

TABLE 6.1

Recommended Monitoring Schedule for Cats Receiving SGLT2 Inhibitors*

Day	Test	Comment
2–3	Review history	Investigate poor appetite, vomiting, lethargy: Switch to insulin
	Physical examination	Monitor attitude, body weight, hydration (See note a: 1-4 below)
	Evaluate for ketosis ^a	Blood BHB >2.4 mmol/L (25 mg/dL): Switch to insulin
		1.0–2.4 mmol/L (10.4–25 mg/dL): Recheck in 2–3 days, sooner if ill (See note a: 1–4 below)
	Plasma acetoacetate (using plasma on urine dipstick) ≥1+: Switch to insulin	
	Urine dipstick ≥Trace: Switch to insulin	
7	Review history and physical examination ^b	See above; review presence of clinical signs of DM ^b
	Evaluate for ketosis ^c	See above ^c
	Check BG	Spot check is sufficient
14	Review history and physical examination	See above
	Evaluate for ketosis	See above
	Check BG	Expect to see BG <13.9 mmol/L (<250 mg/dL) OK to continue SGLT2 inhibitor if cat otherwise doing well despite hyperglycemia
30	Review history and physical examination	See above Excessive weight loss (>8% from baseline): Switch to insulin
	Evaluate for ketosis	See above
	Check BG	Expect to see BG <13.9 mmol/L (<250 mg/dL) BG >13.9 mmol/L (>250 mg/dL) with ongoing signs of DM: Switch to insulin
	Fructosamine	Expect normalization or significant improvement from baseline Not improved by >50 μmol/L from baseline and ongoing signs of DM: Switch to insulin
Every 3 mo	As for Day 30	See above

BG, blood glucose; BHB, beta-hydroxybutyrate; DKA, diabetic ketoacidosis; DM, diabetes mellitus

*Reprinted from Cook AK, Behrend E. SGLT2 inhibitor use in the management of feline diabetes mellitus. *J Vet Pharmacol Ther* 2025;48 Suppl 1(Suppl 1):19–30. Copyright info: © 2024 The Author(s). Journal of Veterinary Pharmacology and Therapeutics published by John Wiley & Sons Ltd. This is an open access article under the terms of the <http://creativecommons.org/licenses/by-nc-nd/4.0/> License.

Task Force Recommendations

a 1–4

- Blood BHB has increased but the cat is eating/drinking normally: **Proceed with caution and recheck daily.**
Blood BHB is unchanged but <2.4 mmol/L (25 mg/dL): Recheck in 2 or 3 days, sooner if ill.
Blood BHB has decreased, and values are <1.0–2.4 mmol/L (10.4–25 mg/dL): Proceed to next recheck, sooner if ill.
- Some cats show a mild BHB increase at their 2- or 3-day recheck but remain clinically stable. Drug discontinuation is not uniformly warranted, but BHB should be monitored every 1–2 days to ensure BHB eventually declines over the subsequent 2–5 days.
- If a cat's BHB was >2.4 mmol/L before starting an SGLT2 inhibitor, the BHB at day 2–3 may be improved yet remain above the 2.4 mmol/L cutoff. In this circumstance, SGLT2 inhibitor therapy can be continued so long as the cat remains clinically stable and daily BHB monitoring shows continued improvement.
- Unintentional weight loss of >5% from baseline at this visit is associated with an increased risk of DKA by day 14.**

b Mild weight loss (<5%) may occur during the first week of therapy. However, significant unintentional weight loss after the first week is often an early indicator of a developing problem, such as possible DKA.

c Blood BHB has increased, is unchanged, or remains >2.4 mmol/L (25 mg/dL): Switch to insulin.
Blood BHB is normal or has further decreased to values <1.0–2.4 mmol/L (10.4–25 mg/dL): Proceed to next recheck, sooner if ill.

** (See Behrend EN, Ward CR, Chukwu V, Cook AK, Kroh C, Lathan P, May J, Schermerhorn T, Scott-Moncrieff JC, Voth R. Velagliflozin, a once-daily, liquid, oral SGLT2 inhibitor, is effective as a stand-alone therapy for feline diabetes mellitus: the SENSATION study. *J Am Vet Med Assoc* 2024;262(10):1343–53.)

The 2026 AAHA Diabetes Management Guidelines for Cats are available at aaha.org/diabetes-management-cats

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2026 AAHA.

