

## Recurrent urethral obstruction in a male cat



Assume that today's date is 22 October 2026. Ollie is being discharged home this afternoon. You are the veterinarian at a small-animal general practice. Using the information in the case notes, write a letter to Dr Karthik Mirza, a small-animal soft tissue surgeon, referring Ollie for assessment for perineal urethrostomy. Address the letter to Dr Karthik Mirza, Small Animal Soft Tissue Surgeon, Specialist Surgery Department, 220 Riverside Drive. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

### Patient details

1. Patient: Ollie, domestic shorthair (DSH), male neutered (MN)
2. Age: 5 yrs; BCS 6/9
3. Owner: Ms Sana Abbasi (contact details on file)
4. Presented 19/10/26 (3rd episode); discharge 22/10/26

### Social background

5. Indoor only; lives in flat with owner + 2nd cat (F, 8 yrs); some tension between cats, separate food/water/litter provided
6. Enjoys watching birds from balcony window
7. Owner on limited budget; cannot afford further emergency admissions; requests written cost estimate before booking surgery
8. Owner anxious re GA risk + post-op complications (stricture, incontinence); wants to know long-term outlook
9. Owner's mother told her to 'just put him down if it happens again'
10. Owner complained about long wait + high fees at after-hours emergency clinic (episode 2)

### Medical history

11. Vaccinations up to date; annual health check 03/26 NAD
12. Dental scale & polish 2024
13. Episode 1 (06/26): urethral obstruction; catheterised under GA, 3 days hosp; UA struvite crystalluria, culture neg
14. Episode 2 (08/26): obstruction; managed at after-hours emergency clinic; indwelling catheter 2 days
15. Since 06/26: prescription urinary diet (wet) exclusively; ↑ water intake (fountain, water added to food); stress mx — pheromone diffuser, extra litter trays, daily play
16. Owner reports good compliance with diet + stress measures
17. Allergies/adverse drug reactions: nil known

### Current episode (19/10/26)

18. Hx: straining in litter tray approx 12 hrs, vocalising, vomited x1
19. O/E: large, firm, painful bladder; mildly depressed; mild dehydration
20. Bloods: azotaemia + hyperkalaemia → normalised with IV fluids by 21/10
21. Catheterised under GA; obstruction at distal (penile) urethra; mucus plug + sandy material flushed
22. Indwelling urinary catheter 48 hrs; IV fluids, analgesia; post-obstructive diuresis managed
23. UA: struvite crystals, haematuria; urine culture: no growth
24. Abdo radiographs: no radiopaque uroliths in bladder/urethra; abdo US: thickened bladder wall, sediment, no uroliths
25. Catheter removed 21/10; urinating voluntarily, normal stream, no straining since

### Treatment on discharge

26. Oromucosal buprenorphine x 3 days; continue urinary diet + stress measures
27. Owner instructed to return immediately if straining or no urine passed

### Plan

28. Refer to soft tissue surgeon re perineal urethrostomy — 3 obstructions in 4/12 despite medical mx
29. Owner requests consultation incl. cost estimate, risks + prognosis before deciding
30. Ask surgeon whether contrast urethrography needed pre-op
31. Copies of bloods, UA, culture + imaging to be sent with referral
32. Recheck at practice 29/10 (UA, renal values) if surgery not yet scheduled