CANINE CN CONVALESCENCE™

Complete dietetic wet pet food for dogs of all ages for nutritional restoration and convalescence.

RECOMMENDED FOR & NOT RECOMMENDED FOR

- ✓ Critical care nutritional support
- ✓ Peri-operative nutritional support
- ✓ Convalescence from injury and illness
- ✓ Nutritional stress including
  - Lactation
  - Malnutrition
- ✗ Conditions associated with the need for a low protein diet (advanced stage of chronic renal insufficiency or hepatic encephalopathy) or low fat diet (fat malassimilation)

195 g

KEY BENEFITS

High concentrations of essential nutrients

High energy density to provide energy for recovery (60% energy from fat, 36% from protein)

High digestibility
formulated with highly digestible ingredients

ADDITIONAL BENEFITS & CHARACTERISTICS

Helps ensure maximum compliance even in fussy anorectic and convalescing dogs
High palatability

Helps support wound healing and immune function
Increased zinc and arginine

Provides additional antioxidant support during recovery
Increased vitamin E

Helps promote natural anti-inflammatory processes
Added omega-3 fatty acids

Can be used for all life stages
Suitable for use in puppies and pregnant or lactating bitches

COMPOSITION

Pork kidney#, liver#, lung and plasma, turkey, salmon#, sunflower oil#, minerals, corn starch, fish oil#, various sugars.

Highly digestible ingredients

KEY NUTRIENT VALUES*	
Moisture	77.0%
Protein - Arginine - Taurine	10.9% 0.58% 0.23%
Fat - Omega-6 fatty acids - Omega-3 fatty acids	7.6% 1.26% 0.15%
Carbohydrate	0.9%
Crude fibre	0.1%
Crude ash	3.5%
Zinc	43 mg/kg
Vitamin A	30805 IU/kg
Vitamin E	200 IU/kg
Metabolisable energy (ME)[1]	113kcal/100g

* Typical analysis in the final product as fed.
[1] Calculated following NRC 2006 equations.

FEEDING GUIDELINES

PURINA® PRO PLAN® VETERINARY DIETS CN Convalescence™ Feline and Canine Formula is recommended until recovery or convalescence is complete. Warming food to room temperature can help enhance palatability. The product can be diluted with water (1:1) and mixed with a blender for tube feeding administration if desired.

When blended 1:1 with water, Feline and Canine CN Convalescence provides 0.56 kcal/ml and will readily pass through feeding tubes ≥ 14french. For smaller tubes the mixture must first be passed through a fine sieve.

PUPPY GROWTH – AGE IN MONTHS					
Adult weight (kg)	1.5 – 3	4 – 5	6 – 8	9 – 11	12 +
	Daily feeding quantity (can/day)				
2.5	1	2 ⅔	1 ⅔	1 ⅓	1 ⅓
5	1 ⅓	2 ⅔	2 ½	2 ¼	2
10	2	3 ⅔	3 ¾	3 ⅓	3 ¼
15	2 ⅓	4 ⅔	5	4 ⅓	4
25	2 ¾	6	7 ⅔	7	6
35	3 ⅓	7	8	9 ⅓	7 ⅔
45	3 ⅔	7 ⅔	8 ¼	9 ¾	8 ⅓
70	5	9 ¾	11 ¾	14	11 ¾

ADULT	
Body weight (kg)	Daily feeding quantity (can/day)
2.5	1 ¼
5	1 ¾
10	3
15	4
25	5 ½
35	6 ¾
45	8
70	11

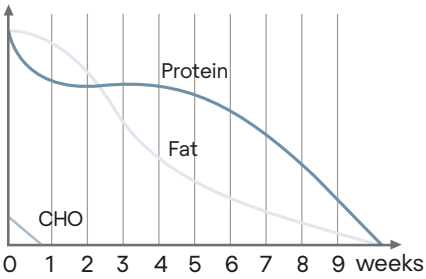
For dogs over 70kg: for each additional 5kg of body weight, feed an additional ½ can of pet food.
Fresh clean drinking water should always be available.

The importance of adequate nutrition in hospitalised patients is increasingly being recognised[1,2,3]. Hypermetabolism and reduced appetite, often found in ill animals, predisposes these patients to malnutrition[4]. During illness, hormonal and cytokine changes interfere with the normal adaptive responses to a reduced caloric intake.

Thus, energy requirements are not down-regulated, and a metabolic shift also causes preferential use of body protein rather than fat to meet ongoing energy demands.

Nutritional support in hospitalised patients is key to provide the required energy and nutrients, avoiding metabolic disorders and protein catabolism; and maintaining normal organ functions[4].

ENERGY STORAGE LOSSES DURING FASTING



The protein-energy malnutrition (PEM) that can occur during the recovery period can result in a number of adverse consequences including:

- Impaired immune responses
- Delayed healing
- Hypoproteinemia
- Muscle weakness
- Anaemia
- Increased morbidity and mortality

Early patient identification for nutritional support minimises PEM consequences. The following are generally recommended as indicators of patients that require support[5,6]:

- Anorexia for 3 days
- Recent unintentional loss of >10% body weight
- Body condition score (BCS) of 3 out of 9 or less
- Inadequate/poor lean body weight
- Serious underlying disease (e.g. severe trauma, peritonitis, pancreatitis, major surgery)
- Direct protein loss (e.g. protein losing enteropathies, draining wounds)
- Poor skin recovery

1. Brunetto MA, *et al.* (2010) Effects of nutritional support on hospital outcome in dogs and cats. *J Vet Emerg Crit Care.* **20:**224–31.
2. Remillard RL, *et al.* (2001) An investigation of the relationship between caloric intake and outcome in hospitalized dogs. *Vet Ther.* **2:**301–10.
3. Molina J, *et al.* (2018) Evaluation of the Prevalence and Risk Factors for Undernutrition in Hospitalized Dogs. *Front Vet Sci.* **29:** 205.
4. Chan DL. (2004) Nutritional requirements of the critically ill patient. Clin Tech Small *Anim Pract.* **19:**1–5.
5. Chan DL, *et al.* (2006) Nutrition in critical illness. *Vet Clin Small Pract.* **36;**1225-41.
6. Chan DL. (2009) The inappetent hospitalised cat: Clinical approach to maximising nutritional support. *J Fel Med Surg.* **11:** 925-33.