



Perineal urethrostomy for recurrent urethral obstruction in a cat with presumptive idiopathic cystitis

Yulia Erika

Zech Vet Care. Jl Mangun Jayo, Gang Bali, Lubuk Lintah, Kuranji, Padang, Indonesia

ABSTRACT: Recurrent urethral obstruction may require surgery when distal urethral damage prevents catheterization. This report describes perineal urethrostomy in a 7-year-old male domestic cat presenting with a third obstructive episode and presumptive feline idiopathic cystitis. Stranguria, dysuria, and painful caudal abdominal distension were accompanied by penile scarring and preputial adhesions following previous catheterizations. Failed catheter passage prompted perineal urethrostomy, and postoperative catheter passage confirmed urethral patency. The cat resumed eating, drinking, and grooming within 24 hours; subsequent observations indicated satisfactory wound healing and urination without stranguria or dysuria. Intercat conflict and withdrawal of a therapeutic urinary diet were possible contributors to recurrence, although causation could not be established. This case illustrates the role of surgery in relieving distal outflow obstruction while emphasizing the need for continued management of the underlying urinary disorder. Long-term freedom from recurrence was not established.

Keywords:

dysuria, feline lower urinary tract disease, intercat conflict, penile trauma, urethral stricture

INTRODUCTION

Feline lower urinary tract disease encompasses disorders with overlapping signs, including idiopathic cystitis, urolithiasis, and infection. Feline idiopathic cystitis (FIC), a diagnosis of exclusion (Forrester & Towell 2015), may present with recurrent obstructive episodes. Urethral obstruction requires prompt restoration of urine flow and assessment of metabolic disturbances (Bjorling & Da Costa Gómez 2016) before definitive treatment.

Repeated catheterization can cause urethral injury and subsequent narrowing (Corgozinho *et al.* 2007), creating an additional mechanical barrier to urination. Perineal urethrostomy can bypass distal obstruction when catheterization fails or recurrent episodes warrant surgery (Fossum 2019). This report describes the surgical management and early outcome of a third obstructive episode in a cat with presumptive FIC and suspected acquired distal urethral narrowing.

CASE

Signalment and history: Kukun, a 7-year-old male domestic cat, presented with one week of stranguria, dysuria, and repeated litter-box visits. Two previous obstructive episodes had been managed by catheterization. The owner reported increased aggression and irritability over two months. The cat lived indoors with outdoor access and frequently fought with other cats. A prescribed urinary S/O diet had been replaced with ordinary dry food without veterinary consultation. **Examination and diagnosis:** Caudal abdominal palpation revealed distension and elicited painful vocalization. Penile scarring and preputial adhesions

were associated with narrowing that prevented catheter passage (Figure 1). Recurrent urethral obstruction with suspected distal urethral stricture was diagnosed clinically. FIC remained presumptive because urinalysis, urine culture, and imaging findings excluding alternative causes were not provided. **Treatment:** Perineal urethrostomy was performed after unsuccessful catheterization (Figure 2). Catheter passage through the postoperative opening confirmed patency (Figure 3). Injectable marbofloxacin and amoxicillin-clavulanate were administered for three days. Oral adjuncts comprised Morinda citrifolia juice extract, 3 mL twice daily, and the urinary supplements Cystaid and Urinaid during the two-week recovery period. Drug doses and injection routes were not documented in the supplied record. Dietary management comprised urinary S/O food for three months, followed by a urinary maintenance diet for three months; this schedule does not establish six months of documented follow-up.

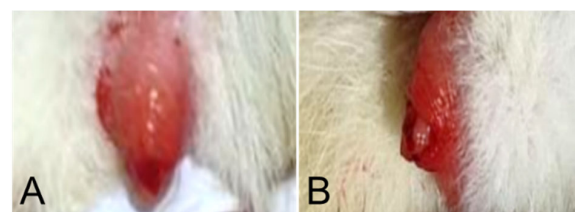


Figure 1. Penile scarring and preputial adhesions associated with impaired catheter passage before surgery.

Received: 16-04-2026 | Revised: 19-05-2026 | Accepted: 26-05-2026



Copyright © 2026 Author(s). This is an Open Access article distributed under the terms of the Creative Commons Attribution-ShareAlike 4.0 International License (<https://creativecommons.org/licenses/by-sa/4.0/>).

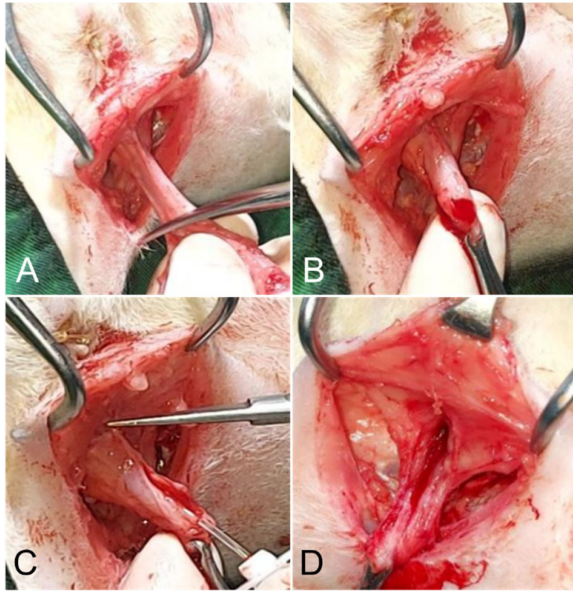


Figure 2. Perineal urethrostomy: (A–B) preparation and shortening of the distal urethral segment; (C–D) opening of the urethral lumen.



Figure 3. Catheter passage through the urethrostomy opening to assess immediate postoperative patency.

■ RESULTS AND DISCUSSION

Within 24 hours, the cat independently resumed eating, drinking, and grooming. Subsequent observations described stable clinical status, satisfactory wound healing, and urination without stranguria or dysuria. No early complications were reported, although quantitative vital signs and the date of the final examination were unavailable.

The immediate surgical indication was failed catheter passage associated with distal anatomical abnormalities. Previous instrumentation may have contributed to injury and scarring (Corgozinho *et al.* 2007), but this relationship cannot be proven retrospectively. Comparable cases of penile injury have shown improved urination after urethrostomy (Grosskelwing 2023), supporting its use when damaged distal tissues obstruct urinary outflow. Successful catheter passage after surgery demonstrated immediate patency; it did not establish durable freedom from stenosis or recurrent urinary disease.

Intercat conflict and behavioral changes were plausible contextual factors. Behavioral associations with FIC recurrence have been reported (Caudron *et al.* 2025), but aggression may also reflect pain. Similarly, replacement of the therapeutic diet preceded presentation without proving a dietary cause. Dietary modification can influence water intake and urine dilution (Xu *et al.* 2009), supporting attention to hydration alongside individualized nutritional management. Environmental stress reduction remains relevant because urethrostomy addresses outflow obstruction without eliminating the processes underlying FIC.

Interpretation is limited by incomplete diagnostic exclusion, undocumented anesthetic and analgesic protocols, unspecified antimicrobial doses, and uncertain follow-up duration. No culture evidence was available to assess the indication for dual antimicrobial therapy. The contributions of antibiotics, botanical extract, and supplements cannot be separated from surgery and supportive care. This treatment history therefore describes one case and does not establish the efficacy of these adjuncts or justify their routine use.

■ CONCLUSION

Perineal urethrostomy restored early urinary function in a cat with recurrent obstruction and suspected distal urethral narrowing after previous catheterizations. Continued urinary and environmental management is warranted, while the presumptive FIC diagnosis and incomplete follow-up limit conclusions about causation and long-term outcome.

■ AUTHOR INFORMATION

Corresponding Author

*YE: yuliaerika@rocketmail.com

Zech Vet Care. Jl Mangun Jayo, Gang Bali, Lubuk Lintah, Kuranji, Padang, INDONESIA.

■ REFERENCES

- Bjorling DE, Da Costa Gómez TM. 2016. Surgery of the urethra. *Veterian Key* [Internet]. Chapter 82. Available from: <https://veteriankey.com/surgery-of-the-urethra/>
- Caudron M, Laroche P, Bazin I, Desmarchelier M. 2025. Association between behavioral factors and recurrence rate in cats with feline "idiopathic" cystitis. *Journal of Veterinary Behavior*. 78:90-96.
- Corgozinho KB, de Souza HJ, Pereira AN, Belchior C, da Silva MA, Martins MC, Damico CB. 2007. Catheter-induced urethral trauma in cats with urethral obstruction. *Journal of Feline Medicine and Surgery*. 9(6):481-486.
- Forrester SD, Towell TL. 2015. Feline idiopathic cystitis. *Veterinary Clinics: Small Animal Practice*. 45(4):783-806.
- Fossum TW. 2019. *Small animal surgery*. 5th ed. Philadelphia: Elsevier.
- Grosskelwing ES. 2023. Perineal urethrostomy in cats with urethral obstruction due to iatrogenic penile trauma: two clinical cases. *Journal of Dairy, Veterinary & Animal Research*. 12(2):117-119.
- Xu H, Laflamme DP, Long GL. 2009. Effects of dietary sodium chloride on health parameters in mature cats. *Journal of Feline Medicine and Surgery*. 11(6):435-441.