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23rd Annual Canine Symposium Announcement

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nosis of hypertension only in cases where the pressure exceeds 160/100mm Hg, to allow for situational anxiety that many cats experience when taken to the veterinarian.

When the blood pressure increases, vessels in the eye may burst. Retinal hemorrhage and detachment may cause one of the more serious complications of hypertension - blindness. The objective, however, is to stem further damage by recognizing ruptures before the cat goes blind.

In a study performed at VHUP, 41% of cats with elevated blood pressure experienced such neurologic signs as stroke, seizure and temporary limb paralysis. Other signs are renal failure and heart failure, which may be prompted by hypertension. Polydipsia/polyuria, weight loss, hyperthyroidism, nosebleeds, labored breathing and, in extreme cases, sudden collapse, coma and death, have been associated with hypertension.

Diagnostic tests include blood pressure measurements, ocular, thyroid and neurologic exams and blood work-ups. Veterinarians usually check for left ventricular hypertrophy, kidney shrinkage and low urine specific gravity. Chest and abdominal radiographs and ultrasounds are usually performed to monitor the heart and kidneys.

When a cat is diagnosed with hypertension, it is normally put on a low-salt diet, and diuretics are administered to facilitate salt excretion. Beta blockers, such as Tenormin and Inderal, and ACE inhibitors, such as Vasotec and Capoten, may be used to lower the heart rate. Anticonvulsive drugs may be prescribed if seizures have occurred.

Chronic renal failure is a fairly common problem for middle-aged and older cats. No breed or sex predisposition exists, and the average age of cats experiencing the disorder is nine years.

Many of the symptoms are similar to those of hyperthyroidism - weight loss, dehydration, low urine concentration and high blood pressure. Kidney shrinkage, anemia, vomiting and occasional appetite loss may also be present.

A complete blood work-up may show many of the signs of renal failure. The creatinine and BUN levels are elevated because the cat's detoxification system is impaired, and serum acidosis and elevated cholesterol may be present.

Urinalysis may show low urine specific gravity and/or excess protein. Veterinarians may order a urine protein creatinine ratio to determine urinary protein excretion levels. A cat that is experiencing chronic renal failure may also be tested for two diseases - feline immunodeficiency virus (FIV) and toxoplasmosis - which can affect the kidneys. Dietary regulation is one of the most important control measures for kidney failure. A low-protein diet may decrease serum BUN levels, probably high as a result of the kidneys' inefficiency in excreting toxic waste products from protein metabolism.

Cat owners may administer subcutaneous fluid injections to maintain hydration. Acidosis may be treated by giving affected cats sodium bicarbonate, and erythropoietin may be administered for anemia. Once stabilized, the cat should be checked by a veterinarian every two to four weeks.

Kidney transplants are not a usual form of treatment for cats with renal failure, as they may cause complications for both cat and owner. Kidney failure is a serious problem for cats, and the success of each individual usually depends upon its owner's



willingness to administer medications and prepare special meals. Euthanasia sometimes is the most responsible answer.

Cats should receive annual check-ups from birth; in later years, they should be seen twice annually, and every owner should prepare early for his/her pet's old age. At about seven years of age, cats should have complete blood work done, so that baseline levels can be established for comparison if the cat experiences geriatric complications in later years.

J.C.



Canine Symposium

The 23rd Annual Canine Symposium will be held on January 23, 1993 at the Veterinary Hospital of the University of Pennsylvania in Philadelphia.

Topics covered will be thyroid disease (Dr. Carole A. Zerbe), diseases of the geriatric dog (Dr. Meryl P. Littnan), canine behavior problems (Dr. Karen Overall), and ultrasound diagnostics (Dr. Mark Saunders).

The fee for the all-day program will be \$45; this includes lunch and parking. A detailed program and the reservation forms can be obtained by contacting Dr. M. Josephine Deubler, VHUP, 3850 Spruce Street, Philadelphia, PA 19104.