AAFP Member Listserv Posts since 6/24 /13:

* Please note – the AAFP Listserv will not be working for a couple of weeks. We will send out an email in the Feline Weekly with the responses to the latest inquiries so you can still view the newest content.

**Active Listserv Discussions**

### Feline BNP

Has anyone used this blood test for a cat with a heart murmur? Is it helpful if radiographs are normal? Where can I submit the test if I do not have Idexx? Thank you

*Originally Posted by: Dr. Tamara Schmitt*
*Date: 6/21/2013 11:59:51 AM*

**Most Recent Member Comments:**

I have done the pro-BNP test on a patient for which the owner was concerned about hidden heart disease and the cat did not have a heart murmur or other symptoms. I sent it to Idexx, but I don't know of other labs that do the test. It requires a special tube from Idexx. The plasma is pipetted off and sent in. This patient had a normal value of 57 (normal below 100 mcg/dl) so the owner was relieved and it was a nice test for her specific case.

*Originally Posted by: Dr. Janette Ellison*
*Date: 6/24/2013 11:59:51 AM*

BNP can be very helpful in clinically well cats, to help decide how aggressive to get with further workup. I would still run the BNP with normal radiographs, as it will be a good baseline but also because they can have significant abnormalities even with normal radiographs. If the BNP is normal you might consider waiting on radiographs and ultrasound for 6 months or so. If it is abnormal, I would recommend a client not wait. Also, if a BNP was just above normal range and heart rate, rads etc were normal, it can be repeated in 1-3 months, and if the BNP is raising that means heart muscle is relatively more affected, and at that time more diagnostics pursued. I believe Idexx is the only company currently running the test.

*Originally Posted by: Dr. Nancy G. Tradwell*
*Date: 6/24/2013 11:59:51 AM*

### Anything other than Methimazole

I currently see a hyperthyroid cat who is unable to take Methimazole. The owner does not want to try y/d and cannot afford to do surgery or iodine therapy. Are there any other alternatives out there?

*Originally Posted by: Cynthia Farris*
*Date: 6/20/2013 8:16:01 PM*

**Most Recent Member Comments:**

I agree that for cats that just cannot tolerate or will not accept oral meds, that PLO methimazole is effective.

*Posted by: Dr. Nancy G. Treadwell*
*Date: 6/24/2013*

What’s the reason for being unable to take it? Is it an issue of getting the meds in or an issue of side effects? I’ve found that some cats who have vomiting/lethargy with oral Methimazole tolerate the transdermal gel a bit better if you start at
a low dose and gradually increase it. For other cats, having them on long term Cerenia every 2-4 days makes the methimazole tolerable when other treatments aren't options... And of course, if it's just a matter of getting the meds in, the transdermal gel works great!

Posted by: Dr. Sharla Ansorge  
Date: 6/24/2013

Propylthiouracil has been tried but has serious side effects. carbimazole is used in the UK but will probably have the same type of reaction as methimazole. Y/D's low I premise might be right for some cats but the food is not species appropriate. Potassium iodate has been used to block I uptake but has high rate of side effects too. This is a good question for Dr. Mark Peterson

Posted by: Dr. Ronald Gaskin  
Date: 6/21/2013 12:26:24 PM

**Long term meloxicam dose**

I am treating a cat for gingivostomatitis and am wondering what dose of meloxicam everyone uses for chronic use. The cat has had full mouth extractions and if he isn't on any pain meds he tends to drool excessively and hides more. He is much more active and seems to feel great when he is on meloxicam, I just don't know what would be an appropriate dose for chronic use. Currently I am using 0.05mg/kg every other day and he seems to do ok but by the end of the second day he is definitely drooling more. Can this dose be safely used daily?

Originally Posted by: Dr. Becky Behrendt  
Date: 6/20/2013 6:14:39 PM

**Most Recent Member Comments:**

We have used 0.1mg/kg on Meloxicam EOD in the past. But more recently I prefer Onsior (robenacoxib) because it is safer. It costs a little more but is worth it and comes in a chewable yeast tablet that most cats will eat. I haven’t tried the Atopica either, but I would love to hear what others have to comment about it. For chronic pain (although it doesn’t do anything for inflammation) I will add in gabapentin. This is great for arthritis too. We make a 50mg/ml solution in V.A.L. syrup.

Posted by: Dr. Bethany Opperman  
Date: 6/24/2013

Have you tried Atopica? Most of my patients that don’t 100% resolve with a full mouth extraction will respond either to Atopica or a hypoallergenic diet. I use Buprenex for pain management. Much safer than Meloxicam.

Posted by: Erika Ball  
Date: 6/24/2013

**FVRCP Vaccine Frequency of Administration**

Dear All, Are any of you using a USDA-labeled 3 year FVRCP or FVRCP-combo vaccine, and if so, which one(s)? Is anyone using FVRCP vaccines off label and boostering only every 3 years with client awareness and consent to longer interval? Thanks in advance and best regards.

Originally Posted by: Julaine Hunter, DVM  
Date: 6/19/2013 4:57:58 PM

**Geriatric cat with severe ventral alopecia**
About 8 months ago, I started treating a 16yr old FS DSH who was over-grooming her carpi (along with other signs suggestive of arthritis). Previous vets had tried tramadol, buprenorphine and cartrophen injections but to no effect. She had IRIS stage 2 renal disease but after a discussion QOL, I decided to trial her on a low dose of meloxicam. This resolved her overgrooming and she has been doing well (and renal parameters have been stable) up until the past two months. Two months ago she was in a cat fight and had multiple wounds on her abdomen. These were treated by another vet with antibiotics and although the wounds have now cleared up, she has severe ventral alopecia which is continuing to worsen. Full bloods are unremarkable other than \(^{\text{urea/creat.}}\). T4 is normal. Abdominal u/s was normal and skin biopsies showed follicular inactivity and inflammation (from memory). Has anyone treated a case of psychogenic alopecia? If so, is gabapentin a good treatment? Or should I consider antianxiolytics? Thanks you and any help is much appreciated!!!

Originally Posted by: Megan Lui  
Date: 6/15/2013 7:39:14 AM

**Most Recent Member Comments:**

If the skin appears glaborous and shiny and if weight loss or poor appetite are present, one could also add pancreatic paraneoplastic alopecia to the concerns. hepatocutaneous syndrome might also be possible.

Posted by: Dr. Ronald M. Kipnis  
Date: 6/24/2013

Urine culture to rule out bladder irritation from infection?

Posted by: Dr. Stacey Pedersen  
Date: 6/19/2013 11:10:42 AM

Is she causing skin trauma with the overgrooming? From personal experience, my 16 yo DSH has had psychogenic alopecia for ~12 years. Initially I tried Amitriptyline as well as Clomipramine. It changed her personality and she stopped grooming completely, so I stopped the medication. The area of alopecia occasionally worsens to include her legs (usually when she's stressed), but she does not cause damage to her skin. I have found that it is just cosmetic and the meds, although stopping the alopecia, had more undesirable side effects. I’ve tried them in other cats with the same problems and have found similar complaints from the owners. So I guess my advice would be to consider how much trauma she’s really causing before deciding on medicating her for it.

Posted by: Kirsten Nordt  
Date: 6/19/2013 2:28:21 PM

Thank you so much for the advice. I am seeing this kitty today for a recheck and will see how traumatized her skin is---last time it wasn’t really----it is more just the severe alopecia that looks alarming. Note: The owner cannot give oral meds to this cat so although its not ideal we treated with a convenia (cefovecin) inj to see if any improvement (in the event that she does have a low grade UTI) Thanks again for the help! Ps I’m new to this discussion board but is there a way to post pictures?

Posted by: Dr. Megan Lui  
Date: 6/19/2013 3:40:49 PM

I haven’t ever seen anyone do it, so if you can figure it out, you’re the first.
I have seen two cats with overgrooming that responded to Feliway diffusers. One client can even tell when it is time to refill because the licking will start up again. Worth a try?

occult flea allergy? We see it all the time in this area (Eugene, OR)

If the skin appears glaborous and shiny and if weight loss or poor appetite are present, one could also add pancreatic paraneoplastic alopecia to the concerns. hepatocutaneous syndrome might also be possible.

Diabetic Cat with Oral Eosinophilic Granulomas

I have a diabetic 10 yr old cat with oral eosinophilic granulomas. To avoid using systemic steroids I'm considering doing an intra-lesion cortisone injection, but have never done one before. (I know that some will go system but it'll be a low dose.) Do they really work? Do they cause problems with the needle stimulation of the granuloma? Which steroid and what dose? Alternate treatments (beside antibiotics and NSAIDs) for eosinophilic granulomas located on the roof of the mouth/ soft palate? Any help that you can give me will be appreciated!

Most Recent Member Comments:

a 31g insulin syringe is even better.

Lactoferrin capsules from Allergy Research Group. We have used it in stomatitis cases as an adjunct tx. Atopica is worth a try especially if the lesions are the persistent type. On non DM kitties with the lip form of the granulomas one IL treatment TB syringe and it is usually gone.

You are probably thinking some triamcinolone suspension IL with an insulin syringe. As small as dose as you can get away with. I would want to know the BGs from home testing. IL steroid will be absorbed systemically and affect the BGs. IL will work for about 2 weeks and need to be redone. With home testing we regularly treat concurrent pancreatitis DM cats with daily prednisolone. The BGs and insulin dose go down as the pancreatitis resolves. But you need home BG testing to do this. Depending on if you think rosemary is toxic to cats Zyflamend mini caps have worked well in a number of cats we have tried it on.
Another good option would be cyclosporine (Atopica), which is generally effective against eosinophilic granulomas. Most kittens do fine with a 5mg/kg PO SID dose, though some do have GI upset, so I often pair it with intermittent Cerenia if needed. I've had several DM cats with concurrent diseases that required this kind of treatment, and it has been quite helpful.

I have also used Atopica successfully in diabetic kittens with no side affects. I have better luck with the liquid formulation for cats than with the capsules (less vomiting problems).

I've attended conferences where bovine lactoferrin (topically) was advocated -- suggested dosing in a bit of meat baby food. But only another veterinarian recently had a source, and I could find his e-mail, but I haven't needed it myself (since), so I haven't tried it.