CANINE SILICA

Available clinical data provides a strong link between canine silica uroliths and consumption of specific dietary ingredients. Diets that contain substantial quantities of corn gluten feed or grain hulls are especially suspect. Water in volcanic areas has also been implicated in the formation of silica uroliths. The inert ingredient in some tablet medications and antacids is silica.

Minimizing Recurrence

** DIAGNOSTIC CONSIDERATIONS **

Determine if owners are providing diets or medications containing silica, corn gluten feed, soybean hulls, and intact grains.

** MEDICAL CONSIDERATIONS **

Eliminate diets and medications with silica, corn gluten feed, soybean hulls, and intact grains.

** NUTRITIONAL CONSIDERATIONS **

Canned foods with moderate levels of animal proteins that do not overly acidify urine with little or no silica, corn gluten feed, soybean hulls, and intact grains (e.g., Derm Complete). Avoid water from volcanic sources.

** MONITORING CONSIDERATIONS **

Urinalysis every 3 to 6 months to adjust pH to 7 to 8.0, and urine specific gravity to 1.020 and lower. Medical imaging every 6 to 12 months to detect recurrent stones when small to permit their easy removal without surgery.

** Review manufacturer’s therapeutic food literature to determine indications/contraindications. For pets with multiple health concerns, consult a veterinary nutritionist to select an optimal food.**
CANINE SILICA UROLITHS

Available clinical data provides a strong link between canine silica uroliths and dietary ingredients. Diets that contain substantial quantities of corn gluten feed or grain hulls are especially suspect. Various urolith laboratories report the incidence of silica uroliths in dogs to be from 0.3\(^1\) to 14.0\(^2\)%. The incidence of silica stones is significantly higher in male dogs than in females.\(^3,4\)

Effective medical protocols to induce dissolution of canine silica uroliths have not yet been developed. To minimize recurrence, select diets, dietary supplements, and medications without sources of silica. Water in volcanic areas has also been implicated in the formation of silica uroliths.\(^5\)

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### Minimizing Silica Urolith Recurrence

#### Medical:
- Investigate if active or inactive ingredients of medications and vitamin or mineral supplements contain silica. If detected, select alternatives without silica.
- In humans, silica uroliths have been associated with the use of antacids (magnesium trisilicate)\(^6\), milk thickeners for infants\(^7\), and various homeopathic remedies touted for relief of a variety of illnesses.\(^8\)

#### Nutritional:
- Eliminate foods containing whole grains (e.g. certain natural diets, diets containing substantial corn gluten feed (not corn gluten meal), or intact grains (with hulls)).
- Investigate and eliminate pica of grasses, woody plants, and dirt. Silica uroliths are common in range cattle and sheep that consume forage grasses with a high concentration of silica.\(^9\)
- High moisture foods (i.e. canned formulations) are more effective because increased water consumption is associated with decreased urine concentrations of calculogenic minerals.
- We do not recommend sodium-induced diuresis in dogs with silica urolithiasis. Sodium promotes calcium excretion, and calcium oxalate is sometimes detected with silica in canine uroliths.
- Because of the observed association with calcium oxalate, avoid attempts to acidify urine (as acidification promotes calcium excretion).
- Provide high quality foods containing moderate quantities of animal protein and lower quantities of vegetable food stuffs. In general, cereals, grains, and their products contain high levels of absorbed silica. In humans, the amount of silica absorbed from different foods was not necessarily proportional to the level of silica in the food.\(^10\)

#### Pharmacological
- Avoid the use of magnesium trisilicate containing antacids.
- Consider with caution the use of dietary supplements, homeopathic remedies, and medicines containing silica.

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### Consider These Facts:

- Silicon is the second most abundant element in soils (oxygen is the most abundant), and is the mineral substrate for most of the world’s plant life.\(^11\)
- Controlled studies evaluating silica urolithiasis have not been performed. Empirically, elimination of causative agents (silica-containing diet, dietary supplements, etc) should minimize recurrence.
Canine Silica Urolith Risk Management:
Perform Urinalysis and Medical Imaging

- Repeat urinalysis monthly until desired SG and pH are achieved, then every 3 to 6 months.
- If urine is persistently acidic (pH<6), consider potassium citrate to achieve a more neutral urine pH.
- Repeat medical imaging every 4-6 months (urolith recurrence is variable).
- Repeat urinalysis and medical imaging when signs consistent with uroliths (urinating in house, stranguria, hematuria, etc.) recur.

USG <1.020
pH ≥6.5
Identifiable silica crystals have not been observed in urine sediment

Uroliths

- Consider non-surgical techniques to remove small uroliths.
- Stones can be left alone in patients without clinical signs; these stones rarely cause obstruction.
- With persistent clinical signs, select appropriate method to remove uroliths.
- Submit retrieved uroliths for quantitative analysis.

** Review manufacturer’s therapeutic food literature to determine indications/contraindications. For pets with multiple health concerns, consult a veterinary nutritionist to select an optimal food.

Further references: