

Table 68-12. Levels of key nutritional factors in selected commercial veterinary therapeutic foods marketed for feline patients with hepatobiliary disease compared to recommended levels.*

	Energy density (kcal/cup)**	Energy density (kcal ME/g)	Protein (%)***	Arginine (%)	Taurine (%)	Sodium (%)	Zinc (mg/kg)	Iron (mg/kg)	Vit. E (IU/kg)	Vit C (mg/kg)
Dry foods										
Recommended levels	–	≥4.2	30-35	1.5-2.0	≥0.3	0.07-0.30	>200	80-140	≥500	100-200
Hill's Prescription Diet I/d Feline Liver Care	506	4.4	31.4	2.09	0.54	0.29	302	103	469	141
Purina Pro Plan Veterinary Diets EN GastroENteric	528	4.4	55.4	na	0.38	0.53	na	na	309	na
Royal Canin Veterinary Diet Hepatic	439	4.4	27.7	1.79	0.22	0.35	272	237	639	213
Royal Canin Veterinary Diet Renal LP Modified-P	428	4.6	28.3	2.28	0.23	0.32	283	205	543	na
Moist foods										
Recommended levels	–	≥4.2	30-35	1.5-2.0	≥0.3	0.07-0.30	>200	80-140	≥500	100-200
Hill's Prescription Diet I/d Feline Liver Care	183/5.5 oz.	4.7	31.6	2.00	0.52	0.20	336	212	836	124
Jams Veterinary Formula Maximum-Calorie Plus	333/6 oz.	5.8	41.2	na	0.32	0.22	na	na	na	na
Purina Pro Plan Veterinary Diets EN GastroENteric	179/5.5 oz.	4.8	48.1	na	0.38	0.38	na	na	532	na
Royal Canin Veterinary Diet Renal LP Morsels in Gravy	212/6 oz.	5.9	32.9	1.76	0.83	0.29	229	181	771	295

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 25 to 30% 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.