

Common Diseases of Cats

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IN METROPOLITAN areas the cat is taking on new popularity as a pet. Small size and ability to adapt well to apartment living are possible explanations for this new-found favor, and cats do provide a considerable amount of amusement and pleasure for their owners.

These owners are often apartment-dwelling older couples, childless or with children grown and gone. They have money to spend for their pets' comfort and for veterinary care. In consequence, cats are now more frequent patients in the small animal practitioner's hospital.

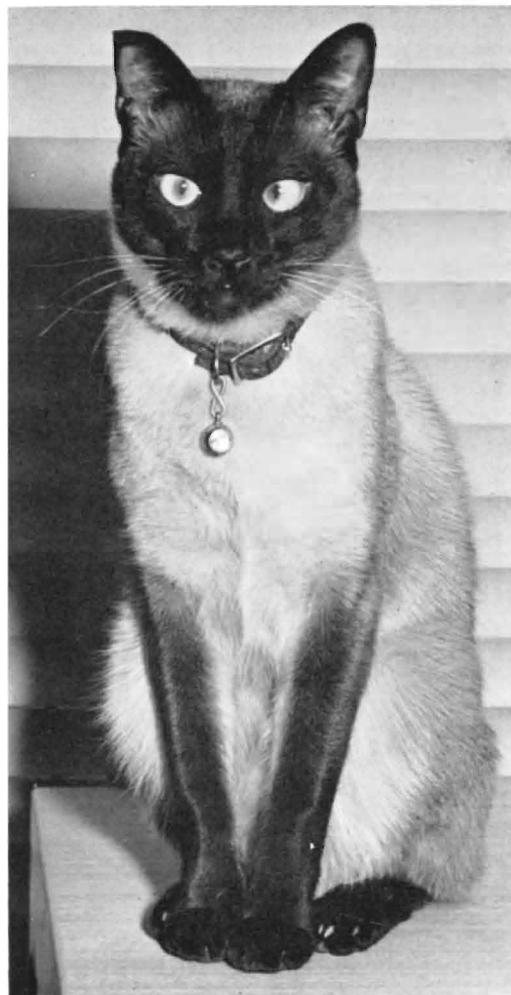
Although many of the diseases of cats are basically of nutritional origin, too little is known about the nutritional needs of the pet cat. Adding to the trouble is the fact that cats are prone to develop feeding habits that are not dietetically sound.

With the increased interest in cats there has been a demand for an adequate cat food. This has caused pet-food manufacturers to undertake research projects resulting in the production of satisfactorily prepared foods.

Urinary Calculi

Urinary calculi may result from faulty nutrition. Whether calculi and diet are

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Increasingly frequent patients at small animal hospitals.

directly related, or whether a faulty diet is one of several contributing factors, is not definitely known. It is thought that there may be other stimulæ to the production of calculi such as hormone imbalance or infections of the urinary tract.

The role of alkaline urine, high ash diets and low vitamin A intakes must also be further probed.

Treatment of urinary calculi is based on correcting these conditions as soon as possible after alleviating the immediate distress of a distended bladder. This latter can be accomplished most easily by tapping the bladder through the abdominal wall, removing the urine, and then flushing the bladder with a 2 per cent acetic acid solution.

The cat should be placed on methenamine and/or streptomycin and fed a bland diet, low in ash, and high in fat. The vitamin A intake must be increased.

Ulcerative Glossitis

Ulcerative glossitis is another condition possibly of nutritional origin. Although the exact cause has not been determined, it is thought to be a deficiency of one of the B-complex vitamins or one of the amino acids. It is a painful condition affecting the tongue of adult cats, usually confined to the tip, but often extending back for a short distance along the margins. The first symptoms are drooling and pawing at the mouth. Examination reveals a foul odor and small reddened areas on the tip of the tongue which may become necrotic and slough. Sometimes red lines extend back along the lingual margins. The course of the disease may extend over 10 to 12 days and is usually not fatal.

Treatment consists of an injection of B-complex vitamins followed by oral medication with a mixture of vitamin B and amino acids every 4 hours. A medicine dropper may be used effectively. The course of the disease can be greatly shortened by this medication.

Parasites

Cats may be infested with all the external and internal parasites common to other pets. Special emphasis should be

placed on ear-mite control. These pests can cause much annoyance and some real damage by causing deafness and loss of equilibrium.

These ear mites, *Otodectes cynotis*, can be detected by careful macroscopic examination if one has good eyesight or by microscopic examination of ear-canal swabs. Shaking of the head and scratching of the base of an ear should lead one to suspect the presence of ear mites.

Thoroughly wash the ear canal with warm water to remove wax and exudate. Then apply a preparation made by diluting 1 part of the commercial rotenone-in-oil with four parts of bland oil. A white smear containing lindane can also be used. This medication may be repeated every three or four days for a time.

Mange caused by the mite, *Notoedres cati*, is frequently found affecting cats. This causes a denuding, crusting, and pustule formation, most often in the areas about the head, neck, and forelimbs. The cat acts uncomfortable from the intense itching.

Diagnosis is made by finding the mite on microscopic examination of skin scrapings. Treatment must be confined to localized areas, using a bland sulfur ointment, as cats do not tolerate dipping or medication of large areas. Infected spots should be cleaned with mild soap and warm water to remove all crusts before treatment.

External parasites such as lice or fleas can be controlled by use of a dusting powder containing pyrethrum or rotenone. Excessive dusting or use of DDT powders should be avoided.

Internal parasites cause trouble, especially in kittens. There are numerous preparations which are satisfactory anthelmintics, but regardless of the medication used, the kitten should be placed on an easily digested and nutritious diet. The food reserves of kittens are easily depleted.

Distemper

Feline distemper (panleucopenia, infectious feline enteritis) is the most commonly encountered infectious disease of cats. Symptoms include sudden onset,

anorexia, lassitude, and depression. The cat prefers to sit quietly. It may drool or vomit. There may be a rise in temperature. There is always a leucopenia.

If the white blood cell count is less than 3,000 an unfavorable prognosis should be given, especially if the fall has been precipitous. When recovery begins, the white blood cell count begins its return to normal 24 to 48 hours before there is a noticeable change in physical symptoms.

Post-mortem lesions are few or absent. Occasionally there is an enteritis and edema of the mesenteric lymph nodes.

Treatment is variable, depending on severity of the infection. Specific immune serum is of value if administered early. Streptomycin appears to have value.

Practitioners give one-fourth gram per pound of body weight as an initial dose followed by oral administration of dihydrostreptomycin dissolved in water, two cc. of stock solution being given every four hours. The stock solution is made by dissolving a gram of dihydrostreptomycin in one ounce of water.

As in most viral infections, prophylaxis is more satisfactory than treatment. If the susceptible cat can be kept from exposure for 21 days, or until immunity is established, vaccination is very effective.

The virus of feline enteritis is highly infectious. It is also resistant. It will live for several days in cages, runs, and cat bags used in a veterinary hospital. These should be thoroughly cleaned and disinfected before another cat comes into contact with them. Live steam or very hot water will prove satisfactory.

Feline Pneumonitis

Feline pneumonitis (sniffles) is the most common disease of cats, affecting all ages. The mortality is low but the duration of natural immunity established by this disease is short and there may be recurrent attacks.

Being air-borne, feline pneumonitis will spread through a litter or group of cats rapidly. Kittens become susceptible as soon as they are weaned and litters may sicken en masse.

Clinically, there is an anorexia. Infected cats eat only about half the usual amount of food. Temperatures taken at this time will show elevation from 103.6 to 105 degrees. There is a slight mucoid discharge from the eyes and nose.

If the cat is not treated the discharge becomes purulent and eyes and nose "stick shut." There is an increase of leucocytes, the white blood cell count climbing as high as 50,000.

Mortality from feline pneumonitis decreases with age. Rarely do adult cats die from this disease although a secondary pneumonia may cause death. Post-mortem lesions in kittens that died of pneumonitis are limited to a pulmonary congestion.

The sequelae of feline pneumonitis are as annoying to the patient and owner as the disease itself. Sinusitis is the most common sequel. This causes drainage and sneezing which may become paroxysmal, lasting a minute or more.

The lachrymal discharge which causes the eye to stick shut may produce a permanent corneal opacity. Other sequelae of pneumonitis are pharyngeal abscesses and pneumonia, both of which usually terminate fatally.

Feline pneumonitis may be treated by administering terramycin given at the rate of 125 mg. twice daily. Response may not be complete but there is usually improvement.

There is no prophylaxis for feline pneumonitis. Although cats do not develop permanent immunity following natural infection, succeeding attacks are not as severe as the initial infection. It may prove possible to develop a vaccine which can lessen severity of the initial attack and which may also abort the annoying sequelae of this disease.

Infectious Feline Anemia

Infectious feline anemia was described by Flint and Moss who showed that this was an infectious disease of cats caused by a blood parasite, probably a *Bartonella*.

Cats with infectious anemia show a pale mucous membrane, an unkept hair

coat, listlessness and emaciation. They usually die. Recovered animals become carriers. Bartonella can be transmitted by feeding blood or inoculating blood into a susceptible cat. The natural mode of transmission has not been worked out nor has the mortality from natural infection been established.

The disease is seen in both kittens and in adult cats. Blood smears stained with either Giemsa's or Wright's stain will show the parasites clearly.

Cats infected with Bartonella will usually present obvious symptoms of anemia, and blood counts will show a red blood cell count ranging from one million to four million.

At present there is no satisfactory method of treating this disease in cats. Injectable arsenicals have been used to treat bartonellosis in man but this treatment does not seem to have been tried in cats.

TOXICITY OF TETRAMETHYLTHIURAM DISULFIDE FOR CHICKS, POULTS AND GOSLINGS. A seed protectant, Arasan, was found to be the cause of production of soft-shelled eggs on certain Minnesota farms. This led to a study of the active ingredient, tetramethylthiuram disulfide (TMTD) in this product.

Chicks and goslings were found to be very sensitive to TMTD, with chicks showing toxicity at approximately 40 ppm. and goslings at a little higher concentration. Turkey poults were more resistant and could tolerate about 200 ppm. The symptoms shown were leg deformities, leg weakness, and loss of weight. The leg deformities were crooked leg, curled toes, enlarged hocks, some slipped tendons, and spraddles.

Seed corn treated with Arasan contains about 630 ppm. of TMTD and is hazardous to feed to poultry even as a small percent of the ration.

Waibel, P. E., Johnson, Elton L., Pomeroy, B. S. and Howard, L. B. Toxicity of tetramethylthiuram disulfide for chicks, poults and goslings. Poultry Science. 36:697-703. July, 1957.



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