



# Top 20 Feline Conditions Part 1

## Five Key Feline Conditions To Know For VTNE Success:

### 1. Feline leukemia virus (FeLV)

#### o **Classic case:**

- Kitten or young adult, free-roaming, usually male
- "Ain't Doin' Right" (ADR)
- +/- Abdominal or thoracic masses



#### o **Dx:**

- CBC: Leukopenia, neutropenia
- Fever
- Lymphadenopathy
- Radiography: Thorax and abdomen for FeLV-associated lymphosarcoma masses
- Screen: Serum/plasma/whole blood ELISA (Snap test) or immunochromatography (ICT) – both in-house
- Confirmation: IFA at reference lab



*FeLV-associated lymphosarcoma in the mesentery at the ileocolic junction*

#### o **Rx:**

- Supportive: Antibiotics, nutritional support, fluids
- Stress-free environment
- Keep FeLV-positive and -negative cats separate

#### o **Pearls:**

- Prognosis: Fair to poor
- Transmission: Saliva exchange between adults (fighting, grooming, sharing food dishes), transplacental from infected queens
- Virus shed in saliva, nasal secretions, feces, milk, and urine
- Vaccinate kittens against FeLV; continue vaccinations if high risk
- Vaccination site left rear leg, as distal as possible
- Who to test:
  - Any sick cat, regardless of age
  - Prior to adoption, regardless of age
  - Cats with unknown viral status
  - Prior to vaccination, if negative status
- IFA-positive cats persistently infected for life
- Quickly inactivated by detergents and routine disinfectants
- House in individual cages, isolation/contagious wards not required

### 2. Feline immunodeficiency virus (FIV)

#### o **Classic case:**

- Mature cat, usually intact male, lives outdoors, previous bite wounds
- Gingivitis, stomatitis
- ADR, fever, anorexia, lethargy, diarrhea, malaise

#### o **Dx:**

- CBC: Anemia, leukopenia (esp. neutropenia), thrombocytopenia
- Screen: Serum ELISA (Snap test; false positive if vaccinated) - can do in-house
- Confirmation: Western blot (false positive if vaccinated) at reference lab

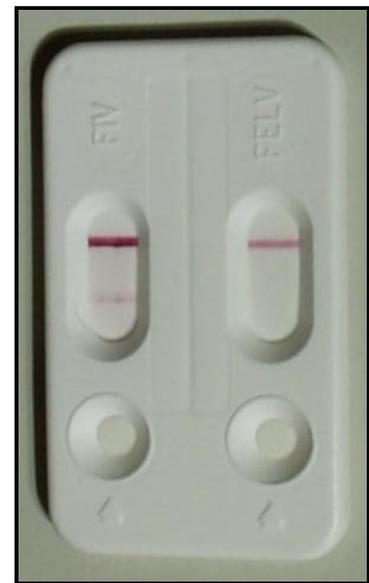
#### o **Rx:**

- Supportive: Antibiotics, fluids, nutritional support

- Good dental care

○ **Pearls:**

- Prognosis: Good to excellent, most do well for years
- Some cats develop AIDS-like disease with profound neutropenia
- Transmission: fighting (bite wounds), sexually
- Virus shed in saliva
- Test before FIV vaccination
- Vaccination produces a positive test result indistinguishable from infection
- Transmission is lower risk in a stable household
- Quickly inactivated by detergents and routine disinfectants
- House in individual cages, isolation/contagious wards not required



FIV-positive, FeLV-negative ELISA test

3. **Feline hyperthyroidism**

○ **Classic case:**

- Middle-aged or older cat
- Weight loss with increased appetite
- Vomiting, diarrhea
- Murmur, tachycardia, arrhythmia
- "Yowling" at night
- Palpable thyroid nodules (usually bilateral)
- Anxiety/agitation
- Unkempt haircoat

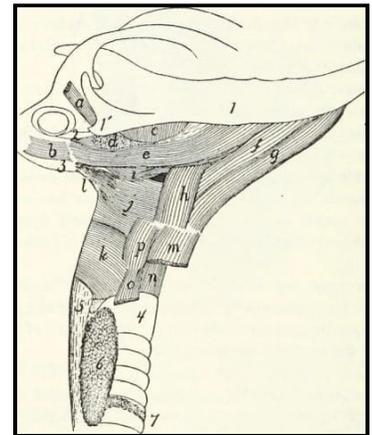


○ **Dx:**

- Screen: Total T4 (TT4) – may be high-normal with concurrent disease (euthyroid sick syndrome)
- Free T4 equilibrium dialysis (ED) can be used for confirmation in borderline cases
- Thyroid scintigraphy
- Echocardiogram and blood pressure

○ **Rx:**

- Iodine 131 (I-131)
  - Gold standard
  - Most cases cured with ONE dose
- Anti-thyroid medication (methimazole, felimazole, tapazole)
  - Controls, but does not cure, many side effects
  - Requires life-long administration and regular blood work
- Thyroidectomy: Risk of accidental parathyroid removal and life-threatening hypocalcemia
- Diet: Iodine restriction (Hill's Y/D therapeutic diet only)



Thyroid gland (6)

○ **Pearls:**

- Prognosis: Fair to excellent
- Most common endocrine disorder in middle-aged to older cats
- Adenomatous hyperplasia most common, neoplasia uncommon
- Less common presentation is "apathetic hyperthyroid": Anorexia, lethargy, etc.
- Does not CAUSE renal failure, but correction can uncover previously existing renal failure

○ Click here to see a [thyroid nodule](#) in a cat from the Merck Vet Manual

4. **Hepatic lipidosis**

○ **Classic case:**

- Overweight to obese cat with several-day history of anorexia
- Weight loss, jaundice
- Recent history of stressful event

- Ptyalism when hepatic encephalopathy (HE) present



*Nutritional support with an esophageal feeding tube is often necessary to treat hepatic lipidosis*

- **Dx:**
  - Serum biochemistry: ALP higher than ALT, total bilirubin increased, normal GGT if cholangitis is not part of inciting disease causing anorexia (helps differentiate from other hepatobiliary diseases)
  - Coagulopathies
  - Abdominal ultrasound
  - Liver fine-needle aspirate (FNA) or biopsy required for diagnosis (only perform if coagulation testing normal or following Vitamin K supplementation)
- **Rx:**
  - Nutritional support is key
    - Esophagostomy tube or gastrostomy (PEG) tube preferred due to varieties of diets that can be used (such as blenderized canned cat food)
    - Nasogastric tubes can be used initially in very debilitated or coagulopathic cat
    - High-quality, high-protein diet (unless HE present)
    - Therapeutic recovery diets preferred
      - Feed to dietary energy requirements (DER)
  - Avoid glucocorticoids
  - If HE: Lactulose retention enemas
- **Pearls:**
  - Prognosis: Fair to excellent
  - NEVER a primary condition, always caused by 'something'
  - Treat hyporexic and anorexic cats promptly and aggressively
  - Recovery can take 8-16 weeks

## 5. Chronic renal disease

- **Classic case:**
  - Senior or geriatric cat
  - Polyuria and polydipsia
  - Weight loss, vomiting
  - Lethargy, hyporexia/anorexia
  - Small, lumpy, bumpy kidneys on palpation
- **Dx:**
  - Azotemia and hyperphosphatemia, increased SDMA
  - +/- Hypokalemia and anemia
  - Dilute or isosthenuric urine (USG  $\leq 1.020$ )
  - High blood pressure
  - Urine protein:creatinine ratio  $> 0.4$  if proteinuria is part of disease process
  - Abdominal ultrasonography
- **Rx:**
  - Supportive care: Appetite stimulants, anti-emetics, H<sub>2</sub>-blockers, fluids, K<sup>+</sup> supplements, anti-hypertensive medication, phosphorus binders
  - Nutrition: Renal prescription diets
  - Increased fluid intake: SQ fluids, added water in diets
- **Pearls:**
  - Prognosis: Poor to good, depending on severityrate of progression, and concurrent illnesses



*Subcutaneous fluids administered at home to a cat with chronic renal disease*

Images courtesy of Stephanb ([queen with litter](#)), Dr. Uwe Gille ([mesenteric lymphosarcoma](#), [subcutaneous fluids](#)), [Kalumet](#) (FIV/FelV ELISA), [Anatomy of the Cat](#) (thyroid anatomy), [AGarren](#) (cat with feeding tube), and [Art man](#) (cat nose).