
CLINICAL MEDICINE

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Infectious Feline Anemia. Infectious feline anemia is reported to be widespread in the United States. As practitioners become aware of the clinical symptoms, more cases are being diagnosed. A macrocytic hemolytic anemia results from this disease which is believed to be caused by the rickettsia, *Hemobartonella felis*.

A two year old male domestic cat was admitted to Stange Memorial Clinic Feb. 16, 1959. The cat was reported to have eaten very little for the past two months. Approximately a month prior to admission the animal had been wormed twice by a local veterinarian. The day prior to admission the owner had tried to force-feed the cat six times which resulted only in vomituration.

Examination revealed a temperature of 98.0° F., respiratory rate of 53 per minute and pulse so rapid it was difficult to count (over 300). The mucous membranes were very pale. The cat was lethargic and so weak it could hardly stand.

A tentative diagnosis of infectious feline anemia was made and later confirmed when *Hemobartonella felis* organisms were found in the RBC's. These organisms cannot be found at all times so one negative blood sample does not rule out the disease.

Laboratory tests of the blood revealed a total RBC count of 960,000. The WBC count was 12,440 which consisted of 4,800 stabs, 3,600 segments, 400 eosinophils, 200 monocytes and 3,400 lymphocytes. The

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hemoglobin content was too low to read (less than 1.77 gm.) using the Lumetron colorimeter. The hematocrit reading was 8.0 mm. The fecal examination was negative for internal parasite ova.

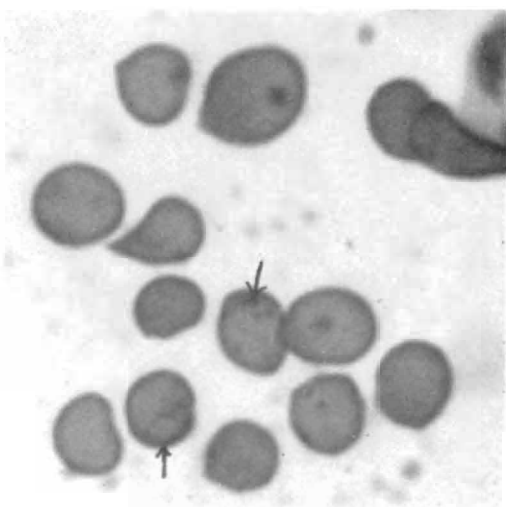
On the day of entry a 40 cc. blood transfusion was given intravenously. Thirty minutes later the cat was walking. The following day the temperature was 102.4° F. and the patient was drinking water. Night medication consisted of 150 cc. of 5 per cent dextrose administered subcutaneously with B-Sol (Ft. Dodge) added (5 cc. per 500 cc. dextrose). On February 18 the temperature was 102.4° F., the respiratory rate was 30 per minute and the pulse was 200 per minute. The patient was given 15 cc. of blood intravenously and consumed one Caminal-S tablet (Armour). Night medication was repeated (150 cc. of 5 per cent dextrose) including one Caminal-S tablet.

On February 19, the cat consumed one

Caminal-S tablet and some fresh liver. The temperature was 103.8° F. so six and one half cc. of Normal Feline Serum (Norden) were given subcutaneously. Night medication was the same as the previous night.

The next three days the cat was given one 100 mg. Polyotic Tetracycline Hydrochloride (Cyanamid) capsule and one Caminal-S tablet twice daily plus fresh liver. The temperature decreased to 102.6 on Feb. 20th. On Feb. 21st the patient was given 40 cc. of blood intravenously.

From February 23 to 27 the patient was given one 50 mg. Polyotic capsule three time daily and fresh liver was interchanged with C/D (Cat/Diet-Hill Packing Company). Laboratory tests of blood on February 26 revealed the following: RBC count—2,470,000; WBC count—21,000; Hemoglobin—2.2 gm.; Hematocrit—17.0 mm.



Hemobartonella felis organisms in RBC's.

The patient was discharged February 27 looking bright and alert. Twenty 50 mg. Polyotic capsules were dispensed to be administered three times daily. Also, six cans of C/D were dispensed.

The means of transmission of the organisms is not known. Other species have not been affected after attempted transmissions by various routes. Immunity after having recovered from the disease is

weak or transitory or both. Blood transfusions and broad-spectrum antibiotics appear to offer the best results at the present time. Carriers are reported; consequently, donor cats should be checked.¹

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REFERENCES

- Flint, J. C., Roepke, M. H., and Jensen, R. Feline Infectious Anemia II. Experimental Cases. Amer. J. Vet. Research 20:33-40. 1959.

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Sinusitis in a Yearling Shorthorn Steer.

Sinusitis in cattle generally involves the frontal sinus, with the maxillary sinus rarely being affected. The most common cause of a frontal sinusitis is dehorning. Other less prevalent causes are injuries to the horn with hemorrhage into the sinus, extension of infection from the nasal mucous membranes, as well as contusions and fractures of the bones of the frontal sinus area. Malignant head catarrh and purulent rhinitis of calves have sinusitis as a secondary symptom.¹

A 1 year old Shorthorn steer was admitted into Stange Memorial Clinic on February 9, 1959. The owner gave the history of the animal being purchased in a sales barn a short time previously, and it was not doing well.

The animal was then examined. A rectal temperature of 102.6° F. was recorded. It also was noted that there was a swelling somewhat dorsal to the right eye and over the frontal sinus. Ptosis of the upper right eyelid was noted. No nasal discharge was present.

Considering the symptoms, the age, and the fact that the animal had been dehorned, a diagnosis of frontal sinusitis was made. However, it is possible that the sinusitis might have injury or trauma as its etiology.

The area of the swelling was clipped, shaved, and scrubbed with soap and warm water. The area was then swabbed with alcohol. Four percent procaine was injected subcutaneously over the operative area.

A circular incision one inch in diameter was made over the highest point on the