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# **Urine and Fecal Microbiota in a Canine Model of Bladder Cancer**

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25 Abstract

26

27 **Introduction:** Urothelial carcinoma (UC) is the tenth most diagnosed cancer in humans  
28 worldwide. Dogs are a robust model for invasive UC as tumor development and progression is  
29 similar in humans and dogs. Recent studies on urine microbiota in humans revealed alterations in  
30 microbial diversity and composition in individuals with UC; however, the potential role of  
31 microbiota in UC has yet to be elucidated. Dogs could be valuable models for this research, but  
32 microbial alterations in dogs with UC have not been evaluated.

33 **Objective:** The objective of this this pilot study was to compare the urine and fecal microbiota  
34 of dogs with UC (n = 7) and age-, sex-, and breed-matched healthy controls (n = 7).

35 **Methods:** DNA was extracted from mid-stream free-catch urine and fecal samples using Qiagen  
36 Bacteremia and PowerFecal kits, respectively. 16S rRNA gene sequencing was performed  
37 followed by sequence processing and analyses (QIIME 2 and R).

38 **Results:** Canine urine and fecal samples were dominated by taxa similar to those found in  
39 humans. Significantly decreased microbial diversity (Kruskal-Wallis: Shannon,  $p = 0.048$ ) and  
40 altered bacterial composition were observed in the urine but not feces of dogs with UC  
41 (PERMANOVA: Unweighted UniFrac,  $p = 0.011$ ). The relative abundances of *Fusobacterium*  
42 was also increased, although not significantly, in the urine and feces of dogs with UC.

43 **Conclusion:** This study characterizes urine and fecal microbiota in dogs with UC, and it  
44 provides a foundation for future work exploring host-microbe dynamics in UC carcinogenesis,  
45 prognosis, and treatment.

46

47 **Key words:** Bladder Cancer, Urine, Feces, Dogs, Gastrointestinal Microbiome, Microbiota, Pilot  
48 Study

49 1. Introduction

50 Bladder cancer is the tenth most diagnosed cancer worldwide [1]. In 2020, the International  
51 Agency for Research on Cancer estimated over 573,000 new bladder cancer diagnoses would be  
52 confirmed worldwide [2]. Urothelial carcinoma (UC), also known as transitional cell carcinoma,  
53 is the most common type of bladder cancer. Age (being over age 55), race (white), sex (male),  
54 and some heritable mutations [3–10] are established risk factors for bladder cancer [11–13].  
55 Bladder cancer is also strongly associated with environmental exposures such as smoking [14–  
56 17] or occupational exposure to chemicals like aromatic amines, pesticides, industrial dyes, or  
57 diesel fumes [18,19]. However, not all persons exposed to these chemicals develop urothelial  
58 carcinoma indicating that there are individualized host-environment interactions that mediate UC  
59 risk.

60 Clear host-environment (diet) interactions mediated through the gut microbiome have  
61 emerged in colorectal carcinogenesis [20,21] and environment-microbiome-carcinogenesis links  
62 have also begun emerging in lung cancer [22,23]. For example, diets high in animal fat can  
63 directly or indirectly impact microbial composition by increasing liver bile acid production and  
64 excretion into the intestines. Bile tolerant microbes or microbes that can metabolize primary bile  
65 acids expand in this bile-rich environment, and some of these microbes produce pro-  
66 inflammatory, cytotoxic, or genotoxic secondary metabolites that can contribute to colorectal  
67 carcinogenesis. Work on the gut microbiome has far outpaced and outnumbered studies on the  
68 urine / bladder microbiome; however, it has now become apparent that the urine microbiota play  
69 a key role in host health and may also be influencing bladder cancer development and

70 progression [24]. Alterations in urine microbiota have been reported in association with multiple  
71 genitourinary diseases including chronic kidney disease [25], chronic prostatitis, chronic pelvic  
72 pain syndrome [26], interstitial cystitis [27], sexually transmitted infections [28], urgency urinary  
73 incontinence [29], urinary tract infections [30], urinary stone disease [31], urogenital  
74 schistosomiasis [32], urogynecologic surgery [33], and vaginosis [34]. A few recent studies on  
75 the urine / bladder microbiome have also revealed subtle but intriguing differences in urine or  
76 bladder tissue microbial diversity and composition of individuals with and without UC (**Table 1**)  
77 [17,35–45], but approaches and results in these studies vary widely. Studies in relevant animal  
78 models could advance this research by offering a more controlled environment. Multiple animal  
79 models of UC have been described, with most being rodent models that have many limitations  
80 [46].

81 The focus of this study was on invasive UC utilizing a naturally-occurring canine model and  
82 comparing the urine and fecal microbiota of dogs with and without UC. While it can be difficult  
83 to produce the collective features of cancer heterogeneity, molecular features, aggressive cancer  
84 behavior, and host immunocompetence in experimental models, these features are present in the  
85 canine model [57-59]. In humans, approximately 25 % of all UC cases are muscle invasive [44]  
86 while in dogs with UC, over 90 % present with intermediate- to high-grade muscle invasive  
87 bladder cancer [47,48]. Moreover, humans and dogs share many of the same environmental  
88 exposures, and canine UC, like human UC, has been epidemiologically linked to chemical  
89 exposures including herbicides and pesticides [49,50]. Dogs also exhibit strong heritable (breed-  
90 specific) associations with UC offering unique opportunities for gene-environment studies [49–  
91 51]. Notably, the human microbiome is more similar to the dog microbiome compared to other

92 animal models, such as the rodent microbiome [52], making dogs a more suitable model for  
93 studying microbiota in relation to UC.

94

## 95 2. Materials and Methods

96 **2.1 Sample Collection:** All dogs were recruited through Purdue University College of  
97 Veterinary Medicine between September 2016 and October 2019 (Purdue IACUC: 1111000169;  
98 Ohio State University IACUC: 2019A00000005). Urine and fecal samples were initially  
99 collected from 57 dogs with biopsy-confirmed urothelial carcinoma (UC) and 56 age, sex, and  
100 breed-matched healthy controls (**Figure 1**). Dogs with active urinary tract infections were  
101 excluded. We additionally excluded any dog with a history of chemotherapy (vinblastine,  
102 zebularine, vemurafenib, chlorambucil, mitoxantrone, and cyclophosphamide) or a history of  
103 antibiotics within the previous 3 weeks due to the potential effects of these medications on the  
104 microbiome [53–60]. We did not exclude dogs on non-steroidal anti-inflammatory drugs  
105 (NSAIDs), including piroxicam and deracoxib, which are commonly used in dogs with UC.  
106 Healthy dogs underwent physical exams and had no history of antibiotics (within the previous 3  
107 weeks) or indications of gastrointestinal or urogenital disease.

108 In healthy dogs, urine was collected via mid-stream free catch. In dogs with UC, a variety  
109 of urine collection methods were employed as deemed clinically appropriate including: mid-  
110 stream free catch, catheter, or cystoscopy. Free catch urine can include bacteria from the bladder,  
111 urethra, periurethral skin, prepuce, or vagina, while urine collected via catheterization or  
112 cystoscopy primarily includes microbes from the bladder and limits the presence of genital and  
113 skin microbes [41,61–63]. To determine if collection method could potentially influence our  
114 results, we compared samples from dogs with UC collected via free catch (n = 8) to samples

115 collected via non-free catch methods (catheterization, cystoscopy) (n = 11) (**Supp. Table 1;**  
116 **Supp. Figures 1,2,3**). We observed significant differences in microbial composition but not  
117 diversity by collection method (Bray-Curtis PERMANOVA rarefied:  $p = 0.008$ ; non-rarefied:  $p$   
118 = 0.005; **Supp. Figures, 1f,2f**). Moreover, *Staphylococcus* and *Streptococcus* – common skin  
119 colonizers - were amongst the top genera in free catch urine but not amongst the top genera in  
120 non-free catch urine (**Supp. Table 2**). Based on the compositional differences we observed by  
121 collection method and on other studies that have reported differences in urine microbiota due to  
122 collection method [41,61–65], we opted to limit the remainder of our analyses to samples  
123 collected via free catch only. This allowed us to compare microbiota in urine from healthy dogs  
124 and dogs with UC without introducing collection method as a potential confounder.

125 As such, after exclusions, urine samples from a total 7 dogs with UC and 7 age, sex, and  
126 breed-matched healthy controls were compared in this study (**Table 2**). Fecal microbiota from a  
127 subset of these 14 dogs for which we had fecal samples (4 dogs with UC and 6 healthy controls)  
128 were also compared [30,66,67]. All urine and stool samples were placed on ice immediately after  
129 collection and then transferred into a -80°C freezer. Samples were transported on dry ice from  
130 Purdue (West Lafayette, IN, USA) to the Ohio State University (Columbus, OH, USA), where  
131 they were stored in at -80°C until extraction.

132

133 **2.2 DNA extraction and quantification:** Urine samples were extracted using QIAamp<sup>®</sup>  
134 BiOstic<sup>®</sup> Bacteremia DNA Isolation Kit (Qiagen, Hilden, Germany) as described previously  
135 [68]. Fecal samples were extracted using the QIAamp<sup>®</sup> PowerFecal<sup>®</sup> DNA Kit (Qiagen, Hilden,  
136 Germany) following the manufacturer's instructions. Negative (no sample) controls were run  
137 with each kit used for extraction. DNA concentrations were measured using a Qubit<sup>®</sup> 4.0

138 Fluorometer (Invitrogen, Thermo Fisher Scientific™, Carlsbad, CA, USA) and purity was  
139 assessed using Nanodrop One (Thermo Fisher Scientific™, Carlsbad, CA, USA).

140

141 **2.3 16S rRNA sequencing and sequence processing:** Library preparation, PCR amplification,  
142 and amplicon sequencing was performed at Argonne National Laboratory (DuPage County,  
143 Illinois). Likewise, negative controls underwent the full extraction, library preparation, and  
144 sequencing process. We amplified the V4 region of the 16S rRNA gene using primers 515F and  
145 806R, and PCR and sequencing were performed as described previously (2 x 250bp paired-end  
146 reads, on an Illumina Miseq (Lemont, IL, USA)) [68–70]. Raw, paired-end sequence reads were  
147 processed using QIIME2 v. 2020.11 and DADA2 [71,72]. Taxonomy was assigned in QIIME2  
148 using the Silva 132 99% database and the 515F / 806R classifier [73,74]. In the analysis  
149 comparing urine collection method in dogs with UC, we excluded samples with fewer than 1,000  
150 reads and analyzed the data with rarefaction (at 1,000 reads) and without rarefaction. We  
151 included both analyses because rarefaction, especially at low read counts, can increase type 1  
152 errors and mask potential differentially abundant taxa between samples [75]. In the analyses  
153 comparing urine and fecal microbiota from dogs with and without UC, samples with fewer than  
154 7,000 reads were excluded; this cutoff allowed us to retain all but two urine samples while  
155 excluding all negative controls (**Figure 1**). Urine samples from dogs with and without UC were  
156 rarefied at 7,000 reads; fecal samples were rarefied at 9,233 reads, which included all fecal  
157 samples. Sequencing data for this project is available in SRA BioProject PRJNA76392.

158

159 **2.4 Urine and fecal sequence data processing:** Prior to analyses, we first removed singletons  
160 (Amplicon Sequence Variants (ASVs) with only one read in the dataset). ASVs are roughly

161 equivalent to a microbial species or strain. We then applied the R package decontam to identify  
162 and filter out putative contaminant ASVs based on their frequency and prevalence (0.5 threshold)  
163 as compared to negative controls (R package, v.1.10.0) [76]. In total, we identified and removed  
164 13 putative contaminant ASVs from the urine samples and 8 from the fecal samples (**Supp.**  
165 **Table 3**). We also removed sequences aligned to chloroplasts, eukaryotes, mammalia, and  
166 mitochondria. In addition, in the urine samples, we removed taxa within the phylum  
167 Cyanobacteria and the class Chloroflexia. All six negative controls, which contained fewer than  
168 7000 reads, were then removed from subsequent analyses.

169

170 **2.5. Statistical analyses:** Data were tested for normality using the Shapiro Wilk Normality Test  
171 in R version 3.5.2 [77]. We then compared DNA concentrations and read numbers between  
172 groups using Wilcoxon Rank Sum tests and two-sample t-tests, respectively. All alpha and beta  
173 diversity metrics were assessed using the R package phyloseq with a p-value cutoff of 0.05  
174 adjusted using the Benjamini & Hochberg False Discovery Rates [78]. Alpha-diversity metrics  
175 included Shannon, Simpson, and Observed Features followed by Kruskal-Wallis Rank Sum  
176 Tests to compare metrics by group. Beta-diversity metrics included Bray-Curtis, Unweighted  
177 UniFrac, and Weighted UniFrac. Permutational Multivariate Analysis of Variance  
178 (PERMANOVA) were implemented in QIIME2 v. 2020.11 to compare bacterial community  
179 composition by group. An Analysis of Composition of Microbiome (ANCOM) was used to  
180 identify differentially abundant taxa by group.

181

182 3. Results



183 **3.1 Urine microbiota in dogs with UC:** We compared the urine microbiota of 7 dogs with UC  
184 to 7 age, sex, and breed-matched healthy controls. The total number of reads across all samples  
185 ranged from 7,232 – 36,692 with a mean of  $20,010 \pm 7,329$  reads. Urine samples contained a  
186 total of 21 bacterial phyla, 308 genera, and 187 species. Urine DNA concentrations were  
187 significantly higher in dogs with UC as compared to healthy dogs (**Figure 2a:** Wilcoxon Rank  
188 Sum test,  $p = 0.002$ ), but there was no significant difference in the number of 16S reads between  
189 dogs with and without UC (**Figure 2b:** two-sample t-test,  $p = 0.99$ ).

190 Dogs with UC had significantly lower urine microbial diversity compared to healthy dogs  
191 as measured by the Shannon diversity index and Observed Features but not by the Simpson  
192 diversity index (Kruskal-Wallis: Shannon,  $p = 0.048$ ; Observed Features,  $p = 0.025$ ; Simpson,  $p$   
193  $= 0.133$ ; **Figure 3a, Supp. Figure 4a,b**). Dogs with UC also had significantly different urine  
194 microbial composition than healthy dogs based on an Unweighted UniFrac distance matrix  
195 (**Figure 3b;** PERMANOVA,  $p = 0.011$ ); although, no significant differences were observed by  
196 Bray Curtis ( $p = 0.888$ ) or Weighted UniFrac ( $p = 0.168$ ) distance matrices (**Supp. Figure 4c,d**).  
197 At the phylum level, Firmicutes (healthy: 61.1 %; UC: 79.5 %) Proteobacteria (healthy: 18.0 %;  
198 UC: 15.6 %), and Actinobacteria (healthy: 12.5 %; UC: 4.26 %) were the three most abundant  
199 phyla in the urine of healthy dogs and dogs with UC (**Figure 4a**). At the family level,  
200 Staphylococcaceae (healthy 42.6%; UC 48.6%) and Streptococcaceae (healthy 5.99 %; UC  
201 14.8%) were amongst the most abundant taxa (**Figure 4b;** For genus and order level taxa see  
202 **Supp. Figure 5**). Interestingly, *Fusobacterium* was present in the urine of dogs with UC but not  
203 in the urine of healthy dogs (relative abundance of *Fusobacterium* in healthy dogs: 0 %; in dogs  
204 with UC: 0.167 %). There were no differentially abundant taxa between healthy dogs and dogs  
205 with UC at the phylum, genus, or ASV levels.

206

207 **3.2 Fecal microbiota in dogs with UC:** We compared the fecal microbiota of a subset of dogs  
208 from the urine analyses for which we also had fecal samples: four dogs with and six dogs  
209 without UC. The total number of reads across all fecal samples ranged from 9,233 – 28,345 with  
210 a mean of  $19,196 \pm 6,100$  reads. Fecal samples contained a total of 8 bacterial phyla, 92 genera,  
211 and 45 species. There was no significant difference in fecal DNA concentrations or number of  
212 16S reads in dogs with UC as compared to healthy dogs; although, DNA concentrations were  
213 greater in dogs with UC (DNA concentration: Wilcoxon Rank Sum Test,  $p = 0.136$ ; 16S reads:  
214 Two-sample t-test,  $p = 0.322$ ; **Figure 5**).

215 Fecal microbial diversity and composition did not differ significantly in dogs with and  
216 without UC (Kruskal-Wallis: Shannon,  $p = 0.67$ ; Unweighted UniFrac PERMANOVA,  $p =$   
217  $0.252$ ; **Figure 6, Supp. Figure 6**). The top three most abundant phyla across all fecal samples  
218 were Firmicutes (healthy: 72.6 %; UC: 32.9 %), Bacteroidetes (healthy: 10.6 %, UC 31.9 %) and  
219 Fusobacteria (healthy: 11.3 %, UC: 31.1 %) (**Figure 7; Supp. Figure 7**). At the family and  
220 genera levels, Fusobacteriaceae (healthy: 11.4 %, UC: 31.7 %) and *Fusobacterium* (healthy: 12.0  
221 %, UC: 33.1 %) were the most abundant taxa in UC but not healthy samples, respectively;  
222 although, these differences were not statistically significant. Only one *Bacteroides spp.* was  
223 significantly increased in relative abundance in dogs with UC compared to healthy dogs  
224 (ANCOM,  $W = 25$ ).

225 To determine how results from this subset of fecal samples compared to a larger sample  
226 set, we then analyzed the fecal microbiota of 30 dogs with UC and 30 sex, age, and breed-  
227 matched healthy controls (**Supp. Table 4**). Fecal DNA concentrations, 16S reads, and fecal  
228 microbial diversity and microbial composition again did not differ significantly between groups

229 (DNA concentration: Wilcoxon Rank Sum test,  $p = 0.515$ ; 16S reads: two-sample t-test,  $p =$   
230  $0.0697$ ; **Supp. Figure 8; Supp. Table 5**). Firmicutes, Bacteroidetes, and Fusobacteria also  
231 remained the most abundant phyla across both groups, and interestingly, Fusobacteriaceae  
232 (healthy: 17.4 %; UC: 28 %) and *Fusobacterium* (healthy: 18.5 %; UC: 29.2%) were still the  
233 most abundant family and genus in the fecal samples of dogs with UC (**Supp. Figure 9**);  
234 although, this difference was still not significant. In fact, no taxa were differentially abundant at  
235 the phylum, genus, or ASV levels between groups in the larger sample set (**Supp. Table 5**),  
236 suggesting that that *Bacteroides spp.* identified as differentially abundant in the subset was likely  
237 an artifact of small sample size.

238

239 **3.3 Microbiota identified in both fecal and urine samples:** As the gut can be a source for  
240 microbes in the urinary tract [30,67], we then combined urine and fecal data to determine what  
241 ASVs were present in both urine and fecal samples. There were a total of 1,204 ASVs across all  
242 urine and fecal samples combined. Sixty-six ASVs were identified in both urine and fecal  
243 samples from any dog (**Supp. Table 6**). The most common taxa found in both urine and fecal  
244 samples included taxa in the genera *Streptococcus* and *Blautia*. Notably, *Fusobacterium spp.*,  
245 *Porphyromonas spp.*, *Campylobacter spp.*, *Helicobacter spp.*, and *Clostridiodes difficile* were  
246 also found in both urine and fecal samples. Further, nine ASVs were identified in urine and fecal  
247 samples from the same dogs (**Supp. Table 7**). These ASVs included two *Escherichia* or *Shigella*  
248 *spp.*, two *Streptococcus spp.*, a *Clostridium sensu stricto 1 spp.*, *Actinomyces coleocanis*,  
249 *Streptococcus minor*, an *Enterococcus spp.*, and an uncultured *Peptoclostridium spp.*

250

251 4. Discussion

252 The purpose of our study was to characterize the urine and fecal microbiota in a naturally-  
253 occurring canine model of UC. We report a decreased urine microbial diversity and altered urine  
254 microbial composition in dogs with UC compared to healthy controls. We did not detect  
255 significant differences in fecal microbiota between dogs with and without UC; although,  
256 *Fusobacterium* was increased in dogs with UC. These results provide a foundation for further  
257 exploring the role of microbes in UC in a highly relevant animal model.

258

### 259 **Urine and fecal microbiota associated with UC**

260 The higher concentrations of DNA found in urine from dogs with UC is likely host DNA from  
261 epithelial or tumor cells being sloughed into the urine. Notably, urine microbial read numbers did  
262 not differ significantly between dogs with and without UC indicating similar amplicon  
263 sequencing depths despite differences in DNA concentrations. (Notably, efforts to remove host  
264 DNA from UC urine samples prior to sequencing may be beneficial in future microbiome studies  
265 employing shotgun metagenomics to ensure that the run is not overwhelmed with host  
266 sequences.)

267 Besides DNA concentrations, we also observed significant differences in urine microbial  
268 diversity (Shannon) and composition (Unweighted UniFrac) between dogs with and without UC.  
269 In this study, urine microbial diversity was greater in healthy dogs as compared to dogs with UC,  
270 a finding that aligns with several studies on urine microbiota in humans with UC [37,39].  
271 However, there are also studies in humans that report no differences in microbial diversity or  
272 decreased diversity in urine from healthy individuals as compared to those with UC  
273 [17,35,36,38,42,44,79]. Differences in microbial composition (Unweighted UniFrac) have also  
274 been reported in previous human studies on UC [36,38,43,44]. In this study, the four most

275 abundant phyla in urine were Firmicutes, Actinobacteria, Bacteroides, and Proteobacteria. These  
276 phyla also dominate the urine microbiota in humans [17,36,38,40,44,45] and have been reported  
277 in previous studies on healthy dog urine [80,81]. In humans, taxa associated with UC vary  
278 widely across studies, but *Acinetobacter* and *Actinomyces* have been found at increased  
279 abundances in patients with UC across at least three studies [35,42,44]. In this study, we did not  
280 see *Acinetobacter* or *Actinomyces spp.* increased in relation to UC, which may be due to small  
281 sample sizes and reduced power to detect differentially abundant taxa, or differences between  
282 human and canine urine microbiota, or lack of a true link between these taxa and UC.

283 In relation to fecal microbiota, we did not observe any significant differences in dogs  
284 with and without UC. However, intriguingly, *Fusobacterium* was increased in relative abundance  
285 (although not significantly) in urine and fecal samples of dogs with UC. One previous study on  
286 bladder cancer also reported increased *Fusobacterium* in the urine of individuals (human) with  
287 UC [38]. Importantly, taxa in the phyla Fusobacteria are considered normal inhabitants of the  
288 canine gastrointestinal tract [82]; although, they are more typically associated with disease in  
289 humans. Studies in colorectal cancer have demonstrated direct links between Fusobacteria  
290 (*Fusobacterium nucleatum*) and carcinogenesis. Specifically, *Fusobacterium nucleatum* Fap2  
291 protein can bind to host factor Gal-GalNAc which is overexpressed on tumor cells [83] - thereby  
292 localizing to tumors where Fap2 can impair host anti-tumor immunity [83]. *Fusobacterium*  
293 *nucleatum* can also induce the host Wnt / beta-catenin pathway resulting in upregulated host  
294 cellular proliferation [84]. Future studies are needed to elucidate the potential role of  
295 *Fusobacterium* in bladder cancer.

296

297 **Microbiota present in both urine and fecal samples**

298 Communication and migration of microbes between the gut and bladder can increase a host's  
299 risk of UTIs and bacteriuria [30]. Microbes may migrate and ascend into the urogenital tract  
300 externally from the rectum / anus, or internally via the blood stream [85,86]. In this study, 66  
301 ASVs were shared between urine and fecal samples. Interestingly, ~ 59 % of those ASVs (39 /  
302 66) are likely spore-formers (Bacilli, Clostridia, Negativicutes) suggesting that spore formation  
303 may more readily enable exchange of microbes between body niches [87,88]. Among the  
304 microbes (ASVs) found in both urine and fecal samples, there were multiple potentially  
305 pathogenic taxa: *Campylobacter spp.*, *Helicobacter canis*, *Clostridiodes difficile*, *Clostridium*  
306 *baratii*, *Escherichia / Shigella spp.*, and *Enterococcus spp.* There were also a few taxa that have  
307 been associated with tumors or directly linked with tumor development or progression in  
308 gastrointestinal, oral, and genital cancers: *Fusobacterium spp.* and *Porphyromonas spp.* [89–94].  
309 The shared presence of two *Fusobacterium* ASVs between urine and fecal samples is particularly  
310 of interest given the role of *Fusobacterium* in colorectal cancer.

311 This pilot study is a novel investigation of urine and fecal microbiota in a canine model  
312 of UC. The dominant microbial taxa identified in canine urine and fecal samples were similar to  
313 those reported in humans. Also, as in humans, altered microbial diversity and composition were  
314 observed in dogs with UC as compared to healthy controls. This supports the idea that the  
315 microbiota may play a role in UC development, progression, prognosis, or response to treatment,  
316 as has been observed in other cancers. Moreover, *Fusobacterium* was increased – albeit not  
317 significantly - in both urine and fecal samples of dogs with UC. *Fusobacterium* ASVs were also  
318 shared between urine and fecal samples. Taken together, these results provide support for the use  
319 of dogs as a model in UC microbiome studies. Additionally, these findings suggest that future

320 work evaluating the role of *Fusobacterium* in UC, and the gut as a potential source of this  
321 *Fusobacterium*, may be warranted.

322

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333

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347 References

348

349 1. World Bladder Cancer Patient Coalition. GLOBOCAN 2020: Bladder cancer 10th most

350 common diagnosed worldwide [Internet]. Lyon, France; 2020. Available from:

351 [https://worldbladdercancer.org/news\\_events/globocan-2020-bladder-cancer-10th-most-](https://worldbladdercancer.org/news_events/globocan-2020-bladder-cancer-10th-most-commonly-diagnosed-worldwide/)

352 [commonly-diagnosed-worldwide/](https://worldbladdercancer.org/news_events/globocan-2020-bladder-cancer-10th-most-commonly-diagnosed-worldwide/)

353 2. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global

354 Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for

355 36 Cancers in 185 Countries. *CA Cancer J Clin*. 2021 May 4;71(3):209–49. Available

356 from: <https://onlinelibrary.wiley.com/doi/10.3322/caac.21660>

357 3. Randi G, Pelucchi C, Negri E, Talamini R, Galeone C, Franceschi S, et al. Family history

358 of urogenital cancers in patients with bladder, renal cell and prostate cancers. *Int J Cancer*.

359 2007 Dec 15;121(12):2748–52. Available from: <http://doi.wiley.com/10.1002/ijc.23037>

360 4. Aben KKH, Witjes JA, Schoenberg MP, Hulsbergen-van de Kaa C, Verbeek ALM,

361 Kiemeny LALM. Familial aggregation of urothelial cell carcinoma. *Int J Cancer*. 2002

362 Mar 10;98(2):274–8. Available from: <http://doi.wiley.com/10.1002/ijc.10191>

363 5. Murta-Nascimento C, Silverman DT, Kogevinas M, García-Closas M, Rothman N,

364 Tardón A, et al. Risk of Bladder Cancer Associated with Family History of Cancer: Do

365 Low-Penetrance Polymorphisms Account for the Increase in Risk? *Cancer Epidemiol*

366 *Biomarkers Prev*. 2007 Aug;16(8):1595–600. Available from:

367 <http://cebp.aacrjournals.org/lookup/doi/10.1158/1055-9965.EPI-06-0743>

368 6. Mueller CM, Caporaso N, Greene MH. Familial and genetic risk of transitional cell

369 carcinoma of the urinary tract. *Urol Oncol Semin Orig Investig*. 2008 Sep;26(5):451–64.

370 Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1078143908000665>

- 371 7. Chu H, Wang M, Zhang Z. Bladder cancer epidemiology and genetic susceptibility. *J*  
372 *Biomed Res.* 2013 May 30;27(3):170–8. Available from: <http://www.jbr->  
373 [pub.org.cn/en/article/doi/10.7555/JBR.27.20130026](http://pub.org.cn/en/article/doi/10.7555/JBR.27.20130026)
- 374 8. Mucci LA, Hjelmberg JB, Harris JR, Czene K, Havelick DJ, Scheike T, et al. Familial  
375 Risk and Heritability of Cancer Among Twins in Nordic Countries. *JAMA.* 2016 Jan  
376 5;315(1):68. Available from:  
377 <http://jama.jamanetwork.com/article.aspx?doi=10.1001/jama.2015.17703>
- 378 9. Martin C, Leiser CL, O’Neil B, Gupta S, Lowrance WT, Kohlmann W, et al. Familial  
379 Cancer Clustering in Urothelial Cancer: A Population-Based Case–Control Study. *JNCI J*  
380 *Natl Cancer Inst.* 2018 May 1;110(5):527–33. Available from:  
381 <https://academic.oup.com/jnci/article/110/5/527/4698132>
- 382 10. Aveyard JS, Skilleter A, Habuchi T, Knowles MA. Somatic mutation of PTEN in bladder  
383 carcinoma. *Br J Cancer.* 1999 May 23;80(5–6):904–8. Available from:  
384 <http://www.nature.com/articles/6690439>
- 385 11. Antoni S, Ferlay J, Soerjomataram I, Znaor A, Jemal A, Bray F. Bladder Cancer Incidence  
386 and Mortality: A Global Overview and Recent Trends. *Eur Urol.* 2017 Jan;71(1):96–108.  
387 Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0302283816302809>
- 388 12. American Cancer Society. Key Statistics for Bladder Cancer [Internet]. 2021. Available  
389 from: <https://www.cancer.org/cancer/bladder-cancer/about/key-statistics.html>
- 390 13. Wang Y, Chang Q, Li Y. Racial differences in Urinary Bladder Cancer in the United  
391 States. *Sci Rep.* 2018 Dec 21;8(1):12521. Available from:  
392 <http://www.nature.com/articles/s41598-018-29987-2>
- 393 14. Cumberbatch MG, Rota M, Catto JWF, La Vecchia C. The Role of Tobacco Smoke in

- 394 Bladder and Kidney Carcinogenesis: A Comparison of Exposures and Meta-analysis of  
395 Incidence and Mortality Risks. *Eur Urol.* 2016 Sep;70(3):458–66. Available from:  
396 <https://linkinghub.elsevier.com/retrieve/pii/S0302283815005485>
- 397 15. Alguacil J, Kogevinas M, Silverman DT, Malats N, Real FX, García-Closas M, et al.  
398 Urinary pH, cigarette smoking and bladder cancer risk. *Carcinogenesis.* 2011  
399 Jun;32(6):843–7. Available from: [https://academic.oup.com/carcin/article-](https://academic.oup.com/carcin/article-lookup/doi/10.1093/carcin/bgr048)  
400 [lookup/doi/10.1093/carcin/bgr048](https://academic.oup.com/carcin/article-lookup/doi/10.1093/carcin/bgr048)
- 401 16. Burger M, Catto JWF, Dalbagni G, Grossman HB, Herr H, Karakiewicz P, et al.  
402 Epidemiology and Risk Factors of Urothelial Bladder Cancer. *Eur Urol.* 2013  
403 Feb;63(2):234–41. Available from:  
404 <https://linkinghub.elsevier.com/retrieve/pii/S0302283817306620>
- 405 17. Wu P, Zhang G, Zhao J, Chen J, Chen Y, Huang W, et al. Profiling the Urinary  
406 Microbiota in Male Patients With Bladder Cancer in China. *Front Cell Infect Microbiol.*  
407 2018 May 31;8(167). Available from:  
408 <https://www.frontiersin.org/article/10.3389/fcimb.2018.00167/full>
- 409 18. Pesch B, Taeger D, Johnen G, Gawrych K, Bonberg N, Schwentner C, et al. Screening for  
410 bladder cancer with urinary tumor markers in chemical workers with exposure to aromatic  
411 amines. *Int Arch Occup Environ Health.* 2014 Oct 16;87(7):715–24. Available from:  
412 <http://link.springer.com/10.1007/s00420-013-0916-3>
- 413 19. Koutros S, Silverman DT, Alavanja MC, Andreotti G, Lerro CC, Heltshe S, et al.  
414 Occupational exposure to pesticides and bladder cancer risk. *Int J Epidemiol.* 2016  
415 Jun;45(3):792–805. Available from: [https://academic.oup.com/ije/article-](https://academic.oup.com/ije/article-lookup/doi/10.1093/ije/dyv195)  
416 [lookup/doi/10.1093/ije/dyv195](https://academic.oup.com/ije/article-lookup/doi/10.1093/ije/dyv195)

- 417 20. O’Keefe SJD. Diet, microorganisms and their metabolites, and colon cancer. *Nat Rev*  
418 *Gastroenterol Hepatol*. 2016 Dec 16;13(12):691–706. Available from:  
419 <http://www.nature.com/articles/nrgastro.2016.165>
- 420 21. Sears CL, Garrett WS. Microbes, Microbiota, and Colon Cancer. *Cell Host Microbe*. 2014  
421 Mar;15(3):317–28. Available from:  
422 <https://linkinghub.elsevier.com/retrieve/pii/S1931312814000651>
- 423 22. Mao Q, Jiang F, Yin R, Wang J, Xia W, Dong G, et al. Interplay between the lung  
424 microbiome and lung cancer. *Cancer Lett*. 2018 Feb;415:40–8. Available from:  
425 <https://linkinghub.elsevier.com/retrieve/pii/S0304383517307607>
- 426 23. Ramírez-Labrada AG, Isla D, Artal A, Arias M, Rezusta A, Pardo J, et al. The Influence  
427 of Lung Microbiota on Lung Carcinogenesis, Immunity, and Immunotherapy. *Trends in*  
428 *Cancer*. 2020 Feb;6(2):86–97. Available from:  
429 <https://linkinghub.elsevier.com/retrieve/pii/S2405803319302651>
- 430 24. Aragón IM, Herrera-Imbroda B, Queipo-Ortuño MI, Castillo E, Del Moral JSG, Gómez-  
431 Millán J, et al. The Urinary Tract Microbiome in Health and Disease. *Eur Urol Focus*.  
432 2018;4(1):128–38.
- 433 25. Kramer H, Kuffel G, Thomas-White K, Wolfe AJ, Vellanki K, Leehey DJ, et al. Diversity  
434 of the midstream urine microbiome in adults with chronic kidney disease. *Int Urol*  
435 *Nephrol*. 2018 Jun 12 [cited 2019 Sep 23];50(6):1123–30. Available from:  
436 <http://www.ncbi.nlm.nih.gov/pubmed/29651696>
- 437 26. Shoskes DA, Altemus J, Polackwich AS, Tucky B, Wang H, Eng C. The urinary  
438 microbiome differs significantly between patients with chronic prostatitis/chronic pelvic  
439 pain syndrome and controls as well as between patients with different clinical phenotypes.

- 440 Urology. 2016;92:26–32.
- 441 27. Siddiqui H, Lagesen K, Nederbragt AJ, Jeansson SL, Jakobsen KS. Alterations of  
442 microbiota in urine from women with interstitial cystitis. *BMC Microbiol.*  
443 2012;13(12):205.
- 444 28. Nelson DE, van der Pol B, Dong Q, Revanna K V., Fan B, Easwaran S, et al.  
445 Characteristic male urine microbiomes associate with asymptomatic sexually transmitted  
446 infection. *PLoS One.* 2010;5(11).
- 447 29. Pearce MM, Hilt EE, Rosenfeld AB, Zilliox MJ, Thomas-White K, Fok C, et al. The  
448 female urinary microbiome: A comparison of women with and without urgency urinary  
449 incontinence. *MBio.* 2014;5(4):e01283-14.
- 450 30. Magruder M, Sholi AN, Gong C, Zhang L, Edusei E, Huang J, et al. Gut uropathogen  
451 abundance is a risk factor for development of bacteriuria and urinary tract infection. *Nat*  
452 *Commun.* 2019 Dec 4;10(1):5521. Available from:  
453 <http://www.nature.com/articles/s41467-019-13467-w>
- 454 31. Zampini A, Nguyen AH, Rose E, Monga M, Miller AW. Defining Dysbiosis in Patients  
455 with Urolithiasis. *Sci Rep.* 2019 Dec 1;9(1):5425. Available from:  
456 <http://www.nature.com/articles/s41598-019-41977-6>
- 457 32. Adebayo AS, Survayanshi M, Bhute S, Agunloye AM, Isokpehi RD, Anumudu CI, et al.  
458 The microbiome in urogenital schistosomiasis and induced bladder pathologies. *PLoS*  
459 *Negl Trop Dis.* 2017;11(11).
- 460 33. Fok CS, Gao X, Lin H, Thomas-White KJ, Mueller ER, Wolfe AJ, et al. Urinary  
461 symptoms are associated with certain urinary microbes in urogynecologic surgical  
462 patients. *Int Urogynecol J.* 2018 Dec 16;29(12):1765–71. Available from:

- 463 <http://link.springer.com/10.1007/s00192-018-3732-1>
- 464 34. Gottschick C, Deng ZL, Vital M, Masur C, Abels C, Pieper DH, et al. The urinary  
465 microbiota of men and women and its changes in women during bacterial vaginosis and  
466 antibiotic treatment. *Microbiome*. 2017;55(1):99.
- 467 35. Bi H, Tian Y, Song C, Li J, Liu T, Chen Z, et al. Urinary microbiota – a potential  
468 biomarker and therapeutic target for bladder cancer. *J Med Microbiol*. 2019 Oct  
469 1;68(10):1471–8. Available from:  
470 <https://www.microbiologyresearch.org/content/journal/jmm/10.1099/jmm.0.001058>
- 471 36. Pederzoli F, Ferrarese R, Amato V, Locatelli I, Alchera E, Lucianò R, et al. Sex-specific  
472 Alterations in the Urinary and Tissue Microbiome in Therapy-naïve Urothelial Bladder  
473 Cancer Patients. *Eur Urol Oncol*. 2020;3(6):784–8.
- 474 37. Liu F, Liu A, Lu X, Zhang Z, Xue Y, Xu J, et al. Dysbiosis signatures of the microbial  
475 profile in tissue from bladder cancer. *Cancer Med*. 2019;8(16):6904–14.
- 476 38. Bučević Popović V, Šitum M, Chow CET, Chan LS, Roje B, Terzić J. The urinary  
477 microbiome associated with bladder cancer. *Sci Rep*. 2018;8(12157).
- 478 39. Chipollini J, Wright JR, Nwanosike H, Kepler CY, Batai K, Lee BR, et al.  
479 Characterization of urinary microbiome in patients with bladder cancer: Results from a  
480 single-institution, feasibility study. *Urol Oncol Semin Orig Investig*. 2020 Jul;38(7):615–  
481 21. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1078143920301393>
- 482 40. Mai G, Chen L, Li R, Liu Q, Zhang H, Ma Y. Common Core Bacterial Biomarkers of  
483 Bladder Cancer Based on Multiple Datasets. *Biomed Res Int*. 2019 Jun 19;2019:1–8.  
484 Available from: <https://www.hindawi.com/journals/bmri/2019/4824909/>
- 485 41. Oresta B, Braga D, Lazzeri M, Frego N, Saita A, Faccani C, et al. The Microbiome of

- 486 Catheter Collected Urine in Males with Bladder Cancer According to Disease Stage. *J*  
487 *Urol.* 2021 Jan;205(1):86–93. Available from:  
488 <http://www.jurology.com/doi/10.1097/JU.0000000000001336>
- 489 42. Xu W, Yang L, Lee P, Huang WC, Nossa C, Ma Y, et al. Mini-review: perspective of the  
490 microbiome in the pathogenesis of urothelial carcinoma. *Am J Clin Exp Urol.*  
491 2014;2(1):57–61.
- 492 43. Chen C, Huang Z, Huang P, Li K, Zeng J, Wen Y, et al. Profiling the Urinary Microbiota  
493 in Men with Positive versus Negative PD-L1 Expression for Non-muscle Invasive Bladder  
494 Cancer. *Res Sq.* 2021;
- 495 44. Hussein AA, Elsayed AS, Durrani M, Jing Z, Iqbal U, Gomez EC, et al. Investigating the  
496 association between the urinary microbiome and bladder cancer: An exploratory study.  
497 *Urol Oncol Semin Orig Investig.* 2021;S1078-1439.
- 498 45. Mansour B, Monyók Á, Makra N, Gajdács M, Vadnay I, Ligeti B, et al. Bladder cancer-  
499 related microbiota: examining differences in urine and tissue samples. *Sci Rep.* 2020 Dec  
500 6;10:11042. Available from: <http://www.nature.com/articles/s41598-020-67443-2>
- 501 46. Ding J, Xu D, Pan C, Ye M, Kang J, Bai Q, et al. Current animal models of bladder  
502 cancer: Awareness of translatability (Review). *Exp Ther Med.* 2014 Sep;8(3):691–9.  
503 Available from: <https://www.spandidos-publications.com/10.3892/etm.2014.1837>
- 504 47. Patrick DJ, Fitzgerald SD, Sesterhenn IA, Davis CJ, Kiupel M. Classification of Canine  
505 Urinary Bladder Urothelial Tumours Based on the World Health  
506 Organization/International Society of Urological Pathology Consensus Classification. *J*  
507 *Comp Pathol.* 2006 Nov;135(4):190–9. Available from:  
508 <https://linkinghub.elsevier.com/retrieve/pii/S0021997506000673>

- 509 48. Valli VE, Norris A, Jacobs RM, Laing E, Withrow S, Macy D, et al. Pathology of canine  
510 bladder and urethral cancer and correlation with tumour progression and survival. *J Comp*  
511 *Pathol.* 1995 Aug;113(2):113–30. Available from:  
512 <https://linkinghub.elsevier.com/retrieve/pii/S0021997505800271>
- 513 49. de Brot S, Robinson B, Scase T, Grau Roma L, Wilkinson E, Boorjian S, et al. The dog  
514 as an animal model for bladder and urethral urothelial carcinoma: Comparative  
515 epidemiology and histology. *Oncol Lett.* 2018 May 30;16:1641–9. Available from:  
516 <http://www.spandidos-publications.com/10.3892/ol.2018.8837>
- 517 50. Glickman LT, Raghavan M, Knapp DW, Bonney PL, Dawson MH. Herbicide exposure  
518 and the risk of transitional cell carcinoma of the urinary bladder in Scottish Terriers. *J AM*  
519 *Vet Med Assoc.* 2004;224(8):1290–7.
- 520 51. Decker B, Parker HG, Dhawan D, Kwon EM, Karlins E, Davis BW, et al. Homologous  
521 mutation to human BRAF V600E is common in naturally occurring canine bladder  
522 cancer-evidence for a relevant model system and urine-based diagnostic test. *Mol Cancer*  
523 *Res.* 2015;13(6):993–1002.
- 524 52. Coelho LP, Kultima JR, Costea PI, Fournier C, Pan Y, Czarnecki-Maulden G, et al.  
525 Similarity of the dog and human gut microbiomes in gene content and response to diet.  
526 *Microbiome.* 2018 Dec 19;6(1):72. Available from:  
527 <https://microbiomejournal.biomedcentral.com/articles/10.1186/s40168-018-0450-3>
- 528 53. Montassier E, Gastinne T, Vangay P, Al-Ghalith GA, Bruley des Varannes S, Massart S,  
529 et al. Chemotherapy-driven dysbiosis in the intestinal microbiome. *Aliment Pharmacol*  
530 *Ther.* 2015 Sep;42(5):515–28. Available from: <http://doi.wiley.com/10.1111/apt.13302>
- 531 54. Stringer AM, Al-Dasooqi N, Bowen JM, Tan TH, Radzuan M, Logan RM, et al.



- 532           Biomarkers of chemotherapy-induced diarrhoea: a clinical study of intestinal microbiome  
533           alterations, inflammation and circulating matrix metalloproteinases. *Support Care Cancer*.  
534           2013 Jul 10;21(7):1843–52. Available from: [http://link.springer.com/10.1007/s00520-013-](http://link.springer.com/10.1007/s00520-013-1741-7)  
535           1741-7
- 536 55.       Stewardson AJ, Gaia N, François P, Malhotra-Kumar S, Delémont C, Martinez de Tejada  
537       B, et al. Collateral damage from oral ciprofloxacin versus nitrofurantoin in outpatients  
538       with urinary tract infections: a culture-free analysis of gut microbiota. *Clin Microbiol*  
539       *Infect*. 2015 Apr;21(4):344.e1-344.e11. Available from:  
540       <https://linkinghub.elsevier.com/retrieve/pii/S1198743X14001025>
- 541 56.       Suchodolski JS, Dowd SE, Westermarck E, Steiner JM, Wolcott RD, Spillmann T, et al.  
542       The effect of the macrolide antibiotic tylosin on microbial diversity in the canine small  
543       intestine as demonstrated by massive parallel 16S rRNA gene sequencing. *BMC*  
544       *Microbiol*. 2009;9(1):210. Available from:  
545       <http://bmcmicrobiol.biomedcentral.com/articles/10.1186/1471-2180-9-210>
- 546 57.       Connelly S, Fanelli B, A. Hasan N, R. Colwell R, Kaleko M. Low dose oral beta-  
547       lactamase protects the gut microbiome from oral beta-lactam-mediated damage in dogs.  
548       *AIMS Public Heal*. 2019;6(4):477–87. Available from:  
549       <http://www.aimspress.com/article/10.3934/publichealth.2019.4.477>
- 550 58.       Pilla R, Gaschen FP, Barr JW, Olson E, Honneffer J, Guard BC, et al. Effects of  
551       metronidazole on the fecal microbiome and metabolome in healthy dogs. *J Vet Intern*  
552       *Med*. 2020 Sep 28;34(5):1853–66. Available from:  
553       <https://onlinelibrary.wiley.com/doi/10.1111/jvim.15871>
- 554 59.       Chaitman J, Ziese A-L, Pilla R, Minamoto Y, Blake AB, Guard BC, et al. Fecal Microbial

- 555 and Metabolic Profiles in Dogs With Acute Diarrhea Receiving Either Fecal Microbiota  
556 Transplantation or Oral Metronidazole. *Front Vet Sci.* 2020 Apr 16;7. Available from:  
557 <https://www.frontiersin.org/article/10.3389/fvets.2020.00192/full>
- 558 60. Manchester AC, Webb CB, Blake AB, Sarwar F, Lidbury JA, Steiner JM, et al.  
559 Long-term impact of tylosin on fecal microbiota and fecal bile acids of healthy dogs. *J*  
560 *Vet Intern Med.* 2019 Nov;33(6):2605–17. Available from:  
561 <https://onlinelibrary.wiley.com/doi/10.1111/jvim.15635>
- 562 61. Wolfe AJ, Toh E, Shibata N, Rong R, Kenton K, FitzGerald MP, et al. Evidence of  
563 uncultivated bacteria in the adult female bladder. *J Clin Microbiol.* 2012;50(4):1376–83.
- 564 62. Bajic P, Van Kuiken ME, Burge BK, Kirshenbaum EJ, Joyce CJ, Wolfe AJ, et al. Male  
565 Bladder Microbiome Relates to Lower Urinary Tract Symptoms. *Eur Urol Focus.*  
566 2020;6(2):376–82.
- 567 63. Hourigan SK, Zhu W, Wong SWW, Clemency NC, Provenzano M, Vilboux T, et al.  
568 Studying the urine microbiome in superficial bladder cancer: Samples obtained by  
569 midstream voiding versus cystoscopy. *BMC Urol.* 2020;20(5).
- 570 64. Pohl HG, Groah SL, Pérez-Losada M, Ljungberg I, Sprague BM, Chandal N, et al. The  
571 Urine Microbiome of Healthy Men and Women Differs by Urine Collection Method. *Int*  
572 *Neurol J.* 2020;24(1):41–51.
- 573 65. Chen YB, Hochstedler B, Pham TT, Alvarez MA, Mueller ER, Wolfe AJ. The Urethral  
574 Microbiota: A Missing Link in the Female Urinary Microbiota. *J Urol.* 2020  
575 Aug;204(2):303–9. Available from:  
576 <http://www.jurology.com/doi/10.1097/JU.0000000000000910>
- 577 66. Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ. Urinary tract infections:

- 578 epidemiology, mechanisms of infection and treatment options. *Nat Rev Microbiol*. 2015  
579 May 8;13(5):269–84. Available from: <http://www.nature.com/articles/nrmicro3432>
- 580 67. Paalanne N, Husso A, Salo J, Pieviläinen O, Tejesvi M V., Koivusaari P, et al. Intestinal  
581 microbiome as a risk factor for urinary tract infections in children. *Eur J Clin Microbiol*  
582 *Infect Dis*. 2018 Oct 13;37(10):1881–91. Available from:  
583 <http://link.springer.com/10.1007/s10096-018-3322-7>
- 584 68. Mrofchak R, Madden C, Evans M V, Hale VL. Evaluating extraction methods to study  
585 canine urine microbiota. *PLoS One*. 2021 Jul 9;16(7):e0253989. Available from:  
586 <https://dx.plos.org/10.1371/journal.pone.0253989>
- 587 69. Caporaso JG, Lauber CL, Walters WA, Berg-Lyons D, Huntley J, Fierer N, et al. Ultra-  
588 high-throughput microbial community analysis on the Illumina HiSeq and MiSeq  
589 platforms. *ISME J*. 2012;6:1621–1624.
- 590 70. Caporaso JG, Lauber CL, Walters WA, Berg-Lyons D, Lozupone CA, Turnbaugh PJ, et  
591 al. Global patterns of 16S rRNA diversity at a depth of millions of sequences per sample.  
592 *Proc Natl Acad Sci U S A*. 2011;18(Supplement 1):4516–22.
- 593 71. Boylen E, Ram Rideout J, Dillon MR, Bokulich NA, Abnet CC, Al-Ghalith GA, et al.  
594 Reproducible, interactive, scalable and extensible microbiome data science using QIIME  
595 2. *Nat Biotechnol*. 2019;37(8):852–7.
- 596 72. Callahan BJ, McMurdie PJ, Rosen MJ, Han AW, Johnson AJA, Holmes SP. DADA2:  
597 High-resolution sample inference from Illumina amplicon data. *Nat Methods*.  
598 2016;13:581–583.
- 599 73. Yilmaz P, Parfrey LW, Yarza P, Gerken J, Pruesse E, Quast C, et al. The SILVA and “all-  
600 species Living Tree Project (LTP)” taxonomic frameworks. *Nucleic Acids Res*.

- 601 2014;42(Database Issue):D643–8.
- 602 74. Quast C, Pruesse E, Yilmaz P, Gerken J, Schweer T, Yarza P, et al. The SILVA ribosomal  
603 RNA gene database project: Improved data processing and web-based tools. *Nucleic*  
604 *Acids Res.* 2013;41(Database Issue):D590-596.
- 605 75. McMurdie PJ, Holmes S. Waste Not, Want Not: Why Rarefying Microbiome Data Is  
606 Inadmissible. *PLoS Comput Biol.* 2014;10(4).
- 607 76. Davis NM, Proctor DM, Holmes SP, Relman DA, Callahan BJ. Simple statistical  
608 identification and removal of contaminant sequences in marker-gene and metagenomics  
609 data. *Microbiome.* 2018 Dec 17;6(1):226. Available from:  
610 <https://microbiomejournal.biomedcentral.com/articles/10.1186/s40168-018-0605-2>
- 611 77. R Core Team. R: a language and environment for statistical computing. R foundation for  
612 Statistical Computing. Vienna, Austria; 2018.
- 613 78. McMurdie PJ, Holmes S. phyloseq: An R Package for Reproducible Interactive Analysis  
614 and Graphics of Microbiome Census Data. *PLoS One.* 2013;8(4).
- 615 79. Zeng J, Zhang G, Chen C, Li K, Wen Y, Zhao J, et al. Alterations in Urobiome in Patients  
616 With Bladder Cancer and Implications for Clinical Outcome: A Single-Institution Study.  
617 *Front Cell Infect Microbiol.* 2020 Dec 15;10. Available from:  
618 <https://www.frontiersin.org/articles/10.3389/fcimb.2020.555508/full>
- 619 80. Burton EN, Cohn LA, Reinero CN, Rindt H, Moore SG, Ericsson AC. Characterization of  
620 the urinary microbiome in healthy dogs. *PLoS One.* 2017;12(5):e0177783.
- 621 81. Melgarejo T, Oakley BB, Krumbeck JA, Tang S, Krantz A, Linde A. Assessment of  
622 bacterial and fungal populations in urine from clinically healthy dogs using  
623 next-generation sequencing. *J Vet Intern Med.* 2021 Mar 19;jvim.16104. Available from:

- 624 <https://onlinelibrary.wiley.com/doi/10.1111/jvim.16104>
- 625 82. Pilla R, Suchodolski JS. The Role of the Canine Gut Microbiome and Metabolome in  
626 Health and Gastrointestinal Disease. *Frontiers in Veterinary Science*. 2020.
- 627 83. Abed J, Emgård JEM, Zamir G, Faroja M, Almogy G, Grenov A, et al. Fap2 Mediates  
628 *Fusobacterium nucleatum* Colorectal Adenocarcinoma Enrichment by Binding to Tumor-  
629 Expressed Gal-GalNAc. *Cell Host Microbe*. 2016 Aug;20(2):215–25. Available from:  
630 <https://linkinghub.elsevier.com/retrieve/pii/S1931312816303055>
- 631 84. Rubinstein MR, Baik JE, Lagana SM, Han RP, Raab WJ, Sahoo D, et al. *Fusobacterium*  
632 *nucleatum* promotes colorectal cancer by inducing Wnt/ $\beta$ -catenin modulator Annexin  
633 A1. *EMBO Rep*. 2019 Apr 4;20(4). Available from:  
634 <https://onlinelibrary.wiley.com/doi/10.15252/embr.201847638>
- 635 85. Meštrović T, Matijašić M, Perić M, Čipčić Paljetak H, Barešić A, Verbanac D. The Role  
636 of Gut, Vaginal, and Urinary Microbiome in Urinary Tract Infections: From Bench to  
637 Bedside. *Diagnostics*. 2020 Dec 22;11(1):7. Available from: [https://www.mdpi.com/2075-](https://www.mdpi.com/2075-4418/11/1/7)  
638 [4418/11/1/7](https://www.mdpi.com/2075-4418/11/1/7)
- 639 86. Łaniewski P, İlhan ZE, Herbst-Kralovetz MM. The microbiome and gynaecological  
640 cancer development, prevention and therapy. *Nat Rev Urol*. 2020 Apr 18;17(4):232–50.  
641 Available from: <http://www.nature.com/articles/s41585-020-0286-z>
- 642 87. Galperin MY. Genome Diversity of Spore-Forming Firmicutes. Driks A, Eichenberger P,  
643 editors. *Microbiol Spectr*. 2013 Dec 13;1(2). Available from:  
644 <https://journals.asm.org/doi/10.1128/microbiolspectrum.TBS-0015-2012>
- 645 88. Tetz G, Tetz V. Introducing the sporobiota and sporobiome. *Gut Pathog*. 2017 Dec  
646 30;9(1):38. Available from:

- 647 <http://gutpathogens.biomedcentral.com/articles/10.1186/s13099-017-0187-8>
- 648 89. Kostic AD, Chun E, Robertson L, Glickman JN, Gallini CA, Michaud M, et al.  
649 *Fusobacterium nucleatum* Potentiates Intestinal Tumorigenesis and Modulates the Tumor-  
650 Immune Microenvironment. *Cell Host Microbe*. 2013 Aug;14(2):207–15. Available from:  
651 <https://linkinghub.elsevier.com/retrieve/pii/S1931312813002552>
- 652 90. Hale VL, Jeraldo P, Chen J, Mundy M, Yao J, Priya S, et al. Distinct microbes,  
653 metabolites, and ecologies define the microbiome in deficient and proficient mismatch  
654 repair colorectal cancers. *Genome Med*. 2018 Dec 31;10(1):78. Available from:  
655 <https://genomemedicine.biomedcentral.com/articles/10.1186/s13073-018-0586-6>
- 656 91. Mitsunashi K, Nosho K, Sukawa Y, Matsunaga Y, Ito M, Kurihara H, et al. Association of  
657 *Fusobacterium* species in pancreatic cancer tissues with molecular features and prognosis.  
658 *Oncotarget*. 2015 Mar 30;6(9):7209–20. Available from:  
659 <https://www.oncotarget.com/lookup/doi/10.18632/oncotarget.3109>
- 660 92. Ha NH, Woo BH, Kim DJ, Ha ES, Choi J Il, Kim SJ, et al. Prolonged and repetitive  
661 exposure to *Porphyromonas gingivalis* increases aggressiveness of oral cancer cells by  
662 promoting acquisition of cancer stem cell properties. *Tumor Biol*. 2015 Dec  
663 16;36(12):9947–60. Available from: <http://link.springer.com/10.1007/s13277-015-3764-9>
- 664 93. Atanasova KR, Yilmaz Ö. Looking in the *Porphyromonas gingivalis* cabinet of curiosities:  
665 the microbium, the host and cancer association. *Mol Oral Microbiol*. 2014 Apr;29(2):55–  
666 66. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/omi.12047>
- 667 94. Walther-António MRS, Chen J, Multinu F, Hokenstad A, Distad TJ, Cheek EH, et al.  
668 Potential contribution of the uterine microbiome in the development of endometrial  
669 cancer. *Genome Med*. 2016 Dec 25;8(1):122. Available from:

670 <http://genomemedicine.biomedcentral.com/articles/10.1186/s13073-016-0368-y>

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Author	Year	Sample Size	Collection Method	Microbial Diversity ( $\alpha$ -diversity)	Microbial Composition ( $\beta$ -diversity)	Most Abundant Taxa
Xu et al.	2014	Healthy (n = 6) UC (n = 8)	not described	Increased number of genera in UC (statistical significance not indicated)	not described	<i>Acinetobacter</i> abundant in both healthy and UC groups <b>Increased in UC:</b> <i>Streptococcus</i> , <i>Parabacterium</i> , and <i>Anaerococcus</i>
Bračević Popović et al.	2018	Healthy (n = 11 men), UC (n = 12 men)	mid-stream free catch	no differences detected	Bray-Curtis microbial composition differed by age but not between UC and healthy groups	<b>Increased in UC:</b> <i>Faecalibacterium</i> , <i>Actinobaculum</i> , <i>Facklamia</i> , <i>Campylobacter</i> , <i>Subdoligranulum</i> , <i>Ruminococcaceae</i> UCG-002, <i>Campylobacter hominis</i> , <i>Actinobaculum massiliense</i> , and <i>Jorgensella anthracis</i> <b>Increased in Healthy:</b> <i>Veillonella</i> , <i>Streptococcus</i> , and <i>Corynebacterium</i>
Wu et al.	2018	Healthy (n = 18) UC (n = 31; MIBC = 5, NMIBC = 26)	mid-stream free catch	Observed Species, Chao1, and Ace indices: cancer > healthy	Bray-Curtis, Unweighted and Weighted UniFrac; microbial composition differed between UC and healthy groups	<b>Phyla dominant across all urine samples:</b> Proteobacteria, Actinobacteria, Firmicutes, and Bacteroidetes <b>Genera increased in UC:</b> <i>Acinetobacter</i> , <i>Anaerococcus</i> , <i>Rubrobacter</i> , <i>Sphingobacterium</i> , <i>Atopostipes</i> , and <i>Geobacillus</i> <b>Genera increased in healthy:</b> <i>Serratia</i> , <i>Proteus</i> , <i>Roseomonas</i> , <i>Ruminiclostridium-6</i> , <i>Eubacterium-sydnophylum</i> , and <i>Laceyella</i> <b>Genera associated with UC recurrence:</b> <i>Herbaspirillum</i> , <i>Genella</i> , <i>Bacteroides</i> , <i>Porphyrobacter</i> , <i>Fusobacterium</i> , and <i>Aeromonas</i> <b>Genera associated with UC progression:</b> <i>Herbaspirillum</i> , <i>Porphyrobacter</i> , <i>Bacteroides</i> , and <i>Marmorricola</i>
Bi et al.	2019	Healthy (n = 26, men = 15, women = 11) UC (n = 29; men = 20, women = 9)	mid-stream free catch	UC > healthy (metric not specified)	Bray-Curtis; microbial composition differed between UC and healthy groups	<b>Phyla increased in UC:</b> Tenericutes and Proteobacteria <b>Genera increased in healthy:</b> <i>Streptococcus</i> , <i>Riftobacterium</i> , <i>Lactobacillus</i> , and <i>Veillonella</i> <b>Genera increased in UC:</b> <i>Actinomyces</i>
Liu et al.	2019	UC tissue (n = 22) adjacent normal tissue (n = 12)	intraoperative tissue collection	Shannon: normal > UC tissue, Evenness: normal > UC tissue	Weighted UniFrac; microbial composition differed between UC and normal tissue groups	<b>Phyla increased in UC tissue:</b> Proteobacteria and Actinobacteria <b>Phyla decreased in UC tissue:</b> Firmicutes and Bacteroidetes <b>Genera increased in UC tissue:</b> <i>Cyprinus</i> spp. Unclassified <i>Brucellaceae</i> , <i>Acinetobacter</i> , <i>Escherichia-Shigella</i> , <i>Sphingomonas</i> , <i>Pelomonas</i> , <i>Ralstonia</i> , and <i>Anoxybacillus</i> <b>Genera increased in normal tissue:</b> <i>Lactobacillus</i> , <i>Prevotella 9</i> , and <i>Ruminococcaceae</i>
Mai et al.	2019	UC (n = 24; men = 18, women = 6)	mid-stream free catch	not described	not described	<b>Most abundant phyla:</b> Proteobacteria, Firmicutes, Actinobacteria, Tenericutes, and Bacteroidetes <b>Most abundant Classes:</b> Gammaproteobacteria, Bacilli, Actinobacteria, Mollicutes, Bacteroidia, Betaproteobacteria, and Clostridia <b>Most abundant Orders:</b> Enterobacteriales, Lactobacillales, Mycoplasmatales, Actinomycetales, Xanthomonadales, Clostridiales, Bacillales, and Bacteroidales <b>Most abundant Families:</b> Enterobacteriaceae, Lactobacillaceae, Streptococcaceae, Mycoplasmataceae, Xanthomonadaceae, Corynebacteriaceae <b>Most abundant Genera:</b> unidentified Enterobacteriaceae genus, <i>Streptococcus</i> , <i>Lactobacillus</i> , <i>Ureoplasma</i> , <i>Corynebacterium</i> , <i>Sinetotrophomonas</i> , <i>Enterococcus</i> , and <i>Staphylococcus</i> <b>Increased in UC (based on comparison to previously published healthy controls):</b> <i>Acinetobacter</i> , <i>Rubrobacter</i> , <i>Geobacillus</i> , and <i>Riftobacteria</i>
Chipollini et al.	2020	Healthy (n = 10) UC (n = 27; MIBC, n = 15; NMIBC, n = 12)	mid-stream free catch	Evenness: Healthy > MIBC > NMIBC	Weighted UniFrac; microbial composition did not differ between UC and healthy groups	<b>Increased in MIBC:</b> Bacteroides and Faecalibacterium <b>Increased in Healthy:</b> Bacteroides, Lactinodistridium, and Burkholderiaceae
Mansour et al.	2020	UC urine (n = 10) UC tissue (n = 14)	urine = collected directly from bladder during surgery; tissue = removed during transurethral resection	Shannon and Richness: male > female	No similarities in microbial composition between tissue and urine samples from same individual	<b>Phyla dominant across all urine and tissue samples:</b> Firmicutes, Actinobacteria, Proteobacteria, Bacteroidetes, and Cyanobacteria <b>Most abundant genera in all urine:</b> <i>Lactobacillus</i> , <i>Corynebacterium</i> , <i>Streptococcus</i> , and <i>Staphylococcus</i> <b>Most abundant genera in tissue:</b> <i>Bacteroides</i> , <i>Alkermansia</i> , <i>Klebsiella</i> , and <i>Clostridium sensu stricto</i> <b>Genera increased in tissue compared to urine:</b> <i>Bacteroides</i> , <i>Alkermansia</i> , <i>Klebsiella</i> , <i>Clostridium Sensu Stricto</i> , and <i>Enterobacter</i>
Pederzoli et al.	2020	Healthy (n = 59, men = 24, women = 25) UC (n = 49, men = 36, women = 13)	mid-stream free catch; UC and healthy adjacent tissue collected at surgery	Richness: no difference between UC and healthy urine; UC urine > UC tissue and healthy tissue	Weighted UniFrac; microbial composition differed by sex and UC vs. healthy groups. Tissue samples differed by sex but not UC	<b>Most abundant Phyla in urine samples:</b> Proteobacteria, Firmicutes, and Bacteroidetes <b>Taxa increased in UC urine (men):</b> Acidobacteria-6, Opintales, Opintaceae <b>Taxa increased in UC urine (women):</b> <i>Klebsiella</i> <b>Top 5 taxa increased in healthy urine (men):</b> Tissierellaceae, Alphaproteobacteria, Rhizobiales, Sphingomonadales, Pasteurellales <b>Top 5 taxa increased in healthy urine (women):</b> Betaproteobacteria, Burkholderiales, pseudomonadales, Comamonadaceae, Moraxellaceae <b>Taxa increased in UC tissue:</b> <i>Burkholderia</i>
Zeng et al.	2020	Healthy (n = 19) UC: 62 + 40 NMIBC	mid-stream free catch	Observed Species, Chao1, and Ace indices: cancer > NMIBC	Bray-Curtis; microbial composition differed between UC and healthy groups	<b>Phyla dominant across all urine samples:</b> Firmicutes, Proteobacteria, Actinobacteria <b>Genera associated with UC recurrence:</b> <i>Anoxybacillus</i> , <i>Massilia</i> , <i>Thermomonas</i> , <i>Brachybacterium</i> , <i>Micrococcus</i> , <i>Nocardoides</i> , <i>Larknellia</i> , <i>Jeogalbacillus</i> , and <i>Geomicrobium</i>
Chen et al.	2021	UC (n = 28; PD-L1 positive, n = 19; PD-L1 negative, n = 9)	mid-stream free catch	Ace index and Observed Species: PD-L1 positive > PD-L1 negative	Weighted and Unweighted UniFrac; microbial composition was distinct between PD-L1 positive and PD-L1 negative groups	<b>Increased in PD-L1 positive:</b> <i>Leptotrichia</i> <b>Increased in PD-L1 negative:</b> Bacteroidetes, Bacteroidia, Bacteroidales, Prevotellaceae, and <i>Prevotella</i>
Hussein et al.	2021	Healthy (n = 10) UC (n = 43)	healthy: mid-stream free catch; UC: transurethral catheterization	Observed index, Chao1, Shannon, Simpson: no differences between UC and healthy or NMIBC and MIBC	Bray-Curtis; microbial composition differed between UC and healthy groups	<b>Phyla most abundant in UC:</b> Actinobacteria and Proteobacteria <b>Phyla most abundant in Healthy:</b> Firmicutes and Denitococcus-Thermus <b>Genera most abundant in UC:</b> <i>Actinomyces</i> , <i>Achromobacter</i> , <i>Brevibacterium</i> , <i>Brucella</i> , and <i>Thermus</i> <b>Genera most abundant in Healthy:</b> <i>Salmococcus</i> , <i>Jeogallicoccus</i> , <i>Escherichia-Shigella</i> , <i>Fusobacterium</i> , and <i>Lactobacillus</i> <b>Taxa most abundant in MIBC:</b> Firmicutes, <i>Haemophilus</i> , and <i>Veillonella</i> <b>Taxa most abundant in NMIBC:</b> Proteobacteria and <i>Cyprinus</i>
Orestin et al.	2021	Healthy (n = 10 men) UC (n = 51 men)	catheter, mid-stream free catch, bladder washout	Evenness: cancer > healthy; Richness, Chao1, Simpson: no difference	Bray-Curtis; microbial composition did not differ between UC and healthy groups. Midstream vs. catheter vs. bladder washout groups did not differ.	<b>Genera increased in UC:</b> <i>Veillonella</i> and <i>Corynebacterium</i> <b>Genera decreased in UC:</b> <i>Ruminococcus 1</i>



695 **Table 1: Key findings in 13 publications about the urine / tissue microbiota and urothelial**  
696 **carcinoma.** MIBC = Muscle Invasive Bladder Cancer; NMIBC = Non-Muscle Invasive Bladder  
697 Cancer; PD-L1 = Programmed Cell Death 1 Ligand 1; UC = Urothelial Carcinoma.

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<b>Category</b>	<b>Healthy</b>	<b>UC</b>
Sex, n (%)		
Females	5 (71.4 %)	5 (71.4 %)
spayed	4	4
non-spayed	1	1
Males	2 (28.6 %)	2 (28.6 %)
neutered	2	2
non-neutered	0	0
Age (mean $\pm$ SD)	10.1 $\pm$ 1	10.1 $\pm$ 0.7

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720 **Table 2: Demographics of dogs with and without urothelial carcinoma (UC).** Urine samples  
721 were collected and analyzed from all dogs. Stool samples were collected and analyzed from a  
722 subset of these dogs including 6 healthy (4 females, 2 males), and 4 with UC (3 females, 1 male).

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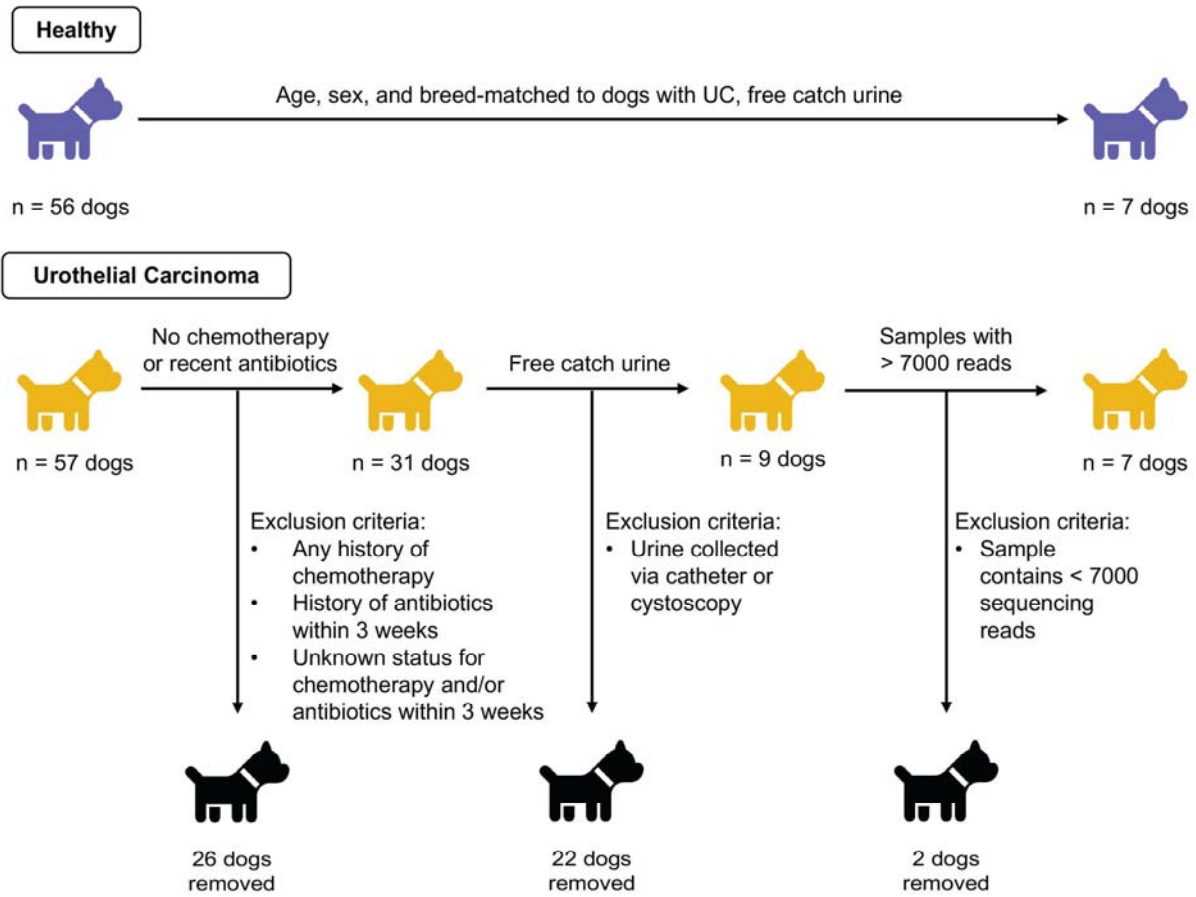
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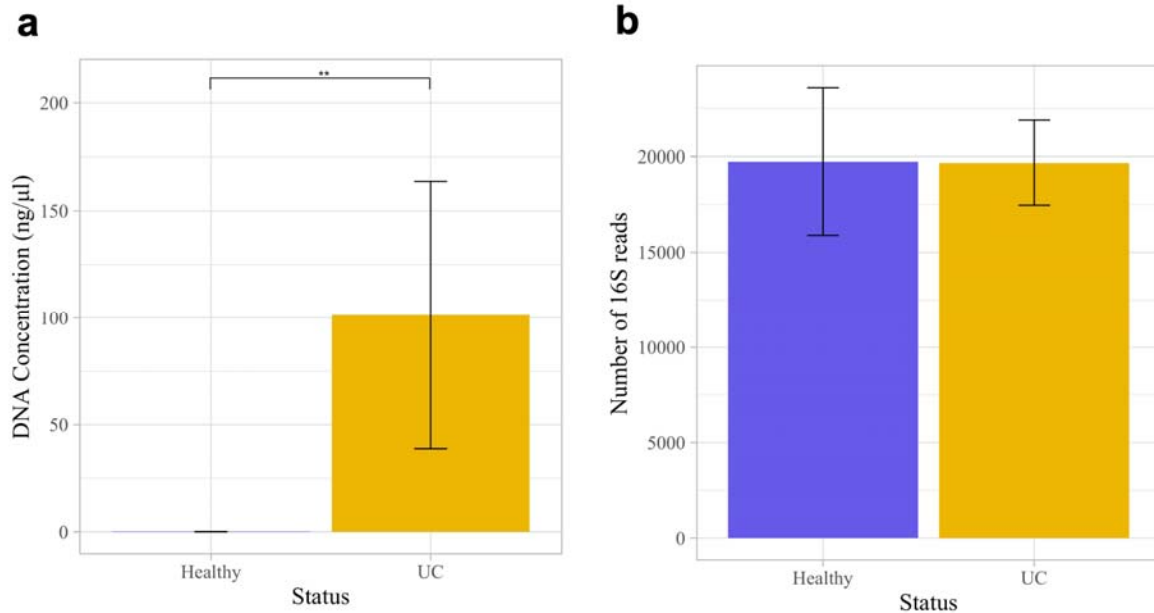
734 **Figure 1:** Experimental design

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740 **Figure 2: DNA concentrations and number of 16S reads in the urine samples of dogs with**  
741 **and without urothelial carcinoma (UC).** (a) DNA concentrations were significantly greater in  
742 dogs with UC than in healthy dogs (Wilcoxon Rank Sum test,  $p = 0.002$ ). (b) The number of 16S  
743 reads did not differ significantly between groups (two-sample t-test,  $p = 0.99$ ). Error bars denote  
744 standard error. Statistical significance is represented by stars: \*  $< 0.05$ , \*\*  $< 0.001$ , \*\*\*  $< 0.0001$

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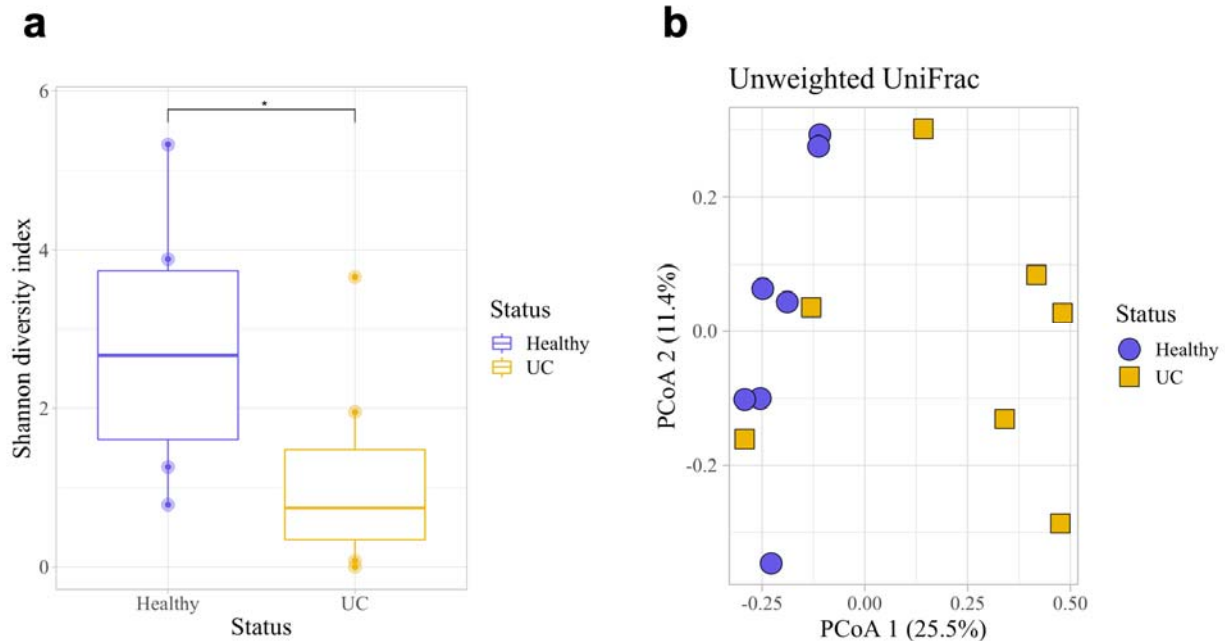
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754 **Figure 3: Microbial diversity and composition in the urine of dogs with and without UC.**

755 (a) Healthy dogs had a significantly higher microbial diversity compared to dogs with UC as

756 measured by the Shannon diversity index (Kruskal-Wallis,  $p = 0.048$ ). (b) Microbial composition

757 between healthy dogs and dogs with UC also differed significantly (Unweighted UniFrac,

758 PERMANOVA,  $p = 0.011$ ). Error bars denote standard error. Statistical significance is

759 represented by stars: \*  $< 0.05$ , \*\*  $< 0.001$ , \*\*\*  $< 0.0001$

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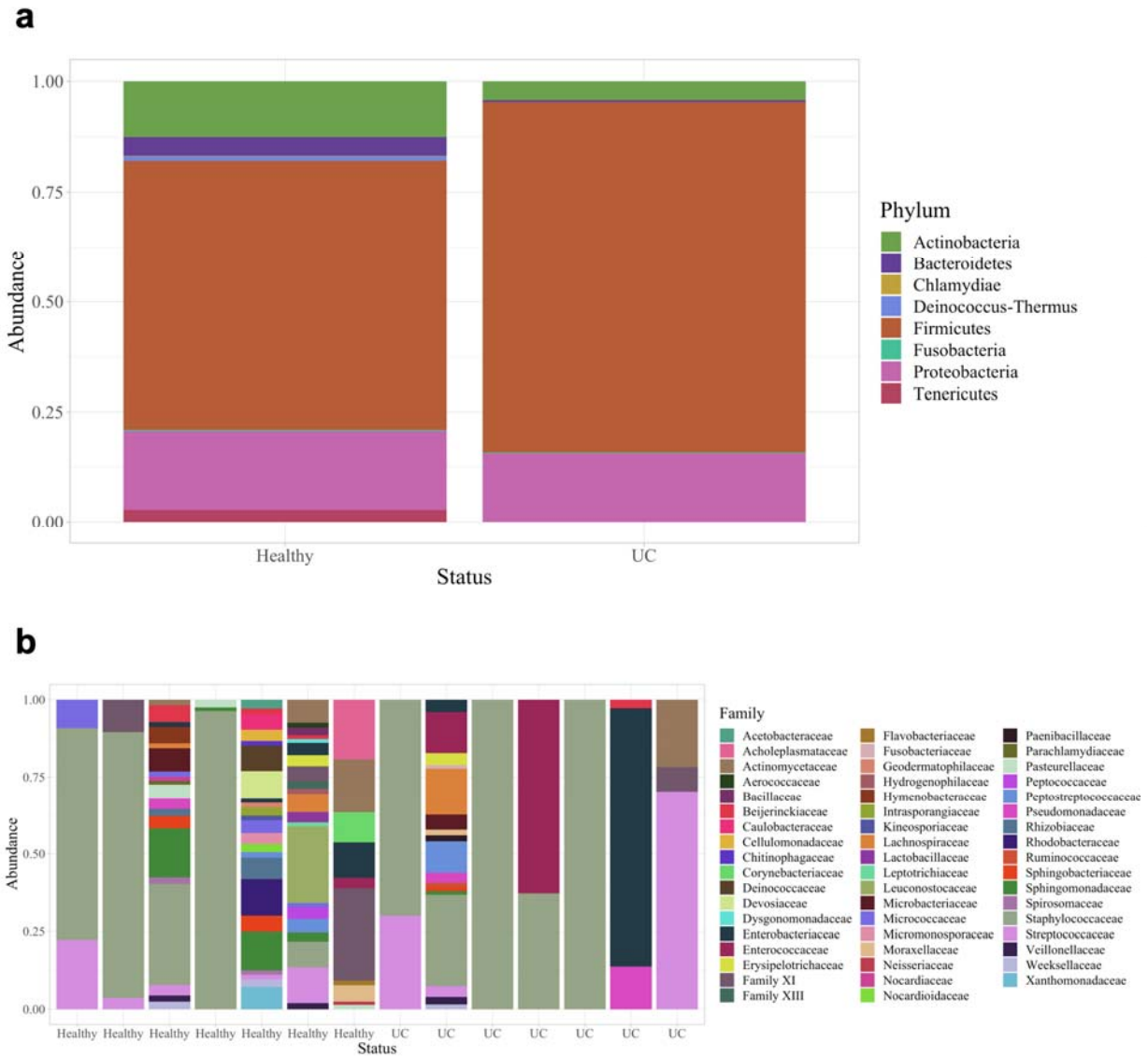
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769 **Figure 4: Phyla and family taxa bar plots of urine samples in dogs with and without UC.**

770 (a) Phyla and (b) family relative abundances. At the family level, the taxonomic composition of

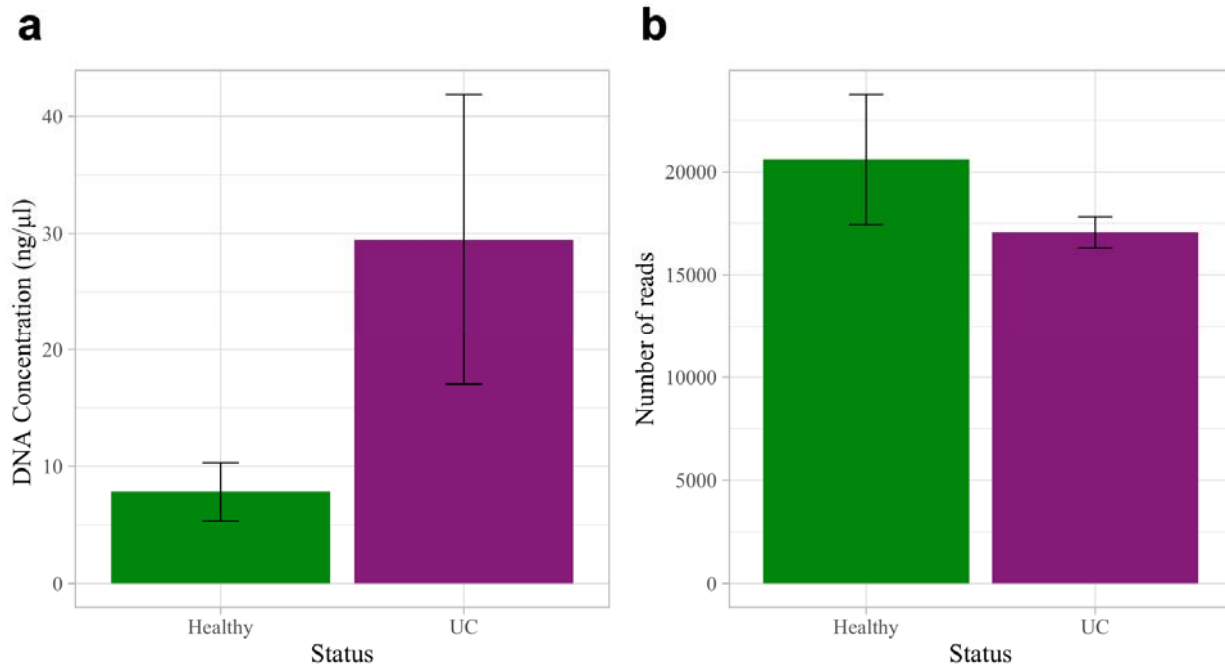
771 each sample is shown individually to demonstrate the variability across urine samples.

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777 **Figure 5: DNA concentrations and number of 16S reads in the fecal samples of dogs with**

778 **and without UC. (a)** DNA concentrations were greater (but not significantly) in dogs with UC

779 as compared to healthy dogs (Wilcoxon Rank Sum Test,  $p = 0.136$ ). **(b)** The number of 16S

780 reads did not differ significantly between groups (two-sample t-test,  $p = 0.322$ ). Error bars

781 denote standard error.

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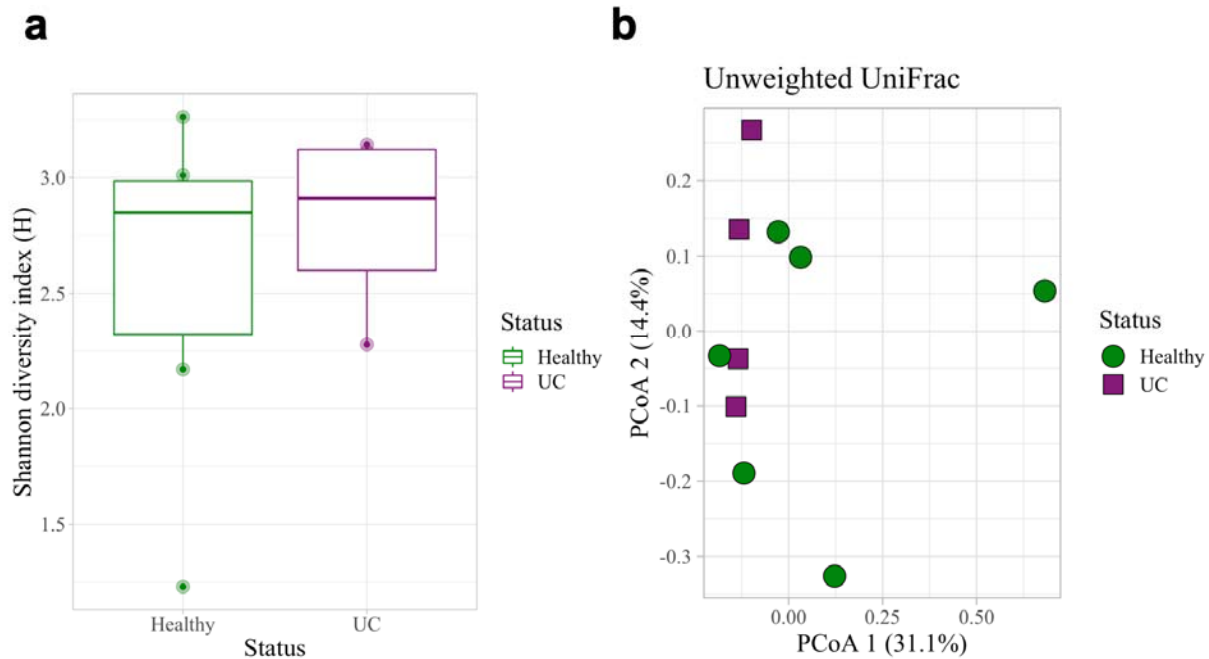
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792 **Figure 6: Microbial diversity and composition of fecal samples in dogs with and without**

793 **UC. (a)** Fecal microbial diversity did not differ significantly between dogs with and without UC

794 (Kruskal-Wallis,  $p = 0.67$ ). **(b)** Microbial composition also did not differ significantly between

795 healthy dogs and dogs with UC (Unweighted UniFrac, PERMANOVA,  $p = 0.252$ ). Error bars

796 denote standard error.

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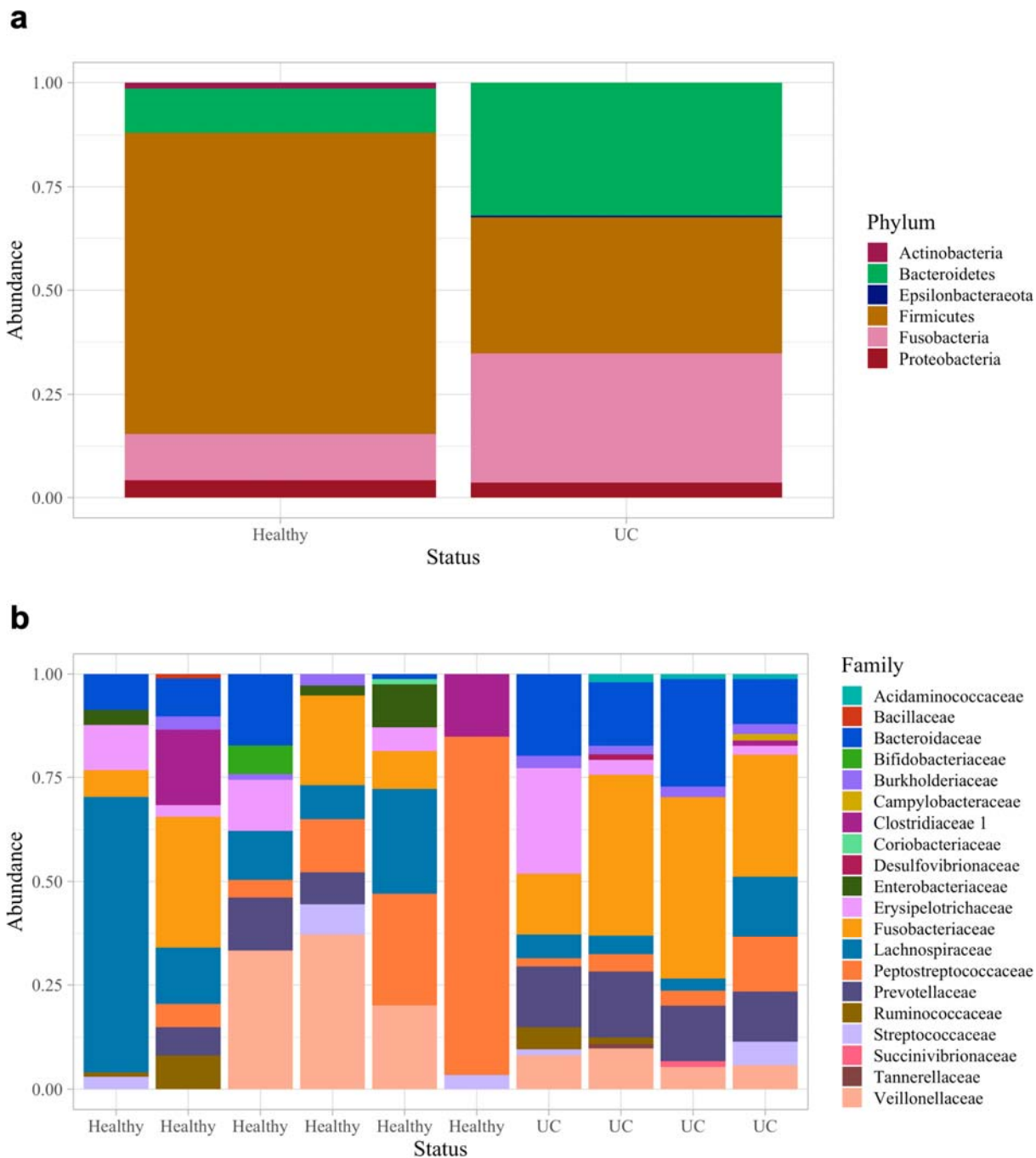
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807 **Figure 7: Taxa bar plots of fecal samples in dogs with and without UC. (a) Microbial phyla**

808 **and (b) family relative abundances.**

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811 Supplemental Material:

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Category	Free Catch	Non-Free Catch
Sex, n (%)		
Females	5 (62.5 %)	7 (62.6 %)
spayed	4	6
non-spayed	1	1
Males	3 (37.5 %)	4 (36.4 %)
neutered	3	4
non-neutered	0	0
Age (mean $\pm$ SD)	10.1 $\pm$ 2	9.6 $\pm$ 1.8

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814 **Supplemental Table 1: Demographics of dogs with urine samples collected via free catch**

815 **and non-free catch methods.** All dogs had urothelial carcinoma. Eight dogs had urine collected

816 via mid-stream free catch while eleven dogs were sampled via non-free catch methods including

817 cystoscopy or catheterization.

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Free Catch Urine		Non-free Catch Urine	
<b>Phylum</b>			
Firmicutes	70.3 %	Firmicutes	33 %
Proteobacteria	20.1 %	Tenericutes	26.7 %
Bacteroidetes	5.98 %	Proteobacteria	26.7 %
<b>Genera</b>			
<i>Staphylococcus</i>	43.2 %	<i>Mycoplasma</i>	18.3 %
<i>Streptococcus</i>	12.6 %	<i>Escherichia-Shigella</i>	18.1 %
<i>Pantoea</i>	11.4 %	<i>Enterococcus</i>	9.73 %

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832 **Supplemental Table 2: Dominant taxa in urine from dogs with UC by collection method.**

833 Relative abundance of the top three taxa in free catch and non-free catch urine at the phylum and

834 genera levels. All urine was collected from dogs with UC.

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<b>Putative urine contaminants (ASVs)</b>
D_1__Tenericutes;D_2__Mollicutes RF39;D_4__uncultured prokaryote;D_5__uncultured prokaryote;D_6__uncultured prokaryote
D_1__Deinococcus-Thermus;D_2__Deinococci;D_3__Thermales;D_4__Thermaceae;D_5__Thermus
D_1__Actinobacteria;D_2__Actinobacteria;D_3__Micrococcales;D_4__Micrococcaceae;D_5__Micrococcus
D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Betaproteobacteriales;D_4__Burkholderiaceae;D_5__Cupriavidus
D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Betaproteobacteriales;D_4__Burkholderiaceae
D_1__Bacteroidetes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Prevotellaceae;D_5__Prevotella9;D_6__uncultured bacterium
D_1__Kiritimatiellaeota;D_2__Kiritimatiellae;D_3__WCHB1-41;D_4__uncultured rumen bacterium;D_5__uncultured rumen bacterium;D_6__uncultured rumen bacterium
D_1__Bacteroidetes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Prevotellaceae
D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Lactobacillaceae;D_5__Lactobacillus;D_6__Lactobacillus iners AB-1
D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Lactobacillaceae;D_5__Cytophaga
D_1__Verrucomicrobia;D_2__Verrucomicrobiae;D_3__Opitutaceae;D_4__Opitutaceae;D_5__Lacunisphaera;D_6__Opitutus sp. WS3(2011)
D_1__Bacteroidetes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Prevotellaceae;D_5__Prevotella 9
D_1__Proteobacteria;D_2__Alphaproteobacteria;D_3__Rhizobiales;D_4__Xanthobacteraceae;D_5__Bradyrhizobium
<b>Putative fecal contaminants (ASVs)</b>
D_0__Bacteria
D_1__Firmicutes;D_2__Negativicutes;D_3__Selenomonadales;D_4__Veillonellaceae;D_5__Veillonella
D_1__Firmicutes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Prevotellaceae;D_5__Prevotella 9
D_1__Firmicutes;D_2__Bacilli;D_3__Bacillales;D_4__Staphylococcaceae;D_5__Staphylococcus
D_1__Actinobacteria;D_2__Coriobacteriia;D_3__Coriobacteriales;D_4__Atopobiaceae;D_5__Coriobacteriaceae UCG-002
D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Enterobacteriales;D_4__Enterobacteriaceae
D_1__Actinobacteria;D_2__Coriobacteriia;D_3__Coriobacteriales;D_4__Atopobiaceae;D_5__Coriobacteriaceae UCG-002

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838 **Supplemental Table 3: Contaminant ASVs.** Using the frequency and prevalence methods

839 (threshold value of 0.5) in the R package decontam v.1.10.0, putative contaminant ASVs were

840 identified and bioinformatically removed prior to further analyses.

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Category	Healthy	UC
Sex, n (%)		
Females	16 (53.3 %)	16 (53.3 %)
spayed	15	15
non-spayed	1	1
Males	14 (46.7 %)	14 (46.7 %)
neutered	11	11
non-neutered	3	3
Age (mean $\pm$ SD)	10 $\pm$ 1.76	10.4 $\pm$ 1.97

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844 **Supplemental Table 4: Demographics of larger canine cohort from which fecal samples**

845 **were collected.** Fecal samples were collected from dogs with UC (n = 30) and age-, sex-, breed-

846 matched healthy controls (n = 30).

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	<b>Metric</b>	<b>Fecal samples from healthy dogs vs. dogs with UC</b>
<b>Alpha Diversity</b>	Shannon Diversity Index Kruskal-Wallis	$p = 0.214$
	Simpson Diversity Index Kruskal-Wallis	$p = 0.506$
	Observed Features Kruskal-Wallis	$p = 0.336$
<b>Beta Diversity</b>	Bray Curtis PERMANOVA	$p = 0.468$
	UnWeighted UniFrac PERMANOVA	$p = 0.134$
	Weighted UniFrac PERMANOVA	$p = 0.0819$
<b>Differentially Abundant Taxa</b>	Phylum ANCOM	No differentially abundant taxa
	Genus ANCOM	No differentially abundant taxa
	ASV ANCOM	No differentially abundant taxa

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850 **Supplemental Table 5. Microbial diversity and composition of fecal samples from healthy**

851 **dogs and dogs with UC.** There were no significance differences in microbial diversity or

852 composition between dogs with UC (n = 30) and sex-, age-, and breed-matched healthy controls

853 (n = 30). ANCOM – Analysis of Composition of Microbiome.

854

ASVs in both urine and fecal samples	Taxa
07124e5371867ec34213eb740707a0de	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Lachnoclostridium
1345b73795b14ab0330b8ffb81b5b4aa	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Blautia
181065d22563c4b1f591c6a5bbe7355	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Actinomycetales;D_4__Actinomycetaceae;D_5__Actinomyces;D_6__Actinomyces sp. canine oral taxon 374
1905e47315e57ce205d4505f1a5c5d67	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus;D_6__Streptococcus minor
1b3a2b9873a54f01302d629406b52aa9	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Blautia
1cd1e7291e9803c9cdf24a15309e043	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Ruminococcaceae;D_5__Ruminiclostridium 5;D_6__uncultured organism
27046d59617e724675b68185aeb33d4a	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
2a39faab1cf27e5068ef885794a3d1b1	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Micrococcales;D_4__Microbacteriaceae
2cb64cfaa13e3eb8150698e244aa026	D_1__Epsilonbacteraeota;D_2__Campylobacteria;D_3__Campylobacteriales;D_4__Helicobacteraceae;D_5__Helicobacter;D_6__Helicobacter canis
35815582b2cf31eb986673cddccb558c	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Peptostreptococcaceae;D_5__peptoclostridium;D_6__uncultured bacterium
382ccc9f2613e42c602882e5efba519	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Blautia
38ad78b86309fa98eaea53bac8579237	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Clostridiaceae 1;D_5__Candidatus Arthromitus;D_6__uncultured bacterium
3acf68a82e28a71226cc15195277f39a	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__uncultured;D_6__uncultured organism
3c4c352e66306770ce10d3ac128d0ca8	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Lactococcus
42aa3a600f30a5267eea5a34d8655853	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__uncultured
4611ef696d9c9f16982f0886174522fe	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Epulopiscium
4952ad8a58b2e7d70d5315ce330442bb	D_1__Fusobacteria;D_2__Fusobacteriia;D_3__Fusobacteriales;D_4__Fusobacteriaceae;D_5__Fusobacterium
4a654a475be76c770508d1ea6a9771d9	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichiaceae;D_5__Faecalitalea;D_6__Eubacterium sp. 1-5
4d74ef18790f690b2acf5fc60f89c222	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__[Ruminococcus] gauvreauii group
4f1d5517aa4ce179ae9241d5a5b3796d	D_1__Firmicutes;D_2__Bacilli;D_3__Bacillales;D_4__Bacillaceae;D_5__Bacillus
52990f305d65b7df7dedd887cc08988f	D_1__Firmicutes;D_2__Negativicutes;D_3__Selenomonadales;D_4__Veillonellaceae;D_5__Megamonas
52ef51c7bec642ab72d7ce474821b108	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Micrococcales;D_4__Micrococcaceae;D_5__Rothia
601426df62ac2005c0a78bbe617425a4	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Actinomycetales;D_4__Actinomycetaceae;D_5__Actinomyces;D_6__Actinomyces coleocanis
6019612a56660d54c57f12299224759d	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichaceae;D_5__Catenibacterium
61b2e2fc40303b1f0f19c1017f258bac	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Peptostreptococcaceae;D_5__terrisporobacter;D_6__uncultured bacterium

674e202dd30eab31fd826255caec43e1	D_1__Firmicutes;D_2__Negativicutes;D_3__Selenomonadales;D_4__Acidaminococcaceae;D_5__Phascolarctobacterium;D_6__uncultured Veillonellaceae bacterium
682c96e343759d3583a2a293fa4e0160	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Lachnoclostridium;D_6__Lachnospiraceae bacterium 2_1_46FAA
6a081f2b1b45ee5773bb947b977f5893	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__uncultured
6e441eb1e3bc74bb8a5ec4ff24b11147	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Lactobacillaceae;D_5__Lactobacillus
6fdb8a40fc3f65447a2ea0b3c21bbd68	D_1__Bacteroidetes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Bacteroidaceae;D_5__Bacteroides;D_6__Bacteroides stercoris ATCC 43183
730125adfc6eae51053161e4a29f2bc9	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Enterococcaceae;D_5__Enterococcus
7439a1dc0a2e589a4605cef7fcc6cb4	D_1__Actinobacteria;D_2__Coriobacteriia;D_3__Coriobacteriales;D_4__Coriobacteriaceae;D_5__Collinsella
7510965009242aaa1cde47a1a2c1b998	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Blautia;D_6__uncultured Blautia sp.
75300d9701d85567f711799e6dc01dce	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichiaceae;D_5__Faecalitalea;D_6__Erysipelatoclostridium
76815f71f41950d2e2d481b6b730f3d8	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Ruminococcaceae;D_5__Faecalibacterium
777de77e069f708364a08b2b03f8eae9	D_1__Firmicutes;D_2__Bacilli;D_3__Bacillales;D_4__Bacillaceae;D_5__Bacillus
7cd06cbcae217263f67621482303de07	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
84e088771adb5cfc2e134c9bad18c76a	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Peptostreptococcaceae;D_5__Clostridioides;D_6__Clostridioides difficile
877d42a21d6e5694161ea485ce3dacf8	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Ruminococcaceae;D_5__Flavonifractor
87a5ae82db511f591c640d9ad67321fc	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Micromonosporales;D_4__Micromonosporaceae;D_5__Actinoplanes
91beca23d467a7cb152b78f9505e650e	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichiaceae;D_5__Allobaculum;D_6__Allobaculum stercoricanis DSM 13633
9d135cd7fd9b670ce5fdccf8e851183	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Blautia
a3000823e9ab005bb353ff4e1e20eed8	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Clostridiaceae 1;D_5__Clostridium sensu stricto 1
a3d3d817d8183e0d74175e4afbe65409	D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Pasteurellales;D_4__Pasteurellaceae;D_5__Pasteurella;D_6__Pasteurella multocida
a80abf00da9c833cb1faaa9707727dda	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
ab9782e24971a281bf5c73c33d9ad73d	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichiaceae;D_5__Faecalitalea;D_6__[Eubacterium] dolichum
b0d75fc101fefcde86c03b7cfdb39caf	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Corynebacteriales;D_4__Corynebacteriaceae;D_5__Corynebacterium 1
b7095a583ea62033ff918e2187652b27	D_1__Bacteroidetes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Porphyromonadaceae;D_5__Porphyromonas;D_6__Porphyromonas sp. COT-052 OH4946
bd4017ad4efac59720e2d164da18ace4	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Clostridiaceae 1;D_5__Clostridium sensu stricto 1;D_6__Clostridium baratii
c5073ccb362bfa533ad671fac3babb80	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__Blautia;D_6__Blautia sp. YHC-4
c6bedd5b82d0f92872c6e9d7435a172e	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Ruminococcaceae;D_5__Ruminococceae UCG-014;D_6__uncultured organism



c8f1df932d5f877f524cd2c16367e721	D_1__Actinobacteria;D_2__Coriobacteriia;D_3__Coriobacteriales;D_4__Coriobacteriaceae;D_5__Collinsella;D_6__Collinsella stercoris
cc8f83128875d60f9e1de433a207ce81	D_1__Epsilonbacteraeota;D_2__Campylobacteria;D_3__Campylobacteriales;D_4__Campylobacteraceae;D_5__Campylobacter
d3d0bd88ddd06bf6e49cde1cdf07e9b	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichaceae;D_5__Erysipelatoclostridium
dae3d6aa2560755d958618047492c1f2	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
e1002cca0084443ac173b037d6049d8b	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__[Ruminococcus] torques group;D_6__uncultured Clostridium sp.
e46e5d3e3462c7351e1dc52ec42e64cf	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Corynebacteriales;D_4__Corynebacteriaceae
e49f8561188c9050a9a3e3af2aa75c24	D_1__Bacteroidetes;D_2__Bacteroidia;D_3__Bacteroidales;D_4__Bacteroidaceae;D_5__Bacteroides;D_6__uncultured bacterium
ee10da4f77a1cf2cbf3146af2563a05c	D_1__Fusobacteria;D_2__Fusobacteriia;D_3__Fusobacteriales;D_4__Fusobacteriaceae;D_5__Fusobacterium;D_6__gut metagenome
f8b7aef6c94fcbe1b4793ffc3304bf0b	D_1__Firmicutes;D_2__Erysipelotrichia;D_3__Erysipelotrichales;D_4__Erysipelotrichaceae;D_5__Catenibacterium
f8cc743ae9448d9472ef8d3914262ccb	D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Enterobacteriales;D_4__Enterobacteriaceae;D_5__Escherichia-Shigella
f957a7c9e0410797ffaa0be222cb0085	D_1__Actinobacteria;D_2__Coriobacteriia;D_3__Coriobacteriales;D_4__Eggerthellaceae;D_5__Slackia
fa0dfff3fde22b426ce94d8c91f56a17	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae;D_5__[Ruminococcus] gnavus group
fa4dd8c953b8a69498d1543bf15a4190	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Lachnospiraceae
fe9db134f6a44b3e5ac3ed1315920582	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
ffd03765b364ad4cdc17ebef2611ab72	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Bifidobacteriales;D_4__Bifidobacteriaceae;D_5__Bifidobacterium

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857 **Supplemental Table 6: ASVs identified in both urine and fecal samples.** There were 66

858 ASVs found in both urine and fecal samples of any dog.

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ASVs in both urine and fecal samples by dog	Taxa
<b>Dog 1 - UC</b>	
f8cc743ae9448d9472ef8d3914262ccb	D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Enterobacteriales;D_4__Enterobacteriaceae;D_5__Escherichia-Shigella
<b>Dog 2 - UC</b>	
27046d59617e724675b68185aeb33d4a	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
<b>Dog 3 - Healthy</b>	
f8cc743ae9448d9472ef8d3914262ccb	D_1__Proteobacteria;D_2__Gammaproteobacteria;D_3__Enterobacteriales;D_4__Enterobacteriaceae;D_5__Escherichia-Shigella
1878459013cf15f2993a81c14978c980	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus
a3000823e9ab005bb353ff4e1e20eed8	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Clostridiales;D_5__Clostridium sensu stricto 1
601426df62ac2005c0a78bbe617425a4	D_1__Actinobacteria;D_2__Actinobacteria;D_3__Actinomycetales;D_4__Actinomycetaceae;D_5__Actinomyces;D_6__Actinomyces coleocanis
1905e47315e57ce205d4505f1a5c5d67	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Streptococcaceae;D_5__Streptococcus;D_6__Streptococcus minor
<b>Dog 4 - Healthy</b>	
730125adfc6eae51053161e4a29f2bc9	D_1__Firmicutes;D_2__Bacilli;D_3__Lactobacillales;D_4__Enterococcaceae;D_5__Enterococcus
35815582b2cf31eb986673cddccb558c	D_1__Firmicutes;D_2__Clostridia;D_3__Clostridiales;D_4__Peptostreptococcaceae;D_5__Peptoclostridium;D_6__uncultured bacterium

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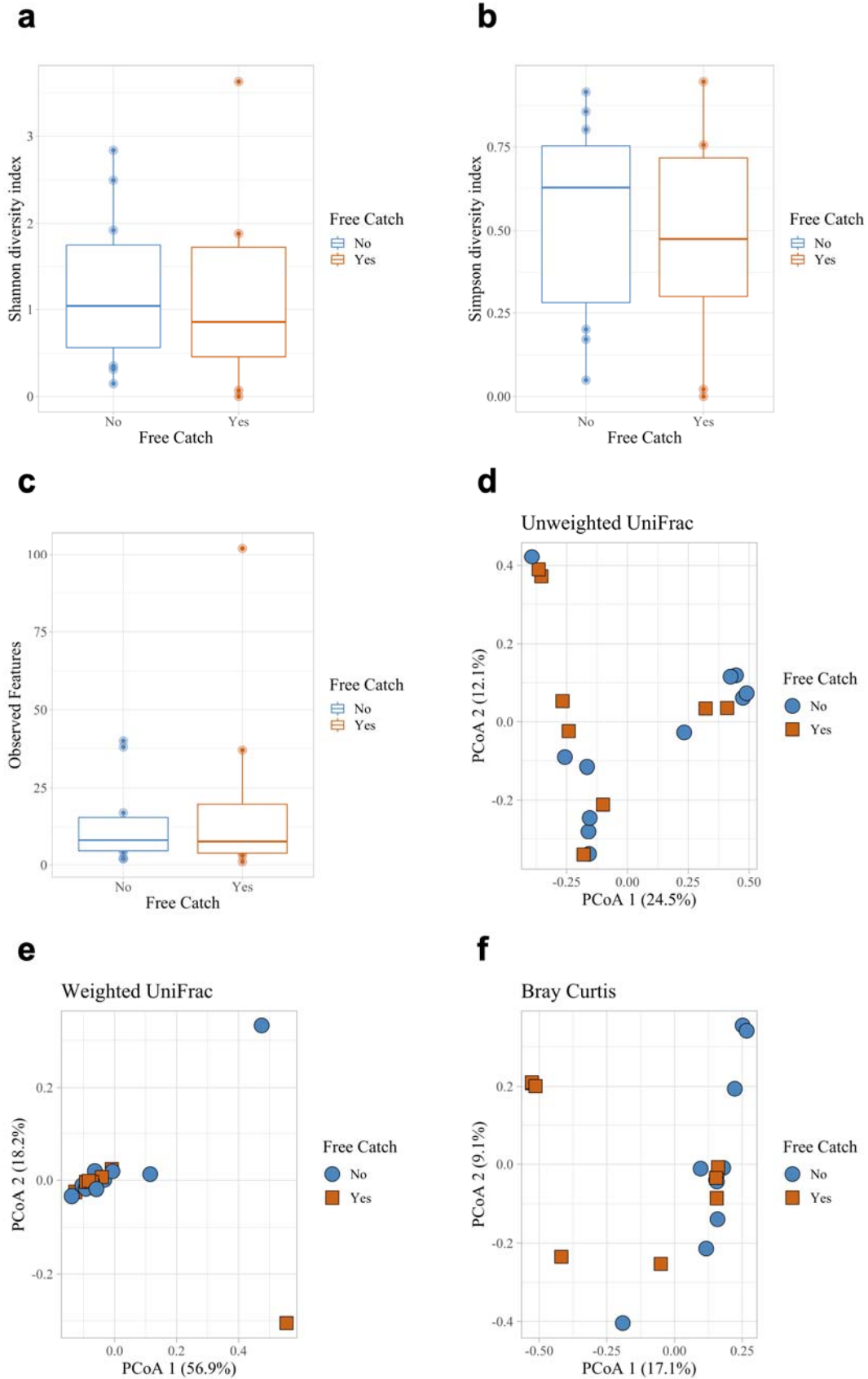
862 **Supplemental Table 7: ASVs in urine and fecal samples from the same dog.** Four dogs

863 contained ASVs that were found in both their urine and fecal samples.

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868 **Supplemental Figure 1: Urine microbial community diversity and composition by**  
869 **collection method in dogs with UC (rarefied data).** Dogs with UC were sampled via free catch  
870 (n = 8) and non-free catch (n = 11) methods. Samples were rarefied at 1000 reads. There were no  
871 significant differences in microbial diversity between collection methods as assessed via **(a)**  
872 Shannon (Kruskal-Wallis:  $p = 0.62$ ) or **(b)** Simpson diversity indices ( $p = 0.68$ ) or **(c)** Observed  
873 Features (richness) ( $p = 0.901$ ). The microbial composition of free-catch urine did not differ  
874 significantly from non-free catch urine based on **(d)** Unweighted (PERMANOVA,  $p = 0.328$ ) or  
875 **(e)** Weighted UniFrac distance matrices ( $p = 0.485$ ) but did differ significantly based on **(f)** Bray  
876 Curtis ( $p = 0.008$ ). Error bars denote standard error.

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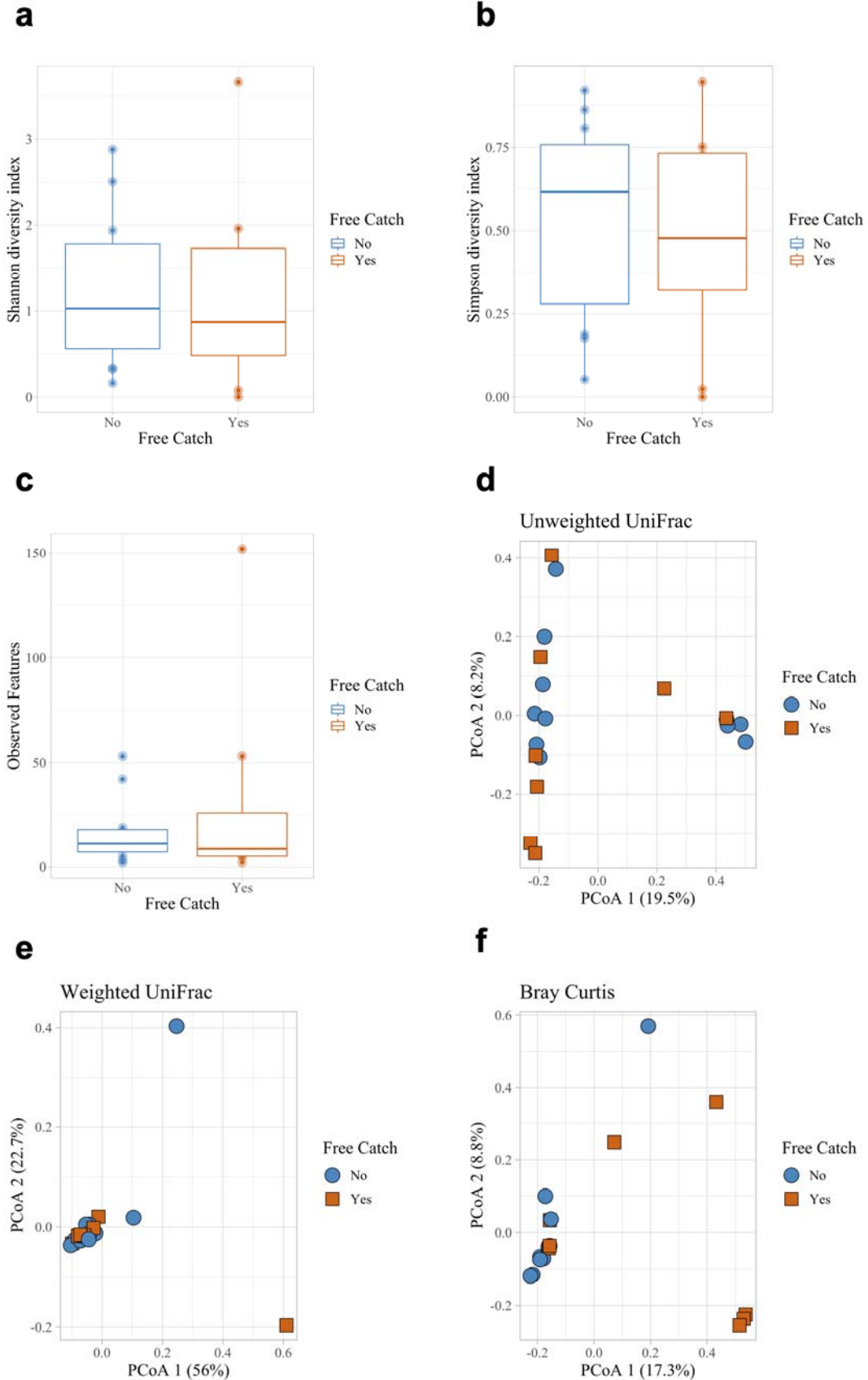
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892 **Supplemental Figure 2: Urine microbial community diversity and composition by**  
893 **collection method in dogs with UC (unrarefied data).** Dogs with UC were sampled via free  
894 catch (n = 8) and non-free catch (n = 11) methods. Data are non-rarefied. There were no  
895 significant differences in alpha diversity between collection methods as assessed using the **(a)**  
896 Shannon (Kruskal-Wallis:  $p = 0.68$ ) or **(b)** Simpson diversity indices ( $p = 0.68$ ) or **(c)** Observed  
897 Features (richness) ( $p = 0.901$ ). The microbial composition of free-catch urine did not differ  
898 significantly from non-free catch urine based on **(d)** Unweighted (PERMANOVA,  $p = 0.342$ ) or  
899 **(e)** Weighted UniFrac distance matrices ( $p = 0.54$ ) but did differ significantly based on **(f)** Bray  
900 Curtis ( $p = 0.005$ ). Error bars denote standard error.

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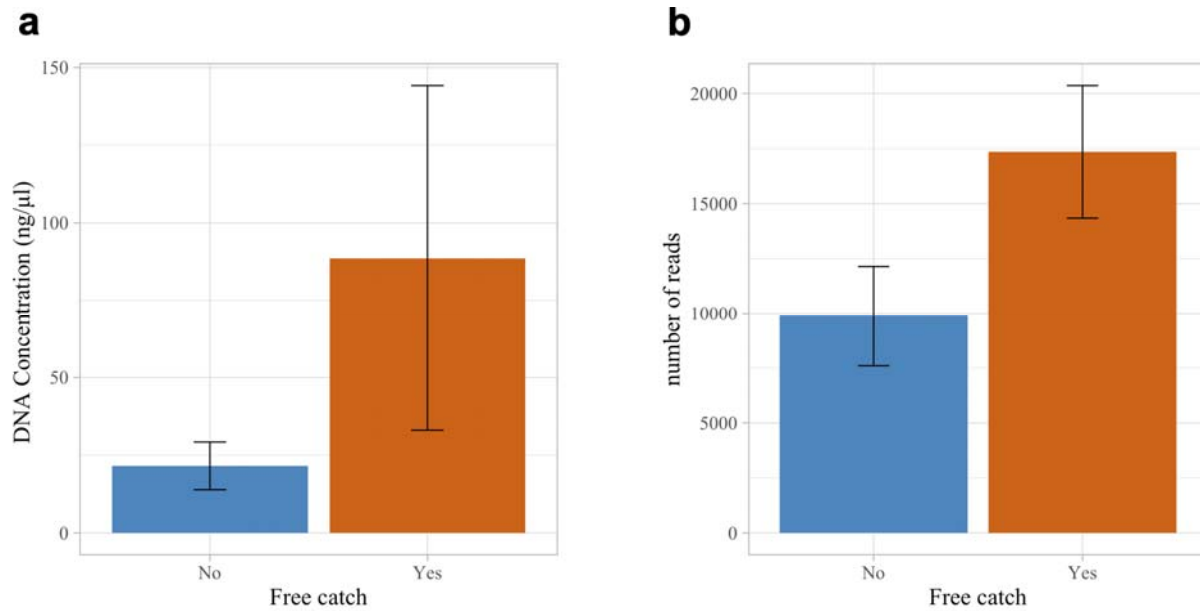
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916 **Supplemental Figure 3: DNA Concentrations and 16S reads by urine collection method. (a)**

917 Urine DNA concentrations and (b) 16S reads in dogs with UC sampled via free catch or non-free

918 catch methods (cystoscopy, catheterization). DNA concentrations and 16S reads were greater,

919 although not significantly, in mid-stream free catch urine samples (DNA concentration:

920 Wilcoxon Test,  $p = 0.778$ ; 16S reads: two-sample t-test,  $p = 0.067$ ). Error bars denote standard

921 error.

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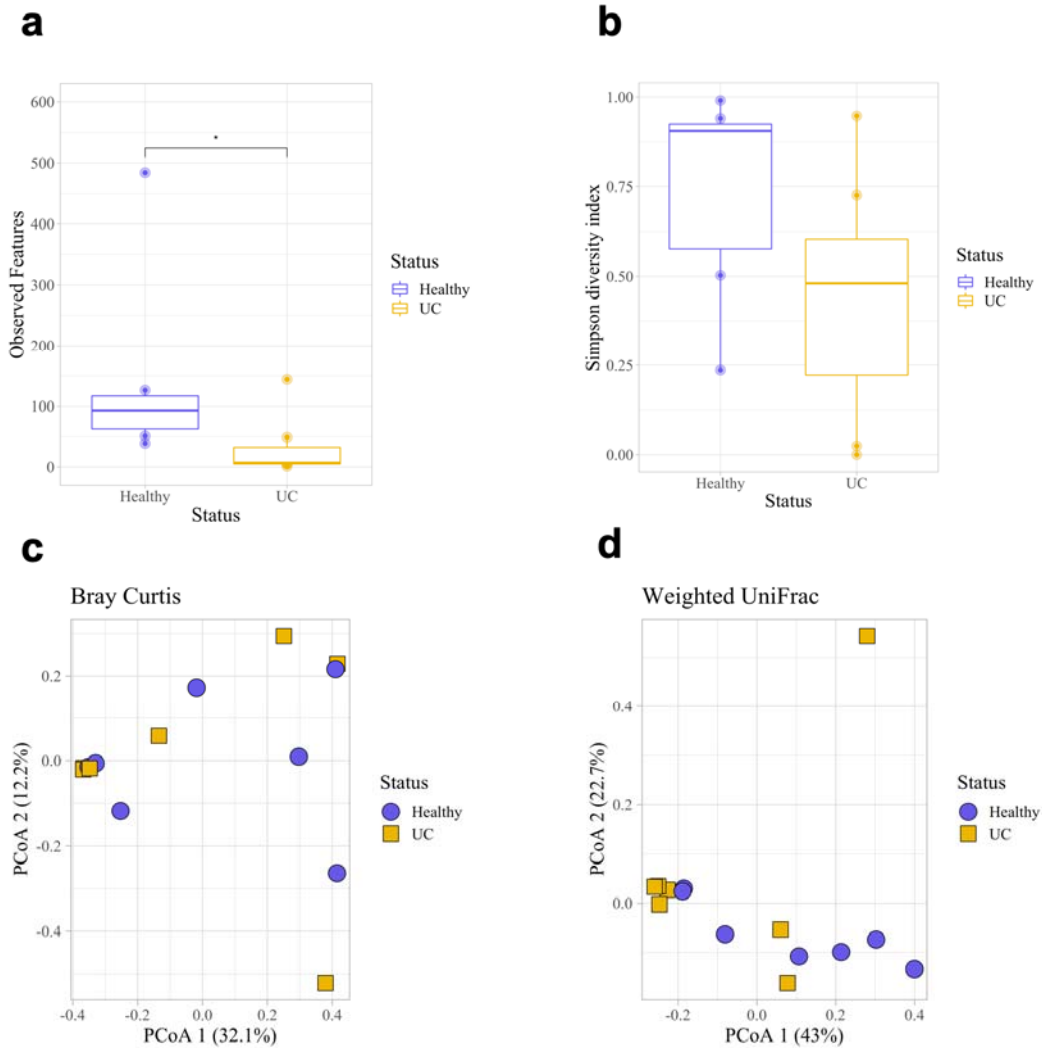
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931 **Supplemental Figure 4: Urine microbial diversity and composition in dogs with and**

932 **without UC.** Dogs with UC had lower microbial diversity compared to healthy dogs based on

933 **(a)** Observed Features (richness) and the **(b)** Simpson diversity index; however, only Observed

934 Features was statistically significant (Kruskal-Wallis: Observed Features,  $p = 0.025$ ; Simpson,  $p$

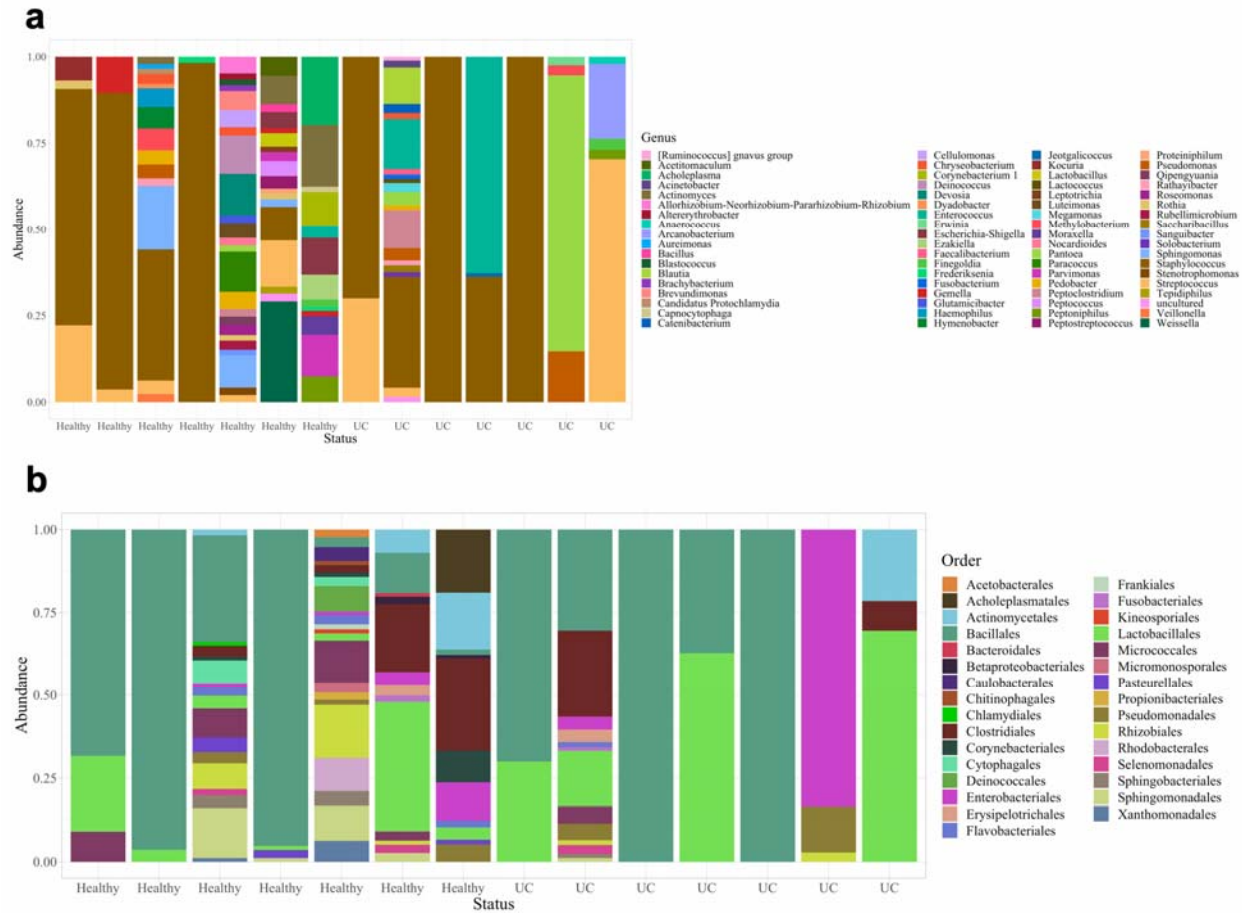
935  $= 0.133$ ). Microbial composition did not differ significantly based on **(c)** Bray-Curtis or **(d)**

936 Weighted UniFrac distance matrices (PERMANOVA: Bray-Curtis,  $p = 0.888$ ; Weighted

937 UniFrac,  $p = 0.168$ ). Error bars denote standard error. Statistical significance is represented by

938 stars: \*  $< 0.05$ , \*\*  $< 0.001$ , \*\*\*  $< 0.0001$





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940 **Supplemental Figure 5: Taxa bar plots of urine samples in dogs with and without UC. (a)**

941 **Microbial genera and (b) order relative abundances.**

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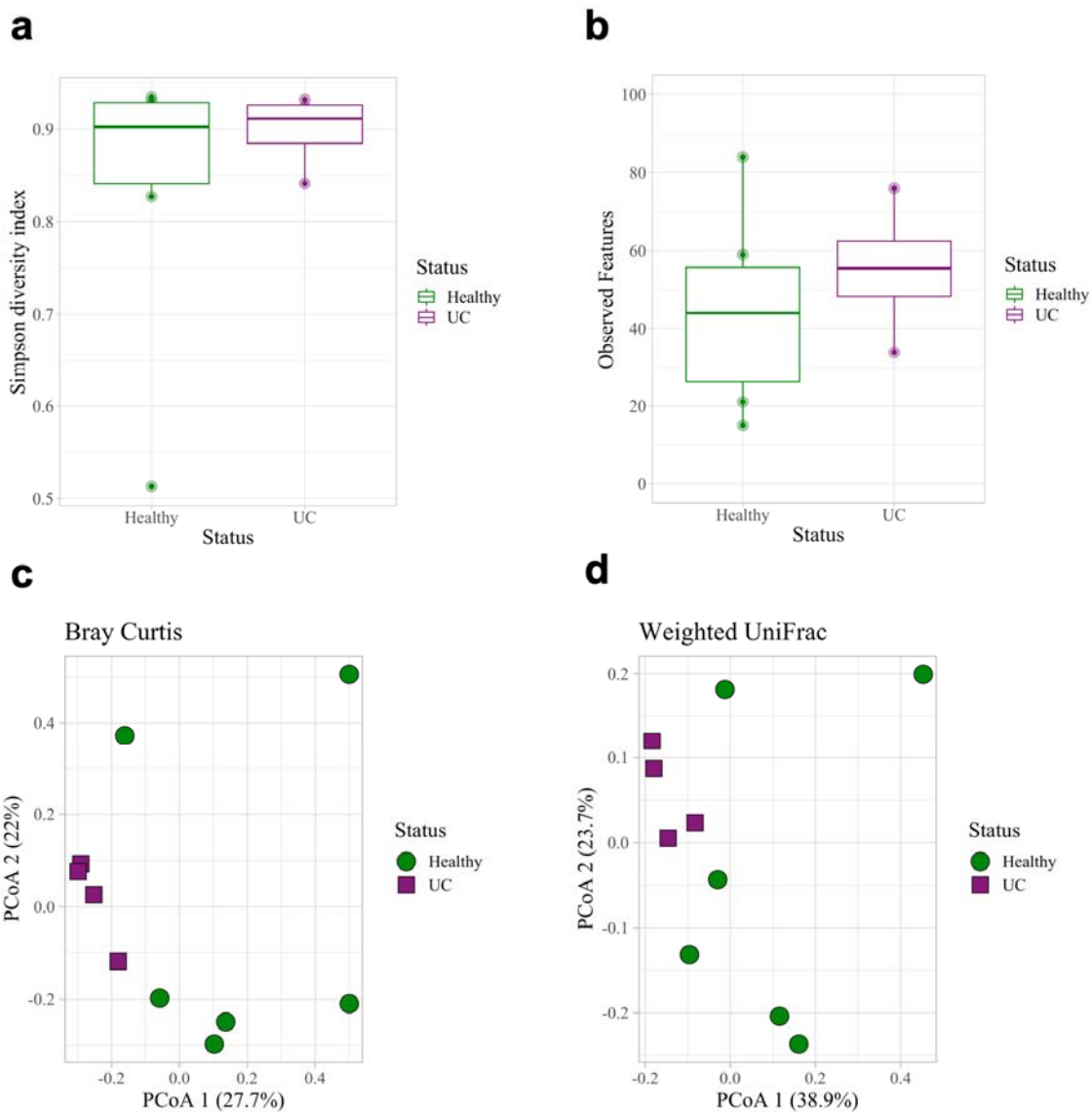
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949 **Supplemental Figure 6: Fecal microbial diversity and composition in dogs with and**

950 **without UC.** Fecal microbial diversity did not differ significantly in dogs with (n=4) or without

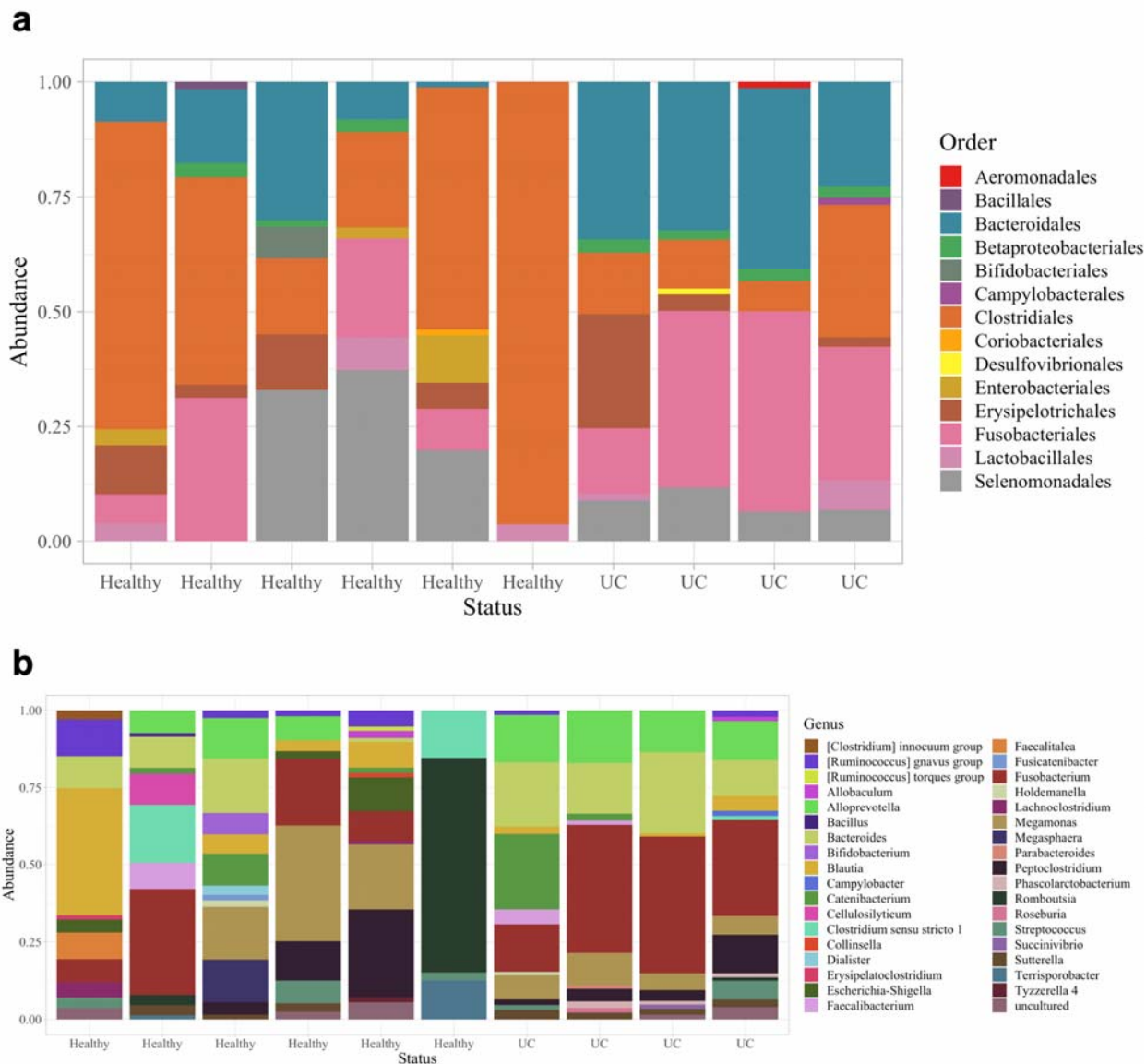
951 (n=6) UC based on (a) Observed Features (richness) and the (b) Simpson diversity index

952 (Kruskal-Wallis: Observed Features,  $p = 0.67$ ; Simpson,  $p = 0.522$ ). Microbial composition also

953 did not differ significantly based on (c) Bray Curtis or (d) Weighted UniFrac distance matrices

954 (PERMANOVA: Bray Curtis,  $p = 0.06$ ; Weighted UniFrac,  $p = 0.06$ ). Error bars denote standard

955 error.



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957 **Supplemental Figure 7: Taxa bar plots of fecal samples. (a) Microbial order and (b) genera**

958 relative abundances in dogs with (n=4) and without UC (n=6).

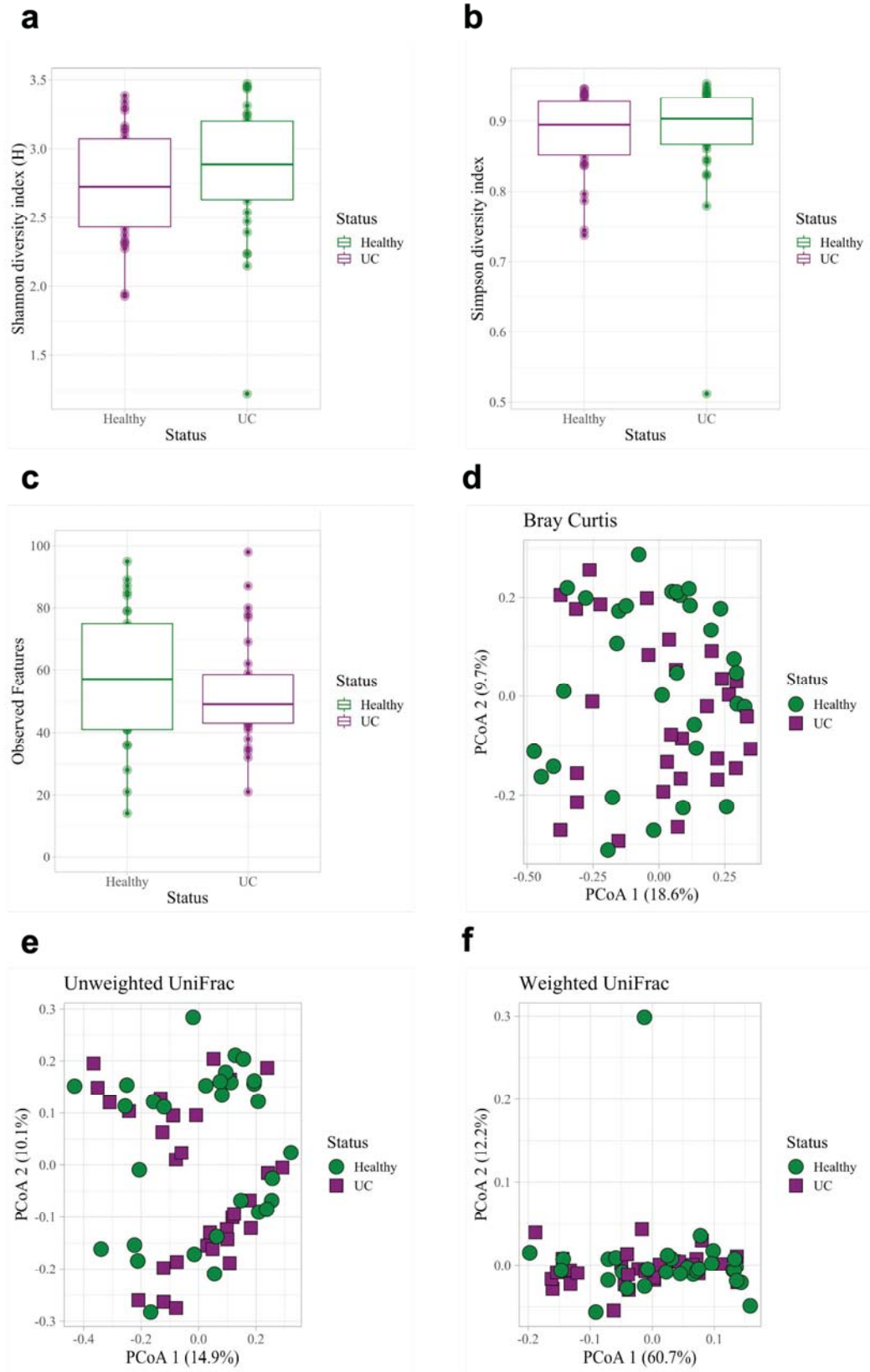
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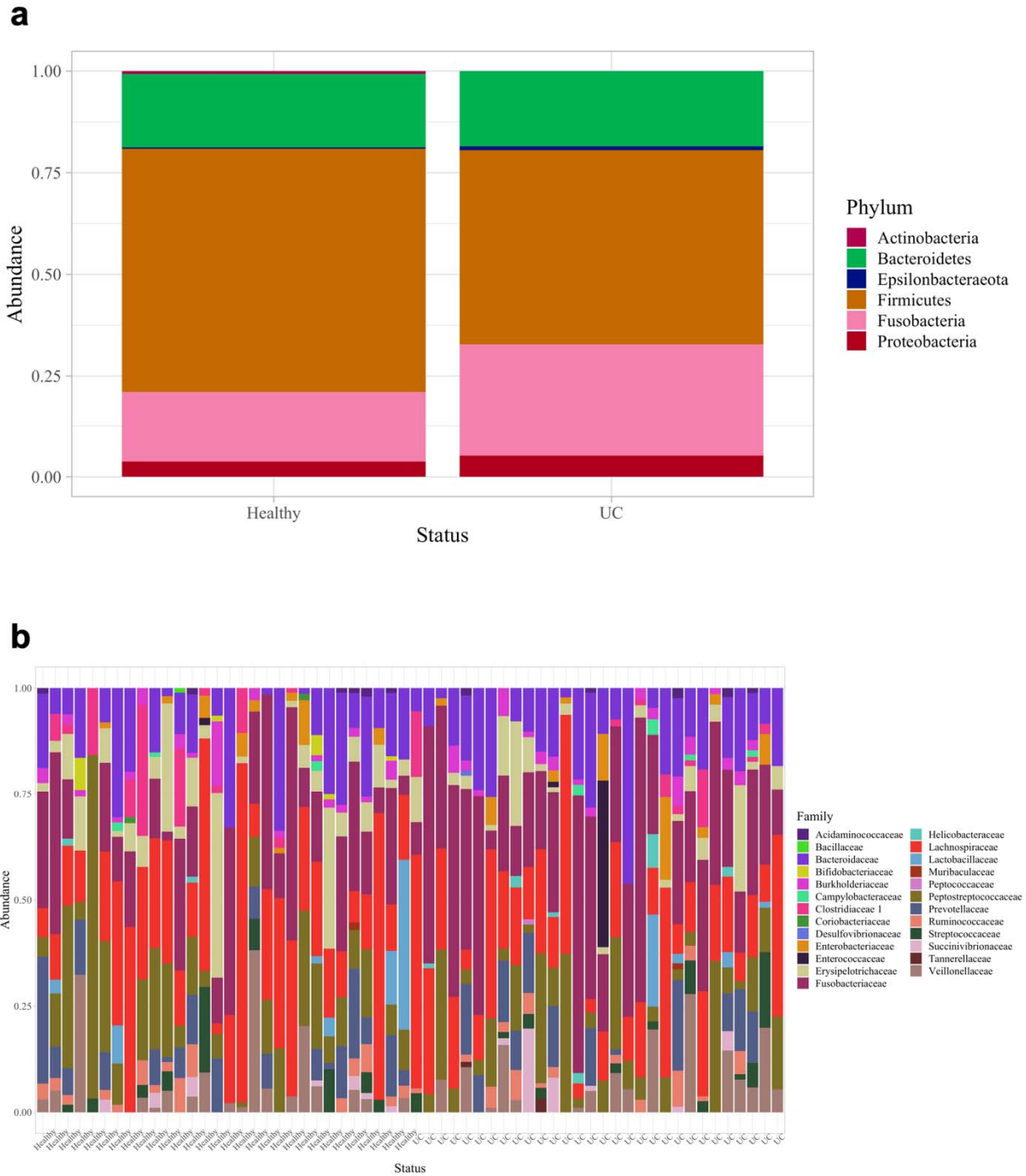
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965 **Supplemental Figure 8: Fecal microbial diversity and composition.** We compared fecal  
966 microbiota in dogs with UC (n = 30) and sex-, age-, and breed-matched healthy controls (n =  
967 30). There were no significant differences in microbial diversity by (a) Shannon (Kruskal-Wallis,  
968  $p = 0.214$ ), (b) Simpson (Kruskal-Wallis,  $p = 0.506$ ), or (c) Observed Features (Kruskal-Wallis,  
969  $p = 0.336$ ). There were also no significant differences in microbial composition by (d) Bray  
970 Curtis (PERMANOVA,  $p = 0.468$ ), (e) Unweighted UniFrac (PERMANOVA,  $p = 0.134$ ), or (f)  
971 Weighted UniFrac distance matrices (PERMANOVA,  $p = 0.0819$ ).  
972



973

974 **Supplemental Figure 9: Fecal microbial taxa bar plots.** Relative abundances of fecal

975 microbiota at the (a) phyla and (b) family levels from dogs with UC (n = 30) and age-, sex-, and

976 breed-matched healthy controls (n = 30).