

AAFP/EveryCat Feline Infectious Peritonitis Diagnosis Guidelines

Routine Diagnostic Testing for FIP – An Overview



Table 4 Routine diagnostic testing for FIP – an overview*

	Test	Typical findings in cats with FIP	Comments
Blood	CBC	Non-regenerative anemia, microcytosis, lymphopenia, thrombocytopenia, band neutrophilia ³	Findings are non-specific for FIP
	Serum biochemistry	Hyperglobulinemia, hypoalbuminemia, hyperbilirubinemia, low A:G ratio ³ Other abnormalities depending on organ involvement	A:G ratio: <0.4 = FIP slightly more likely >0.6 = FIP slightly less likely ^{78,123}
	AGP	Moderate to marked elevation ¹²⁴	>1.5 g/l = FIP moderately more likely >3.0 g/l = FIP highly more likely <1.5 g/l = FIP slightly less likely
Effusion	Rivalta's test	Positive	If negative, FIP highly unlikely ¹³²
	Cell count and cytology	Low to moderate cellularity, pyogranulomatous inflammation ¹³⁷	Important to rule out differential diagnoses such as neoplasia or septic effusion
	Bacterial culture	Negative	Important to rule out septic effusion
	Biochemical analysis (protein, A:G ratio)	High protein concentration Low A:G ratio ¹⁷¹	A:G ratio: <0.4 = FIP moderately more likely >0.8 = FIP slightly less likely
	AGP	Moderate to marked elevation	>1.5 g/l = FIP moderately more likely ¹²⁹
Cerebrospinal fluid	Cell count and cytology	Moderate to marked pleocytosis Neutrophilic, mononuclear, mixed or pyogranulomatous inflammation ^{95,172}	Potentially helpful to rule out differential diagnoses in cats with neurological signs, but non-specific for FIP. CSF analysis can be unremarkable in some cats with FIP ¹⁰⁵
	Protein concentration	Moderate to marked elevation	Potentially helpful to rule out differential diagnoses in cats with neurological signs, but non-specific for FIP. CSF analysis can be unremarkable in some cats with FIP ¹⁰⁵
Aqueous humour	Cell count and cytology ¹⁷³⁻¹⁷⁵	Neutrophilic, pyogranulomatous or mixed inflammation	Potentially helpful to rule out neoplasia, but often non-specific
Other	Routine diagnostic imaging (radiography or ultrasonography)	Ascites, pleural or pericardial effusion Abdominal lymphadenopathy Structural changes to liver, spleen, kidneys or intestines Evidence of peritonitis ⁸²	Highly useful to locate any effusion Ultrasound-guided sample collection (fine-needle aspiration, TCB) possible
	Advanced diagnostic imaging (CT or MRI)	Obstructive hydrocephalus, syringomyelia, foramen magnum herniation or marked meningeal or ependymal contrast enhancement indicating T3–L3 myelopathy, central vestibular syndrome or multifocal CNS disease ¹⁶⁶	Helpful in cats with neurological signs Can be unremarkable in some cats with FIP

*Modified from the European Advisory Board on Cat Diseases (ABCD) 'FIP diagnosis tool'²⁸ and Felten and Hartmann (2019)⁸⁰

For more information, visit catvets.com/fip & everycat.org/aafp-fip-guidelines.

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