in their urine, its time to talk to your vet. If possible, you should get a sample of the urine to take for testing. This can be done by using a special non-absorbent cat litter. Alternatively, if your cat has peed in the bath or on a tiled floor, you may be able to suck it up with a pipette or syringe. If you cant get a sample, dont worry- your vet may be able to get one for you. Try to get an appointment within the next 24 hours, as many conditions causing blood in the urine of cats are painful. Your vet will want to examine your cat and feel their bladder. If this is the first time your cat has had this problem, you and your vet will need to discuss whether to investigate further, or whether to trial treatment for FIC. Whether this is appropriate will depend on your cats age, gender, and other symptoms. Further investigations are likely to involve urine tests, ultrasound exams, blood tests, and even x-rays. Treatment for Urinary Tract Disease Treating blood in your cats urine should address the underlying cause of the haematuria. For cats with a urethral blockage, treatment is urgent and involves catheterization. The exact treatment your cat undergoes will depend on their symptoms and final diagnosis. For the most common cause- cystitis- theres no specific treatment. Instead, symptoms are controlled using anti-inflammatories. Herbal supplements are available that may help the bladder lining, but most of these have little clinical evidence to back their use. Since FIC is associated with stress, calming supplements may also be of use. Of course, if your cat is suffering from another type of urinary tract disease, treatment might differ. Cats with infections, for instance, will need antibiotics, as well as treatment for the underlying cause. Cats with urinary stones may need a special diet to help reduce the crystals in the urine, and these stones may need to be removed surgically. Cats with a blocked urethra will need unblocking urgently- by passing a urinary catheter under general anaesthetic. And cats with bladder tumours may have chemotherapy or surgery as an option- although whether this is appropriate for your cat is a decision for you and the veterinary surgeon to make together. In all cases, increasing your cats water intake is an important part of treatment. You can do this by switching your cat to wet food, by adding water to your cats dry food, and by encouraging drinking using a variety of bowls and fountains scattered throughout the house. There is some new evidence that suggests that water supplements may increase hydration in cats too- so thats something to look out for in the future. Also Read: How Much Water Should a Cat Drink? Conclusion Urinary tract disease is very common in cats. Whilst all parts of the urinary system can be affected, the most common cause of blood in the urine is idiopathic cystitis, or FIC. Cats with FIC are prone to recurrent attacks, and it can be painful. Knowing the signs, and knowing when to take your cat to the vet, is the key to fighting this painful condition. Blood in your cats urine could mean an infection, inflammation, bladder stones, a bladder tumour, or some other form of urinary tract disease. It should be investigated by a vet to find out what is wrong. A cat peeing blood is urgent, but not an emergency- as long as they remain well in themselves. It can be dangerous if left untreated and its probably painful, so they should see the vet within 24 hours. However, if your cat stops urinating and starts straining at any point, this should be seen as an emergency. Urinary infections should be treated with antibiotics from your vet. However, its important to remember that many problems that look like a UTI might not be, as urinary infections are rare in cats. Therefore, antibiotics should only be given if your cats urine has significant numbers of bacteria. A UTI is not an emergency in cats. However, it should be seen within 24 hours as its likely to be uncomfortable. If your cat stops peeing and starts straining and yowling, especially if your cat is male, then it is an emergency and you should call the nearest open veterinary clinic for advice. Share copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution You must give appropriate credit , provide a link to the license, and indicate if changes were made . You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. Share Alike If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation. No warranties are given. The license may not give you all of the permissions necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. Treatment Conditions Pediatric urinary tract infection (UTI) Your child can get a urinary tract infection (UTI) when bacteria enter the urinary tract and multiply. Request an Appointment Refer a Patient The urinary tract is made up of two kidneys, two ureters, the urethra, and the bladder. The kidneys filter liquid waste from the blood and send it through the ureters, which are narrow tubes, to the bladder, where it is stored. Your childs bladder is a hollow organ shaped like a triangle. When the bladder empties, the urine travels out of the body through the urethra. A urinary tract infection is an infection in the urinary tract including bladder, ureters, and kidneys. They are typically diagnosed with a urinalysis and/or a urine culture. Most of the time, urinary tract infections are treated easily by your childs doctor. However, some children have problems with their kidneys that cause them to get frequent urinary tract infections. If your child experiences multiple urinary tract infections or febrile urinary tract infections, please notify a urologist. These symptoms are more alarming and may need further imaging. Risk factors Urinary tract infections (UTIs) are very common in children. Because they have a shorter urinary tract, girls are more likely than boys to have the infections. Children younger than 3 to 5 years of age are less likely than older children to get urinary tract infections. These infections are also more common in children with a partial or complete blockage in the urinary tract. Read more + Children experience urinary tract infections in different ways. The symptoms are similar to those of other conditions, so its important to seek medical care when your child experiences these symptoms. The most worrisome symptoms include: Fever Vomiting Flank pain Painful urination Suprapubic pain Burning with urination Changes in voiding habits Symptoms in babies: Symptoms in older children: Discomfort above the pubic bone Pain in the lower back or lower pelvis Incontinence Hematuria (blood in the urine) Cloudy urine Strong-smelling urine Pain, burning, or difficulty with urination Frequent urination, urgency to urinate, or urinating only small amounts Fatigue Poor appetite Symptoms that may indicate that the infection has spread to the kidneys include: Chills and shaking High fever Nausea and vomiting Severe pain in the belly Pain in the side or back Flushed, red, or warm skin Read more + A doctor may suspect that your child has a urinary tract infection (UTI) after reviewing your childs symptoms and performing a physical examination. Then your childs doctor will test your childs urine before treating the infection. Urinalysis Most likely, your childs doctor will use a urinalysis, or testing of a sample of your childs urine to check for signs of infection, such as white blood cells. A urine sample will also be sent to a laboratory for a culture to determine if bacteria or other germs are in the urine. You may have to help or encourage your child collect the urine sample in a sterile container. If a child is very young, your childs health care provider may collect the sample through a special removable container that seals to your childs skin or with the use of a catheter, a thin tube inserted into your childs urethra. Ultrasound In rare cases, your child may need an ultrasound examination on his kidneys and bladder. The test is painless and noninvasive. A technologist guides a probe over the kidney from the outside, which creates high-frequency sound waves that bounce back from the kidney, forming an image on a video screen. Follow up Once your childs infection has gone away, doctors may need to perform tests to determine the cause of the infection or frequent infections, which might indicate a problem with the kidneys. These tests may include: These and other tests help doctors find and better manage problems with your childs kidneys and urinary tract that cause frequent urinary tract infections and kidney infection and disease. Read more + The micro-organisms that cause urinary infections are usually bacteria. Most live in the colon, sometimes attach to the urethra and enter the urinary tract. These germs then move up into the bladder and, possibly, the kidney, and start to multiply. Although urinary tract infections are sometimes called bladder infections, they can affect any part of the urinary tract. Urinary tract infections in children typically involve the bladder. The urinary tract is normally a sterile environment, but bacteria can enter it for a variety of reasons, including: A urinary tract problem called vesicoureteral reflux that causes urine to flow into the ureters and kidneys Illnesses of the brain or nervous system that make it difficult to empty the bladder Birth defects or changes over time in the structure of the urinary tract Failure to urinate enough during the day In girls, wiping from back to front, rather than from front to back, after going to the bathroom. Wiping from back to front can transmit bacteria from the anus to the urethra. Read more + If your child has a urinary tract infection, sometimes called a bladder infection, the problem is not serious. However, you should take your child to the doctor to make sure your child gets symptom relief and that the infection doesnt spread to your childs kidneys. Most urinary tract infections are treated with an antibiotic. However, its more important to prevent urinary tract infections. Things like voiding frequently, drinking plenty of water, proper hygiene, and constipation management. Treatments for urinary tract infections: Antibiotics to get rid of the infection Medications to reduce pain Non-drug methods of pain control, such as the application of a heating pad Instructions to drink more fluids Your child will probably need to return to the doctors office for a follow-up visit after treatment with antibiotics. You should make sure your child takes all of the antibiotics as directed and that your child continues drinking plenty of fluids and going to the restroom as soon as she feels the urge, in order to prevent future urinary tract infections. If your child has frequent or repeated infections, your childs doctor may recommend treating the cause of the infection or refer you to a specialist who treats childhood kidney or urinary tract disorders. For example, some children have a urinary obstruction, or blockage, that prevents urine from leaving the kidney as it should. Some of these problems require surgery to correct the abnormality. Read more + 100302276517201573651275595431169970074012255624321629396858104325768616391186311417168766168963569011311180619424601911023281136171094800519121491541003128604 Read more + Request an Appointment Refer a Patient Healthy habits to support bladder health in kids Common bladder issues in children Should I circumcise my son? A pediatric urologist answers common boy mom questions Follow Childrens Health on social media Subscribe to our email newsletter Alport syndrome is a rare, inherited (genetic) condition that affects the kidneys and can sometimes cause problems with your childs hearing and vision. Alport syndrome is a rare, genetic disorder that damages the tiny blood vessels called glomeruli in a childs kidneys. When glomeruli are damaged, they are unable to filter waste and remove extra fluid from the body as needed. This causes a gradual loss of kidney function and can lead to kidney disease, kidney failure and eventually, end-stage renal disease (ESRD). The genes affected by Alport syndrome control a protein called collagen. Collagen plays an important role in normal kidney function and affects the eyes and ears. Therefore, children with Alport syndrome may also suffer from abnormalities in their eyes and ears that can lead to vision and hearing loss. Alport syndrome was first described by Dr. Cecil Alport who published a paper in 1927 describing the syndrome. Read more + There are three genetic types of Alport syndrome: X-linked Alport syndrome (XLAS) -the most common type of Alport syndrome, caused by mutations in the COL4A5 gene located on the X chromosome. Autosomal recessive Alport syndrome (ARAS) - this happens when a child receives a copy of a defective gene from both parents. Autosomal dominant Alport syndrome (ADAS) -the least common type of Alport syndrome, caused by mutations to the COL4A3 or COL4A4 genes. Read more + Symptoms of Alport syndrome depend on the specific gene mutation. All children with Alport syndrome will have symptoms that affect the kidneys. The first and most common symptom of Alport syndrome is usually hematuria (blood in the urine). Risk factors Male children with Alport syndrome are more likely than females to have problems with hearing and vision. Other symptoms may include: Edema (swelling in the ankles, legs and face) Hypertension (high blood pressure) Loss of kidney function Progressive hearing loss Proteinuria (protein in the urine) Vision problems that affect the cornea, lens and retina Rarely, chest and abdominal aneurysms may occur in males with Alport syndrome. Read more + Alport syndrome is caused by mutations (changes) to specific genes before a child is born. Read more + Treatment Conditions Pediatric hematuria (blood in urine) Request an Appointment Refer a Patient Hematuria (hematuria) is the presence of blood in the urine. If your child has blood in her urine, it can go away on its own, or it might be the only symptom of a problem that a doctor needs to check. When you can see blood in the urine, it is the red blood cells causing the urine to appear red, pink or the color of rust or cola. Apart from the appearance of blood in the urine, children with hematuria usually do not have symptoms. If your childs hematuria is caused by a urinary tract infection (UTI), your child may complain of burning when they urinate, or of feeling the need to urinate frequently. Having pain or urinary symptoms, or not having them, has little to do with how severe your childs hematuria might be. Read more + If you think your child has hematuria, or blood in the urine, you should visit your childs doctor. The doctor will examine your child and ask questions about your childs health. At the doctors office, your child will be asked to give a urine sample. The urine will be collected and a dipstick/strip of paper treated with chemicals will be inserted into the urine. When blood is visible in the urine or when spots on the dipstick change color, indicating the presence of red blood cells, your childs doctor may make the diagnosis of hematuria. Sometimes, hematuria is microscopic, or cant be seen without the help of a microscope. The doctor may send your childs urine sample to a lab for further testing. The test might reveal red blood cells in the urine, or white blood cells, which can mean your child has a urinary tract infection. Its important to find out the cause of microscopic hematuria as soon as possible, especially if your child has hypertension (high blood pressure), chronic kidney disease (CKD) or excessive protein in the urine. Additional tests Your childs doctor may order additional tests to determine how your childs kidneys are functioning and gather other important information about possible causes of hematuria. Urine tests Additional urinalysis can help doctors learn the problem causing hematuria, such as infection, cancer, or kidney disease. Urine tests can also detect levels of protein, calcium and creatinine for imbalances, which may be signs of kidney disease. Blood tests Your childs doctor may draw a sample of blood and send it to a laboratory to be analyzed for levels of creatinine, a waste product in the blood. High levels of creatinine may indicate kidney disease. Ultrasound-An ultrasound of the kidney or bladder can reveal or rule out a structural problem as the cause of your childs hematuria. This test provides the doctor with information about the size and shape of the kidney and helps detect cysts, kidney stones, obstructions, lumps or other problems. A technologist moves a probe over the kidney and bladder, creating sound waves that bounce back from the organs and forming an image that can be viewed on a video screen. Biopsy -When findings of blood tests are abnormal, protein levels in the urine are high, or when there is a family history of kidney disease, your childs doctor may recommend a biopsy. Your child will receive a light sedative and local anesthesia, and the doctor directs a needle into the kidneys, using ultrasound or computed tomography (CT) for guidance. A CT is a test that uses cross-sectional X-ray images to provide detailed images. The kidney tissue is examined in a laboratory to determine whether a kidney disease is causing your childs hematuria. Less commonly your childs doctor might recommend: Intravenous pyelogram -an X-ray of the kidneys that provides information about how the kidneys drain urine Voiding cystourethrogram -an X-ray of the bladder and urethra/ure tubes that let urine pass from the body Cystoscopy -a test in which a scope is passed through the urethra to view the bladder and urinary tract Read more + Babies are born with two kidneys. One of the functions of the kidneys is to filter blood from urine. Hematuria may occur because blood leaks through the kidneys filters or comes from any part of the urinary tract, including the kidneys, which produce urine; the bladder, where urine is stored; the ureters, which transport urine from the kidneys to the bladder; or the urethra, the tube the urine passes through as it leaves your childs body. Hematuria is common in children and may result from several causes, including: Diseases that run in families Alport syndrome Polycystic kidney disease (PKD) Excessive amounts of minerals in the urine, such as high levels of calcium/uric acid, blockage, birth defects or other abnormal structures in the urinary tract including stones or cysts, which are sacs filled with fluid, in the kidney Kidney disease Kidney stones Sickle cell disease (in African-Americans) Tumors or cancers (rare) Urinary infection -In many cases, doctors can find no particular cause for hematuria. Read more + If your child has hematuria, or blood in the urine, they might not need treatment; sometimes the problem is mild and goes away on its own. Sometimes, though, hematuria can be a sign of a problem in your childs body. For this reason, your childs doctor may want to perform tests to find out whats causing the blood to appear in the urine. Once your childs doctor knows the cause, your child will receive treatment that manages the cause, which will eventually get rid of the blood in your urine and any symptoms your child might have. For example, if your child has a urinary tract infection (UTI), the doctor might give your child antibiotics. You should make sure your child takes all of the antibiotics. Often, the doctor also will recommend that your child have a follow-up examination or urine test to make sure the infection is cured. Other causes of hematuria may require different types of treatment. If your childs hematuria is from a kidney stone, for example, your child will have pain and doctors will remove the kidney stone. If your childs hematuria is from sickle cell disease, doctors will try to manage the blood disorder so that it doesnt cause hematuria. Read more + 100302276517201573651275595431169970074012255624321629396858104325768616391186311417168766168963569011311180619424601911023281136171094800519121491541003128604 Read more + Request an Appointment Refer a Patient A pediatric urologist answers common boy mom questions Follow Childrens Health on social media Subscribe to our email newsletter As a library, NLM provides access to scientific literature. Inclusion in an NLM database does not imply endorsement of, or agreement with, the contents by NLM or the National Institutes of Health. Learn more: PMC Disclaimer | PMC Copyright Notice Curr Treat Options Pediatr. Author manuscript; available in PMC 2019 Sep 1. This paper provides a review of the diagnostic evaluation of both microscopic and gross hematuria, as well as an update on the pathogenesis, clinical features, and treatment strategies for several diseases of the kidneys and urinary tract in which hematuria is a prominent finding. The goal is to provide pediatric providers with a framework through which appropriate and expeditious referral to subspecialty care may be made for definitive treatment. Although there has been great heterogeneity in published treatment strategies for many causes of hematuria, the Kidney Diseases Improving Global Outcomes (KDIGO) initiative has recently set forth guidelines for glomerular diseases in particular to provide evidence-based strategies for treatment. In addition, recent advances in the understanding of molecular pathogenesis and long-term clinical outcomes for non-glomerular diseases has led to updates in treatment strategies summarized in this review. As the pediatric primary care provider is often the first point of contact for children with microscopic or gross hematuria, updated knowledge as to the epidemiology and management of several of the various causes of hematuria will improve the care of children by both avoiding unnecessary testing and interventions and implementing definitive care (either expectant management and reassurance or by subspecialty referral) in a timely manner. Keywords: Microscopic Hematuria, Gross Hematuria, Glomerular Diseases, Structural Renal Disease Hematuria the presence of red blood cells (RBCs) in the urine is alarming to pediatric patients, parents, and providers alike. The presence of hematuria is indicative of a wide range of etiologies of varying pathogenic significance. The pediatric provider must be able to both identify the presence of hematuria; initiate the proper diagnostic workup; and know how and when to promptly refer affected patients for subspecialty care. Though varying definitions have been proposed, hematuria is most commonly defined by the presence of more than 5 RBCs per high power field collected in anti-centrifuged mid-stream urine collection [1, 2]. Hematuria can be characterized as macroscopic (gross) or microscopic (i.e. detectable only following centrifugation, on direct testing via urine dipstick, or following direct visualization via urine microscopy). Gross hematuria may be red or pink in color due to lower tract pathology, or brown or tea colored owing to the oxidation of urinary heme pigments [3, 4]. Hematuria is rare in normal physiology, where the tightly knit structure of the glomerular basement membrane prevents blood from entering the urinary collecting system. When this barrier is disrupted, the RBCs flexible cell membranes allow them to squeeze through the glomerular basement membrane and enter the urinary collecting system [4]. Many factors lead to hematuria, including exercise, inflammation, structural disruption, malignancy, and trauma. This brief review will highlight the importance of the pediatric provider to identify hematuria, order the initial workup, and necessarily coordinate the integration of subspecialty partners in the treatment of hematuria. Our understanding of the epidemiology of pediatric hematuria is based largely on population studies undertaken nearly 50 years ago. These studies suggest the prevalence of asymptomatic hematuria detected on screening urinalyses in school-aged children to be about 4% [1, 2, 5]. Hematuria predominates in girls versus boys. The American Academy of Pediatrics no longer recommends routine screening urinalyses [3]. The diagnostic approach to hematuria necessarily begins with a thorough history and physical exam. A helpful diagnostic starting point is the determination of whether the hematuria is macroscopic or microscopic. Generally, macroscopic hematuria suggests a lower urinary tract lesion (e.g. bladder, urethra), while microscopic hematuria is suggestive of upper urinary tract lesion (e.g. glomerulus or tubulointerstitium). Family history can shed light on hereditary causes of hematuria. Common co-occurring features should be explored: proteinuria; urinary casts; elevated blood pressure; the presence, localization, and character of pain; or evidence of trauma. Physical exam findings such as flank masses or costovertebral angle tenderness, or serum and urine biomarkers of infection, inflammation, or renal function can suggest the etiology of hematuria. Clinical concern for hematuria may be confirmed by the presence of blood on screening urinalysis or direct visualization by urine microscopy. Commercially available, urine dipstick screening tests are very sensitive for the presence of heme protein in urine; generally, only those results that are greater than trace on normally concentrated, serial samples need be investigated further. Due in part to the high sensitivity of urine dipstick screening tests, pediatric providers should be aware of the many common causes of urinalyses which falsely result positive for blood. Structurally similar pigment proteins, such as myoglobin seen in the urine of patients with rhabdomyolysis, can register a positive dipstick screen for blood without true hematuria. Heme positive urinalyses negative for blood on microscopy can be caused by intravascular hemolysis; the semen-contaminated urine of post-coital men; contamination with menstrual blood in young women; and contamination with povidone-iodine or other oxidizing substances [4, 68]. In addition, excluding discoloration of the urine from the ingestion of culprit foods (e.g. beets, rhubarb, and blackberries) or medications (e.g. rifampicin, nitrofurantoin, and metronidazole) is important [9, 10, 4]. On the contrary, dilute urine specimens, highly acidic urine pH (