

Top 20 Feline Diagnoses Part 2

5 More Of The Top 20 Feline Conditions To Know For NAVLE® Success:

6. Injection site fibrosarcoma

- Classic case: Mass at/near site of previous vaccination with adjuvant-based vaccine up to 3 yrs previously (usually rabies or FeLV)
- Dx: Any mass that...
 - Persists more than 3 mos after vaccination
 - Is greater than 2 cm diameter
 - Increases in size more than 1 mo post-injection
 - Incisional biopsy (fine-needle aspirate rarely helpful)
 - Staging: histopathology, thoracic radiographs, CBC, chemistries, +/- CT and MRI



Radical fibrosarcoma removal surgery

• Rx:

- Radiotherapy at site before resection
- Surgery at referral center need wide (3-5 cm) and deep (1 fascial plane) margins
- Adjuvant chemotherapy may benefit

• Pearls:

- Prognosis:
 - Metastasis most common to lungs
 - Median survival after surgery is 274 d at referral hospital vs 66 d at primary care center
- Only use non-adjuvanted vaccines
- Vaccine site recommendations:
 - Rabies SQ distal right pelvic limb
 - FeLV SO distal left pelvic limb
 - Others give SQ right scapula

7. Panleukopenia

Classic case:

- Dehydration, depression, fever, hypothermia, vomiting, diarrhea, seizures
- Thick intestinal loops
- Intention tremors; wide-based stance (cerebellar hypoplasia from in utero infection)

o Dx:

- Profound leukopenia (WBC count 500-3000/ul), thrombocytopenia, hypoalbuminemia
- Canine parvovirus fecal test
 - May be accurate in cats 24-48 hrs post-infection (will be positive up to 2 wks post-FVRCP vaccine)



Kittens are affected most severely by panleukopenia

Rx:

- Fluids: for dehydration and maintenance needs with IV, SQ, or intraosseous
- Plasma or whole blood if total protein less than 4 g/dl
- Parenteral B complex to prevent thiamine deficiency
- Antibiotics with gram-negative coverage (e.g., ampicillin)
- Treat persistent vomiting (metoclopramide, maropitant, odansetron)

Pearls:

Degree of neutropenia and thrombocytopenia parallel clinical disease and prognosis

- Use 1:32 bleach solution to kill parvovirus
- Vaccination is very effective prevention

8. Toxoplasmosis

- Classic case:
 - Outdoor cat with access to rodents
 - Indoor cats at risk from insects
 - Clinical signs can occur mos to yrs after initial infection if immunosuppressed
 - Chorioretinitis, neuro signs, GI signs, coughing, icterus, muscle pain



- IgM or IgG paired titers (4-fold increase 2-4 wks apart)
 - Postitive IgG titer = previous exposure (yrs, even)
 - IgM titer greater than 1:64 = active infection



- Clindamycin for 2-4 wks or 2 wks beyond resolution of clinical signs
- Corticosteroids are contraindicated
- Pearls: ZOONOTIC
 - Can cause birth defects in a developing fetus if a mother is infected for the first time in her life while pregnant
 - Simple prevention: "Pregnant women don't clean cat boxes!"
 - Whoever does clean the box: do it at least once daily (oocysts sporulate and become infective in 24 hr) and wear gloves
 - Dispose of cat feces in sealed bags taken to sanitary landfills, not in toilets or garden soil
 - Keep cats indoors, prevent access to rodents and raw meat
 - Prognosis: good with proper treatment
- Click here for more on <u>human pregnancy and toxoplasmosis</u>, courtesy of the U.S. Centers for Disease Control <u>Toxoplasmosis page</u>

9. Feline lower urinary tract disease (FLUTD)

- Classic case:
 - Male, unable to urinate
 - Straining in cat box
 - Often obese
 - Large, turgid bladder
 - Hypothermia, comatose, bradycardia

o Dx:

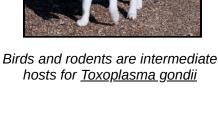
- Urinalysis via catheterization: hematuria with leukocytes and crystalluria, analysis of urethral plug if present
- Azotemia, hyperkalemia
- Radiography: see uroliths
- ECG: tall-T-waves if hyperkalemia is severe

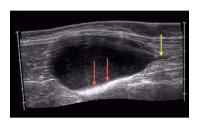
Rx:

- Retrograde urohydropulsion
- Avoid cystocentesis and manual bladder expression
- IV fluids
- Treat bradycardia and/or tall, tented T-waves with 10% calcium gluconate as cardioprotectant
- Urinary catheterization with closed collection system
- Perineal urethrostomy is a salvage procedure when less aggressive management has failed
- Prevention: canned diet with extra moisture and weight management

• Pearls:

- Prognosis: 90-95% survival with prompt treatment
- Recurrence rate is 15-40%
- Antibiotics not warranted





Obstructed male cat ultrasound.
Dilated urethra (yellow arrow) and
hyperechoic mineralized sediment in
the urinary bladder (red arrows)

10. Diabetes mellitus

Classic case:

- Overweight or obese, middle aged or older, male neutered cat (or spayed female)
- 9
- May be very ill with diabetic ketoacidosis (DKA)
- Polydipsia/polyuria, polyphagia
- +/- Plantigrade stance due to diabetic neuropathy

o Dx:

- Fasting hyperglycemia (usually greater than 350 mg/dl)
- Urinalysis: glucosuria, +/- ketonuria, +/- active sediment
- Fructosamine: elevated with persistent (wks) of hyperglycemia

• Rx:

- Insulin twice daily (glargine or PZI are preferred for cats)
- Diet modification very important: canned, low carb (less than 7%)
- Do not use a high-fiber diet

• Pearls:

- Prognosis: good to excellent, remission possible
- Glucose curves should be done at home by client as in-clinic curves will be altered by stress
- Avoid repository glucocorticoids in cats as they can cause diabetes



Polydipsia is seen with diabetes mellitus

Images courtesy of <u>WizardofOz</u> (fibrosarcoma surgery), <u>Dr. Uelsberg</u> (kittens), <u>Kalumet</u> (ultrasound), <u>Steve Jurvetson</u> (polydipsia), <u>Trish</u> <u>Steel</u> (black cat), and <u>Villa16</u> (cat and mouse).

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