



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
- **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 SQ distal left pelvic limb
 - Others give SQ right scapula



Radical fibrosarcoma removal surgery

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)
- **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)
- **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, ondansetron)
- **Pearls:**
 - Degree of neutropenia and thrombocytopenia parallel clinical disease and prognosis



Kittens are affected most severely by panleukopenia

- 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



Birds and rodents are intermediate hosts for Toxoplasma gondii

○ **Dx:**

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

○ **Rx:**

- Clindamycin for 2-4 wks or 2 wks beyond resolution of clinical signs
- Corticosteroids are contraindicated

○ **Pearls: ZONOTIC**

- 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 [human pregnancy and toxoplasmosis](#), courtesy of the U.S. Centers for Disease Control [Toxoplasmosis page](#)

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



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

○ **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

10. Diabetes mellitus

o **Classic case:**

- Overweight or obese, middle aged or older, male neutered cat (or spayed female)
- 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

o **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

o **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 [WizardofOz](#) (fibrosarcoma surgery), [Dr. Uelsberg](#) (kittens), [Kalumet](#) (ultrasound), [Steve Jurvetson](#) (polydipsia), [Trish Steel](#) (black cat), and [Villa16](#) (cat and mouse).