

Table 68-11. Levels of key nutritional factors in selected commercial veterinary therapeutic foods marketed for canine patients with hepatobiliary disease compared to recommended levels.*

	Energy density (kcal/cup)**	Energy density (kcal ME/g)	Protein (%)***	Taurine (%)	Sodium (%)	Copper (mg/kg)	Zinc (%)	Iron (%)	Vit. E (%)	Vit C (mg/kg)
Dry foods										
Recommended levels										
Hill's Prescription Diet l/d Canine Liver Care	402	4.4	17.8	0.08	0.21	4.6	302	122	385	115
Purina Pro Plan Veterinary Diets EN GastroENteric	399	4.3	29.1	na	0.54	17.3	288	na	498	na
Royal Canin Veterinary Diet Hepatic	339	4.2	17.0	0.21	0.21	4.2	260	170	637	212
Royal Canin Veterinary Diet Vegetarian	291	4.0	20.6	0.24	0.40	na	218	106	556	222
Moist foods										
Recommended levels										
Hill's Prescription Diet l/d Canine Liver Care Iams Veterinary Formula Maximum-Calorie Plus	515/13 oz.	4.5	17.6	0.10	0.20	4.2	258	118	693	190
Purina Pro Plan Veterinary Diets EN GastroENteric	333/6 oz.	5.8	41.2	0.32	0.22	na	na	na	na	na
Royal Canin Veterinary Diet Hepatic	413/13.4 oz.	4.4	38.9	na	0.45	19.5	287	na	250	na
Royal Canin Veterinary Diet Vegetarian	621/14.5 oz.	4.2	17.2	0.55	0.22	3.9	253	181	533	214
	347/13.6	4.7	37.2	0.23	0.84	na	288	312	372	na

Key: ME = metabolizable energy, Vit. E = vitamin E, Vit. C = vitamin C, na = information not available from manufacturer.

*From manufacturers' published information or calculated from manufacturers' published as fed values all values are on a dry matter basis unless otherwise stated.

**Energy density values are listed on an as fed basis and are useful for determining the amount to feed cup = 8-oz. measuring cup. To convert to kJ, multiply kcal by 4.184.

***For liver disease patients with signs of hepatic encephalopathy (HE), dietary protein levels should be limited to 10 to 15% dry matter until signs resolve. In these cases, several commercial veterinary therapeutic foods designed for patients with kidney disease that provide less protein than the foods intended for liver disease may be appropriate (Chapter 37). If these foods are used, the patient should be transitioned to the selected food specifically formulated for liver disease after signs of HE have subsided.