5 COMMONLY MISSED FINDINGS AT CAT VISITS

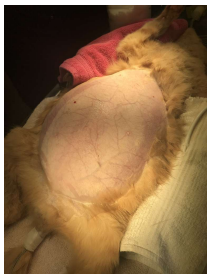
Ashlie Saffire DVM, DipABVP (Feline Practice)

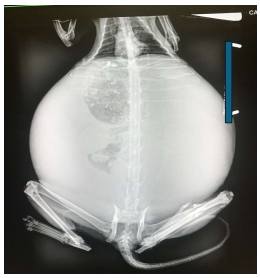
1

Cats are NOT small dogs!

2

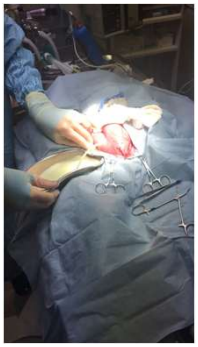
Cats are not small dogs!





3

Cats Rule.



4

1. THE ADR/INAPPETENT CAT

'Ain't Doin' Right'

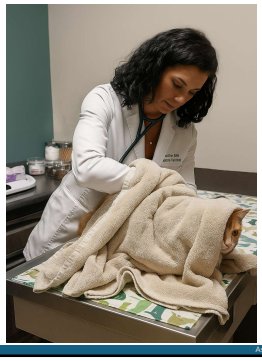
5

The Cat

- Avid hunter
- Heightened sense of smell, hearing & vision
- **Solitary survivor**
  - Excellent ability to sense and avoid danger
  - **Hide illness and pain as a survival mechanism**
- Territorial animal but can also be social
- Require a sense of control, safety and familiarity in their physical & social environment

6

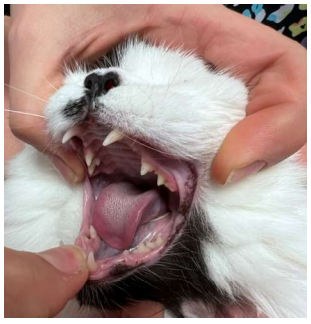
PERFORM A COMPLETE PHYSICAL EXAM ON EVERY PATIENT, EVERY TIME



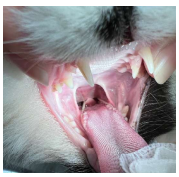
7

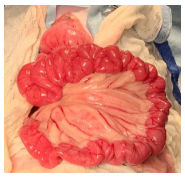
<u>Always</u> look in the mouth

- String is often anchored at the **base of the tongue** or **pylorus**.
- Causes **severe intestinal plication**
- Plication leads to necrosis and **rupture of bowel** and septic abdomen.



8



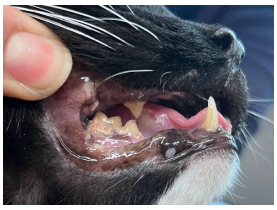


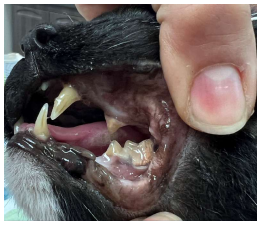
LINEAR FOREIGN BODY

9

Always look in the mouth

- Uremic Ulcers





10

Causes of Inappetence

- Inability to eat (e.g., neurologic disease, injury)
- GI/Pancreatic disease (e.g., nausea, vomiting, diarrhea, ileus, constipation)
- Medication side effects (e.g., Antibiotics, antifungals, chemotherapy)
- Neoplasia
- Respiratory/Cardiac disease (e.g., URI, CHF)
- Dehydration/Electrolyte imbalances (e.g., CKD)
- Pain/Stress

11

Causes of Inappetence

- Inability to eat (e.g., neurologic disease, injury)
- GI/Pancreatic disease (e.g., nausea, vomiting, diarrhea, ileus, constipation)
- Medication side effects (e.g., Antibiotics, antifungals, chemotherapy)
- Neoplasia
- Respiratory/Cardiac disease (e.g., URI, CHF)
- Dehydration/Electrolyte imbalances (e.g., CKD)
- Pain/Stress

12

2.FELINE SKIN DISEASE

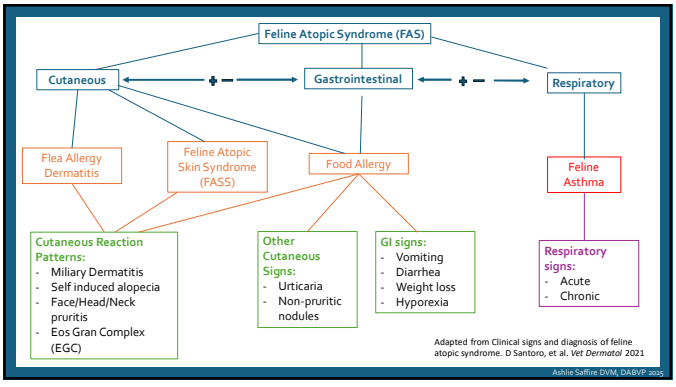
Skipping diagnostic steps is a fatal flaw

13

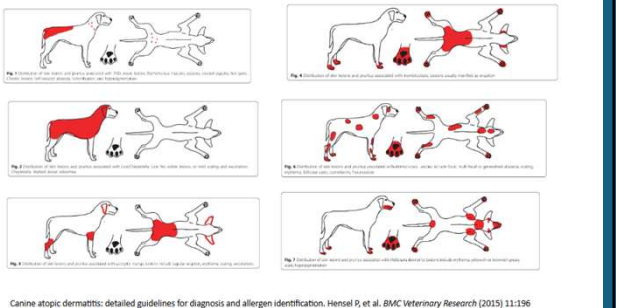
Using distribution of skin lesions to help narrow down a differential diagnosis list

NO! Cats are NOT small dogs!

14



15



Canine atopic dermatitis: detailed guidelines for diagnosis and allergen identification. Hensel P, et al. *BMC Veterinary Research* (2015) 11:196

16

What about cats?

17

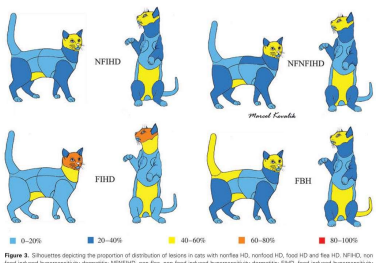
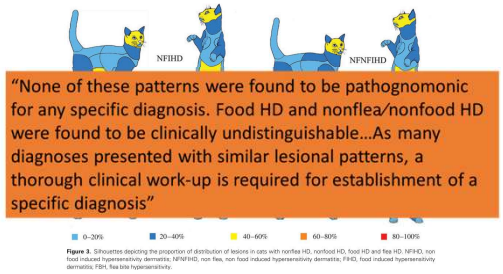


Figure 3. Silhouettes depicting the proportion of distribution of lesions in cats with nonflea HD, nonfood HD, food HD and flea HD. NFIHD, non food induced hypersensitivity dermatitis; NFNFIHD, non flea, non food induced hypersensitivity dermatitis; FIHD, food induced hypersensitivity dermatitis; FBH, flea bite hypersensitivity.

Clinical characteristics and causes of pruritus in cats: a multicentre study on feline hypersensitivity associated dermatoses. Hobi, et al. Veterinary Dermatology. 2011.

18



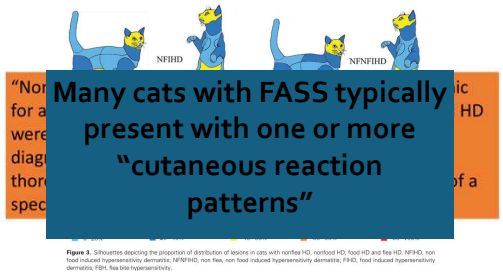
"None of these patterns were found to be pathognomonic for any specific diagnosis. Food HD and nonflea/nonfood HD were found to be clinically undistinguishable…As many diagnoses presented with similar lesional patterns, a thorough clinical work-up is required for establishment of a specific diagnosis"

0–20% 20–40% 40–60% 60–80% 80–100%

Figure 3. Silhouettes depicting the proportion of distribution of lesions in cats with nonflea HD, nonfood HD, food HD and flea HD. NFIHD, non food induced hypersensitivity dermatitis; NFNFIHD, non flea, non food induced hypersensitivity dermatitis; FIHD, food induced hypersensitivity dermatitis; FBH, flea bite hypersensitivity.

Clinical characteristics and causes of pruritus in cats: a multicentre study on feline hypersensitivity associated dermatoses. Hobi, et al. Veterinary Dermatology. 2011.

19



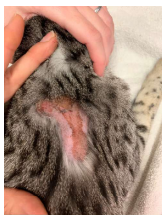
Many cats with FASS typically present with one or more "cutaneous reaction patterns"

Figure 3. Silhouettes depicting the proportion of distribution of lesions in cats with nonflea HD, nonfood HD, food HD and flea HD. NFIHD, non food induced hypersensitivity dermatitis; NFNFIHD, non flea, non food induced hypersensitivity dermatitis; FIHD, food induced hypersensitivity dermatitis; FBH, flea bite hypersensitivity.

Clinical characteristics and causes of pruritus in cats: a multicentre study on feline hypersensitivity associated dermatoses. Hobi, et al. Veterinary Dermatology. 2011.

20

Feline Atopic Skin Syndrome (FASS)



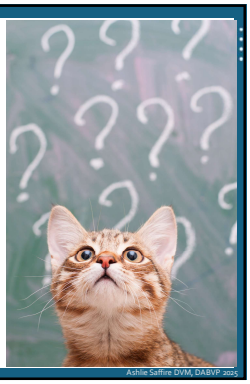
Clinical Signs:

- Miliary dermatitis
- Self-inflicted alopecia/hypotrichosis
- Head and neck pruritus
- Eosinophilic granuloma complex

After excluding other possible causes, these patterns are consistent with a diagnosis of FASS.

21

So, what do we do?

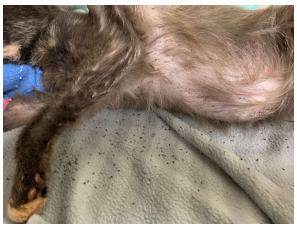


22

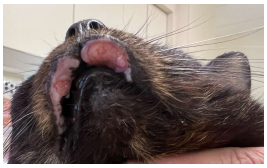
1. Flea comb every cat. And put cats on preventatives.
2.
3.

23

Flea comb every cat. And put cats on preventatives.



What we think we should see....



...What we actually see....

24

1. Flea comb every cat. And put cats on preventatives.

2. Don't ignore skin lesions. Skin scrape, FNA, cytology every time. Never assume anything.

3.

25

Always fully work up skin lesions!

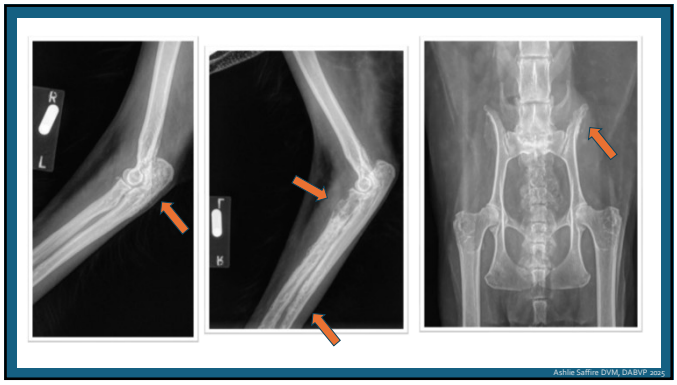
- Never assume anything
- FNA all nodules
- Skin scrape all lesions

26

Always fully work up skin lesions!

- Never assume anything
- FNA all nodules
- Skin scrape all lesions

27

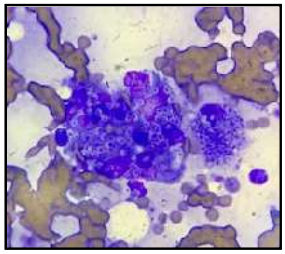


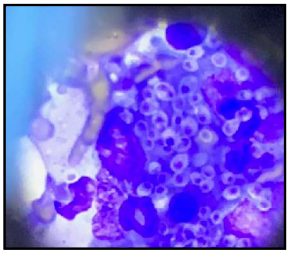
Ashlie Saffire DVM, DABVP 2025

28

Scapula Lesion

Skin Lesion





Ashlie Saffire DVM, DABVP 2025

29

Feline Histoplasmosis

LAB SERVICES REPORT

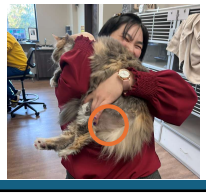
Test	Result	Unit	Interpretation	Report Date
310 MVista® Histoplasma Ag Quantitative EIA				
Histoplasma Antigen by EIA	Above the Limit of Quantification	ng/mL	POSITIVE	02/25/2022

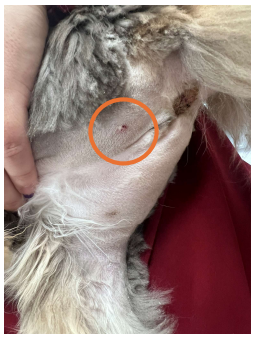
Ashlie Saffire DVM, DABVP 2025

30

Always fully work up skin lesions!

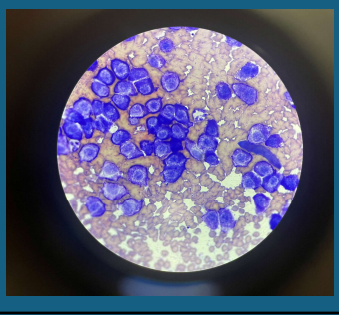
- Never assume anything
- FNA all nodules
- Skin scrape all lesions





31

Dermal Mast Cell Tumor!



32

1. Flea comb every cat. And put cats on preventatives.
2. Don't ignore skin lesions. Skin scrape, FNA, cytology every time. Never assume anything.
3. Food allergies do exist. These are not old-wives' tales.

33

Roswell

- 5 yr old FS DSH
- Presented for skin lesions on her chest and upper lip swelling
- Extremely pruritic (caregiver reports 10/10)
- Indoor only
- Flea Control – Revolution monthly
- Diet: Hills M/D (other cat in home is diabetic)

34

Roswell

- Skin: **SHOCKING**.
  - Entire sternum/chest and bilateral armpits are alopecic.
  - Multifocal raised erythematous, wet plaques
  - Lichenification
- Flea comb negative, no ectoparasites seen.
- Pruritis: 10/10
- Rest of physical exam was WNL

35

Roswell

36

Initial diagnostic plan for Roswell?

- Labwork/Minimum database
- Skin Scraping/Tape prep
- Wood's Lamp/DTM culture
- Trichogram
- Diet Trial
- Serum Allergy Testing?

37

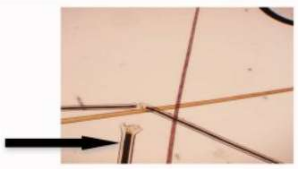
Labwork Results

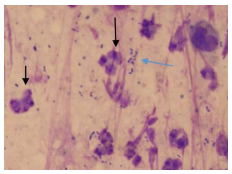
Test	Value	Range	Units
RBC	10.18	6.54 - 12.20	M/µL
HCT	47.6	30.3 - 52.3	%
HGB	14.2	9.6 - 16.2	g/dL
MCV	46.8	35.9 - 53.1	fL
MCH	13.9	11.8 - 17.3	pg
MCHC	29.8	28.1 - 35.8	g/dL
RDW	25.8	15.0 - 27.0	%
%RETIC	0.3		%
RETIC	31.6	3.0 - 50.0	K/µL
RETIC+HGB	16.5	13.2 - 20.8	pg
WBC	11.34	2.87 - 17.02	K/µL
%NEU	32.5		%
%LYM	57.9		%
%MONO	3.1		%
%EOS	5.2		%
%BASO	1.3		
NEU	3.68		
LYM	6.57		
MONO	0.35		
EOS	0.59		
BASO	0.15		
PLT	263		
MPV	13.4		
PCT	0.35		

Test	Value	Range	Units
GLU	157	71 - 159	mg/dL
SDMA	9	0 - 14	µg/dL
CREA	0.9	0.8 - 2.4	mg/dL
BUN	22	16 - 36	mg/dL
BUN/CREA	24		
PHOS	3.9	3.1 - 7.5	mg/dL
CA	8.8	7.8 - 11.3	mg/dL
TP	7.6	5.7 - 8.9	g/dL
ALB	3.4	2.3 - 3.9	g/dL
GLOB	4.3	2.8 - 5.1	g/dL
ALB/GLOB	0.8		
ALT	220	12 - 130	U/L
ALKP	63	14 - 111	U/L
GGT	1	0 - 4	U/L
TBIL	0.4	0.0 - 0.9	mg/dL
CHOL	218	65 - 225	mg/dL
TT4	2.6	0.8 - 4.7	ug/dL

38

Skin Scraping





Superficial Pyoderma…but why??

Photo credit: University of Sydney, Distance Education Feline Medicine Course 2022

39

Master Problem List:

- Superficial Pyoderma and alopecia of the ventral chest
- 10/10 Pruritis
- Lip ulcer (indolent ulcer)

Ashlie Saffire DVM, DABVP 2025

40

Differential DX List?

- Allergic dermatitis (environmental)/Atopic dermatitis
- Flea allergy dermatitis
- Cutaneous Adverse Food Reaction/Food Induced hypersensitivity
- Feline Eosinophilic Complex
- Ringworm
- Demodex
- Neoplasia

Ashlie Saffire DVM, DABVP 2025

41

Roswell is NONE of these patterns!

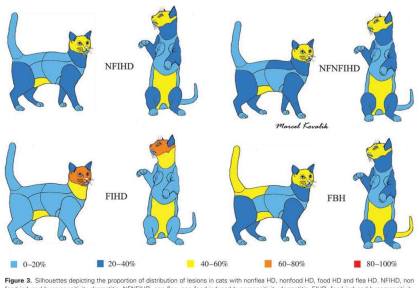


Figure 3. Silhouettes depicting the proportion of distribution of lesions in cats with nonflea HD, nonfood HD, food HD and flea HD. NFIHD, non food induced hypersensitivity dermatitis; NFNFIHD, non flea, non food induced hypersensitivity dermatitis; FIHD, food induced hypersensitivity dermatitis; FBH, flea bite hypersensitivity.

Ashlie Saffire DVM, DABVP 2025

42

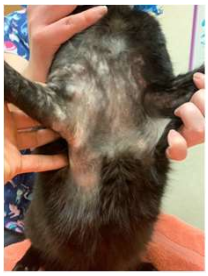
Plan:

1. **Treat the pyoderma:**
   - Amoxicillin-clavulanate administered for 21 days
   - Topical antibacterial/antifungal mousse
   - E-Collar!
   - DTM culture pending
2. **Treat the inflammation/allergic reaction:**
   - Prednisolone: 5mg PO q24 hrs until recheck
   - Antihistamine likely not effective enough
   - Continue flea prevention
3. **Treat the underlying cause:**
   - Transitioned to a hydrolyzed diet
   - Discussed serum allergy testing

43

1st Recheck: 3 wks after starting treatment:

- Skin significantly improving!
- Antibiotics completed
- Began to taper down the Prednisolone



44

2nd Recheck: 8 wks of treatment:

- Not on any oral medications
- Exclusively eating hydrolyzed diet

45

Food Allergies

- **Elimination diet is required for diagnosis**
  - No accurate skin or lab test for food allergies in cats
- **Dietary proteins are the likely cause of hypersensitivity**
- **Most cats have eaten their current food for > 2 yrs**
- **Skin and/or ears most affected however some cats will present with GI signs**
  - Cats with both cutaneous AND GI signs have the highest probability of having an underlying food hypersensitivity

46

Diet Trial Tips

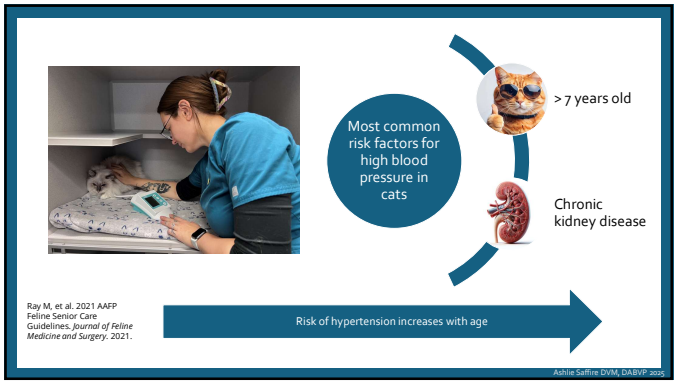
- **Be patient!**
- **Stick to one type of food during the trial**
  - Prevent accidental exposure to other foods
  - Remind caregivers to PLAN ahead so they don't run out of food during the trial
- **Account for medications!**
  - Consider transdermal or long-acting injectables
  - Avoid flavored medications, toothpaste, fish oil, gelatin capsules

47

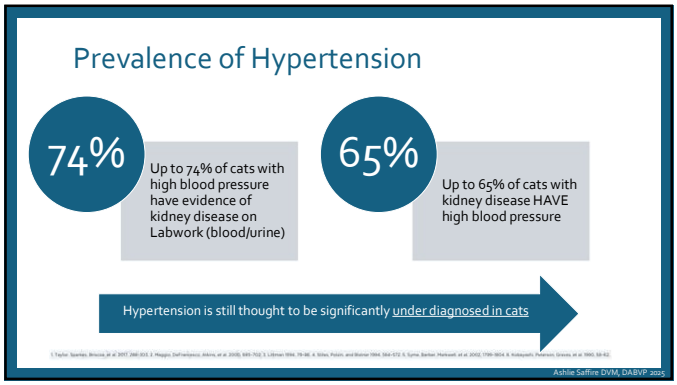
3.BLOOD PRESSURE

Just do it!

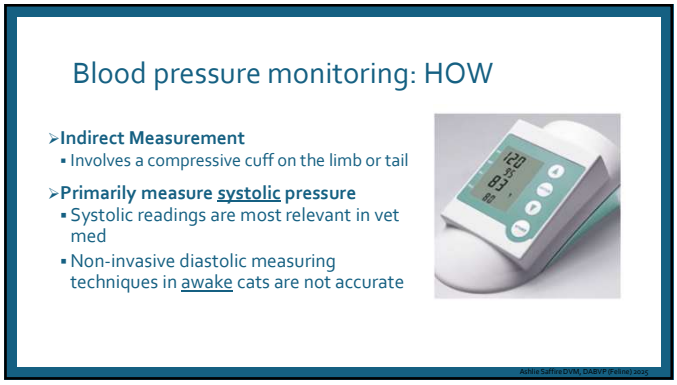
48


Most common risk factors for high blood pressure in cats
> 7 years old
Chronic kidney disease
Risk of hypertension increases with age
Ray M, et al. 2021 AAFP Feline Senior Care Guidelines. *Journal of Feline Medicine and Surgery*. 2021.
Ashlie Saffire DVM, DABVP 2025

49


Prevalence of Hypertension
74%
Up to 74% of cats with high blood pressure have evidence of kidney disease on Labwork (blood/urine)
65%
Up to 65% of cats with kidney disease HAVE high blood pressure
Hypertension is still thought to be significantly under diagnosed in cats
Ashlie Saffire DVM, DABVP 2025

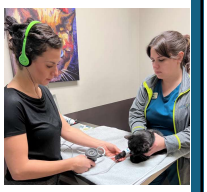
50


Blood pressure monitoring: HOW
Indirect Measurement
Involves a compressive cuff on the limb or tail
Primarily measure systolic pressure
Systolic readings are most relevant in vet med
Non-invasive diastolic measuring techniques in awake cats are not accurate
Ashlie Saffire DVM, DABVP (Feline) 2024

51

Doppler sphygmomanometry

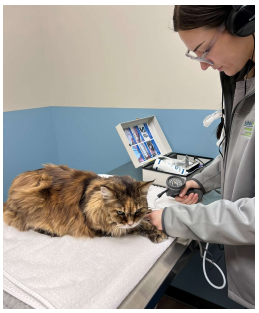
- Relatively easy and gives reliable results
  - Good correlation with direct
- Usually performed on a radial artery
  - Could be problem for cats with OA or sensitive paws
- Headphones should be used
  - Audible static can be startling
- Doppler only measures systolic BP
  - Most relevant in vet med



52

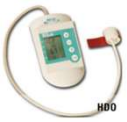
Blood Pressure Monitoring: Doppler

- **Select a limb positioned at heart level**
- **If in lateral recumbency, use nondependent leg**
- **Tail may be also be used**

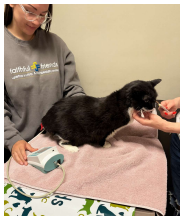


53

High Definition Oscillometric (HDO)



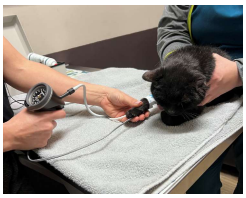
- Fast, easy and accurate systolic results
  - Meets validation criteria [ACVIM consensus panel]
- Often performed on the coccygeal artery (tail)
  - Great for cats with osteoarthritis (seniors) or sensitive paws
- Measures systolic, diastolic and MAP
- May underestimate in cases of low sBP (<110 mmHg) and overestimate high sBP by ~ 10 mmHg



54

Feline Blood Pressure: Record Keeping

- Record six readings, discard the first and average the remaining values
- Record patient position, cuff size and limb in the medical record
- Repeat yearly for accurate trending

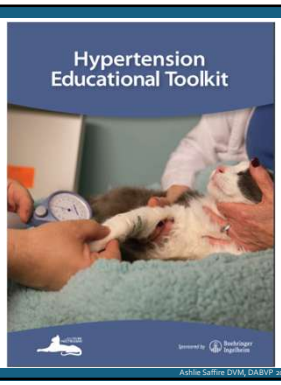


Ashlie Saffire DVM, DABVP 2025

55

Feline Blood Pressure: Monitoring

- Perform annually starting at age 7
- Perform biannually with chronic diseases: CKD, HyperT4, HCM/CHF
- Monitor q 3-4 months if on treatment for hypertension



Ashlie Saffire DVM, DABVP 2025

56

Systemic Hypertension: Diagnosis

<150 mmHg
- Normal
- Risk of TOD: Minimal

150-159 mmHg
- Borderline/Prehypertension
- Risk of TOD: Low

160-179 mmHg
- High (Hypertension)
- Risk of TOD: Moderate

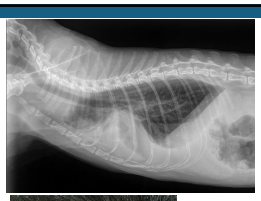
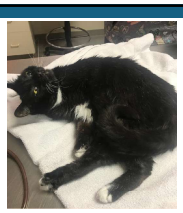
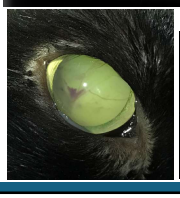
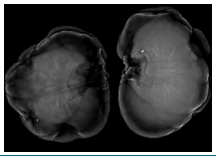
> 180 mmHg
- Severe Hypertension
- Risk of TOD: High

Always confirm a diagnosis of sHT at a separate visit *unless evidence of TOD is present

Taylor SS, et al. ISFM consensus guidelines on the diagnosis and management of hypertension in cats. *JFMS*.

Ashlie Saffire DVM, DABVP (Feline) 2025

57

Target Organ Damage (TOD)

58

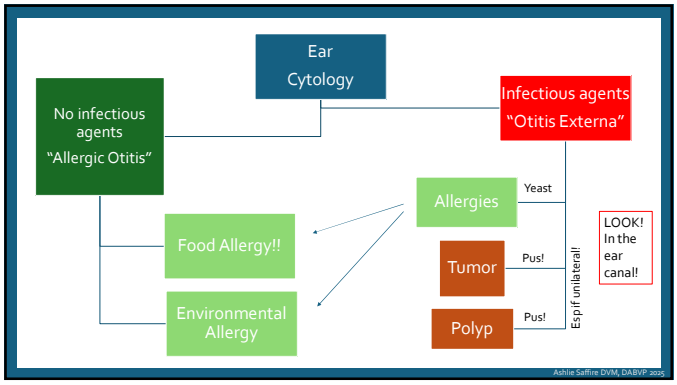
4. EAR INFECTIONS

Because cats are not small dogs.

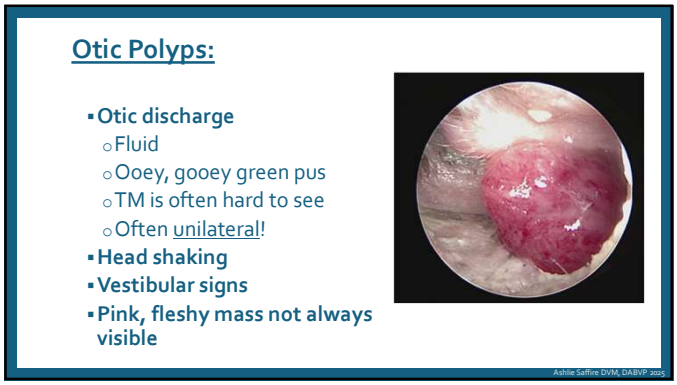
59

NO! Cats are NOT small dogs!

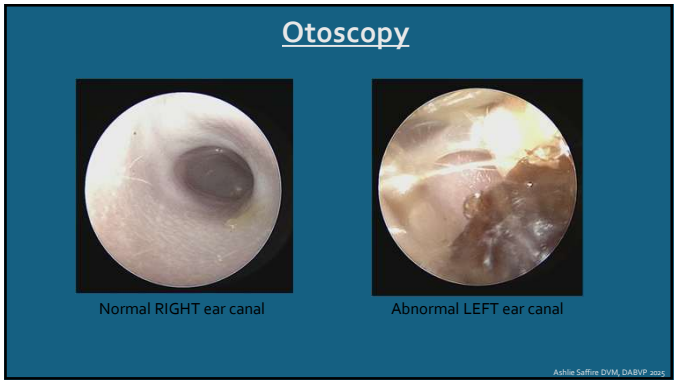
60


Ear Cytology
No infectious agents "Allergic Otitis"
Infectious agents "Otitis Externa"
Allergies
Yeast
Food Allergy!!
Tumor
Pus!
Environmental Allergy
Polyp
Pus!
Esp if unilateral!
LOOK! In the ear canal!
Ashlie Saffire DVM, DABVP 2025

61


Otic Polyps:
Otic discharge
Fluid
Ooey, gooey green pus
TM is often hard to see
Often unilateral!
Head shaking
Vestibular signs
Pink, fleshy mass not always visible
Ashlie Saffire DVM, DABVP 2025

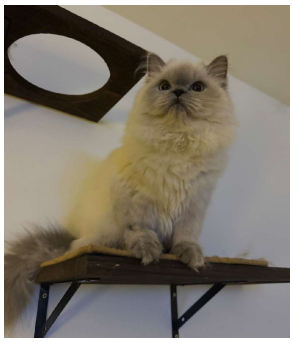
62


Otoscopy
Normal RIGHT ear canal
Abnormal LEFT ear canal
Ashlie Saffire DVM, DABVP 2025

63

Key Point:

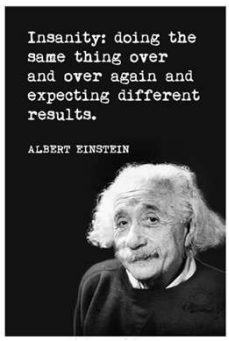
Sedation is OFTEN required to properly examine the ear canal!!



64

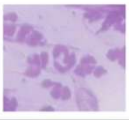
Beans

- 2 yr old MN DSH
- Chronic, recurrent, green gooey unilateral ear infections



65

Beans



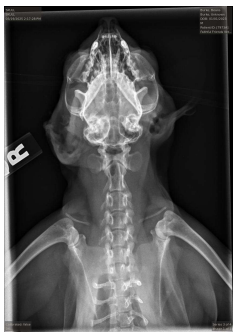
- 6/30/2023 – 6 weeks old, AD infection
- 8/14/2023 – 12 weeks old, AD infection
- 1/22/2024 – 7 months old, AD infection … imagist: neutrophils, macrophages, lymphocytes, cocci 3+, rods 1+
- 2/6/2024 – 8 months old, neutered ---- did not look in ear
- 3/18/2024 – 9 months old

---- Caregiver just figured this was just his normal, frustrated with recurrent infections, $$ spent, and no improvement

- 3/16/2025 – 21 months old, AD infection was too painful and smelly she took him to the ER
  - This time the cat would no longer tolerate ear medications
- 3/17/25 - Presented to me for second opinion
  - Too painful to examine awake, large amount of purulent discharge AD

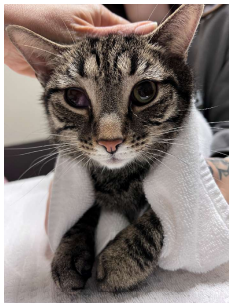
66

Beans



67

Immediately Post-Op

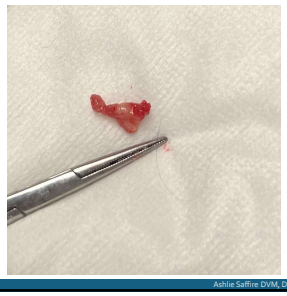


1 week recheck

68

Aural Polyp Removal: Traction Avulsion (ear)

- 50% chance of recurrence with external ear canal traction
- If radiographs confirm inner ear (bulla) involvement (or you are unable to remove the entire polyp with the stock) a ventral bulla osteotomy may be required



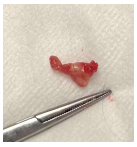
69

Aural Polyp Removal: Post-op Care

- **Systemic prednisolone:** 3-4 wks (1-2 mg/kg/day, tapered)
- **Baytril/Synotic otic drops (50:50 solution):** applied BID x 30 days
- **+/- systemic antibiotics**

70

Inflammatory/Nasopharyngeal Polyps



Benign masses arising from the epithelial lining of the middle ear/eustachian tube

- Emerge into the external ear canal
- Extend into the nasopharynx (via eustachian tube)

71

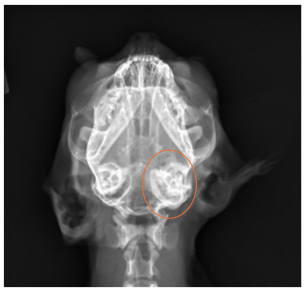
Nasopharyngeal Polyps: Diagnosis

1. **Oral examination:**

Under heavy sedation or general anesthesia, retract the soft palate to facilitate visualization of a nasopharyngeal polyp

2. **Skull Imaging:**

Evaluate the bulla and nasopharynx



72

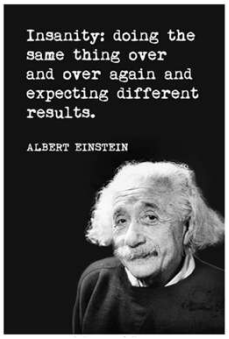
Nasopharyngeal Polyps: Clinical Presentation

Nasopharyngeal Signs:

- Often young cats
- Respiratory stridor/stertor
- Sneezing and nasal discharge
- Respiratory distress (dyspnea, dysphagia, cyanosis, or syncope)

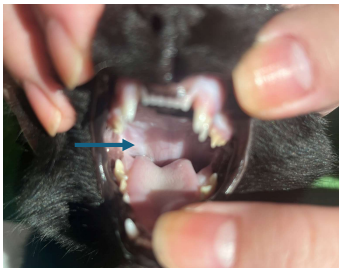
Ashlie Saffire DVM, DABVP 2025

73

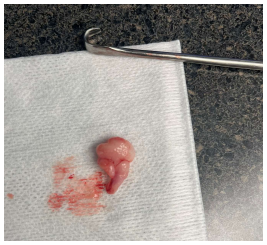


74

Sedate and perform an oral exam!



75



76

5.CONSTIPATION

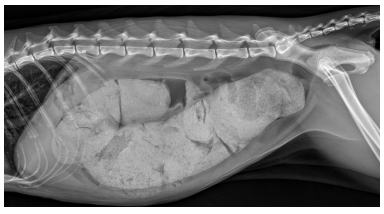
There is always a reason.

77

Constipation vs. Obstipation

- **Constipation:** Absent, infrequent, or difficult defecation with retention of feces in the colon and rectum

- **Obstipation:** Severe impaction and complete inability to defecate



78

Causes of Feline Constipation

Nutritional/Dietary factors	• **Obesity** • Inadequate fiber, high residue diet • **Inadequate daily water intake**
Mechanical/Structural obstruction	• **Extraluminal: pelvic fractures**, neoplasia/masses within adjacent abdominal organs • Intraluminal: foreign material, neoplasia, perineal hernia, strictures • **Intramural: neoplasia**
Neuromuscular dysfunction	• **Colonic smooth muscle disorder: megacolon** • **Diseases of the spinal cord: sacral SC deformities (Manx), LS disease**, cauda equina • Hypogastric or pelvic nerve disorders • **Neuropathy**: dysautonomia, **aging, degeneration**
Chronic Pain/Inflammation	• **Degenerative joint disease,** perianal fistula, anal sac abscess, anorectal foreign bodies, perianal bite wounds
Metabolic/Endocrine/Systemic disease	• Metabolic: **hypoK+, hyperCa++,** hypoMg+ • Endocrine: **hypothyroidism**, NSHP • **DM, IBD/lymphoma, CKD**
Pharmacological	• **Opioids, general anesthesia**, cholinergic antagonists, diuretics, anticonvulsants, Ca++ channel blockers, antihistamines, **antidepressants, ALOH, iron**
Environmental and Behavioral	• **Litter box aversions**, inactivity, confinement, change in environment, **inter-cat issues/conflict**

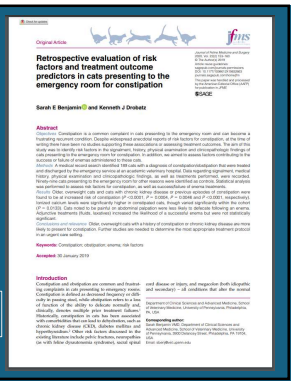
Ashlie Saffire DVM, DABVP 2025

79

Most common risk factors for cats presenting with constipation to the ER:

- ✓ Older age
- ✓ Overweight body condition
- ✓ History of constipation
- ✓ **Chronic kidney disease**

Several compounding causes may occur **simultaneously**



Original Article

Retrospective evaluation of risk factors and treatment outcome predictors in cats presenting to the emergency room for constipation

Sarah E Benjamin and Kenneth J Drobatz

Abstract

Introduction

Ashlie Saffire DVM, DABVP 2025

80

Fecal Scoring

- Ask at every exam!!
- Important to watch for changes over time
- Educate pet parents on what is normal
- Monitors response to treatment when abnormal

Ashlie Saffire DVM, DABVP 2025

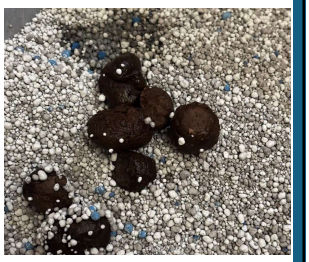
81

1.13.2025

"Hi,

This is a question for Dr. Saffire or one of her technicians. After having switched Meg's food 2 weeks ago, I wanted to make sure her stool looks healthy. We remember a stool diagram and think her current stool might be constipation. Can you take a look and let us know what you think?

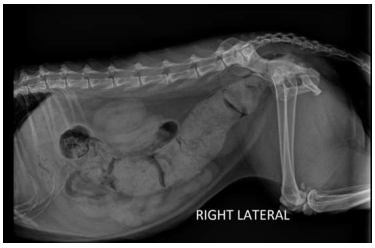
Thanks, and have a great day!"

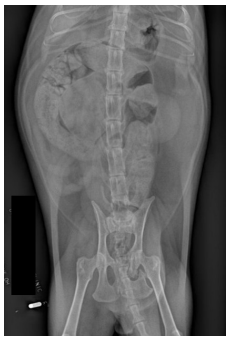


Ashlie Saffire DVM, DABVP 2025

82

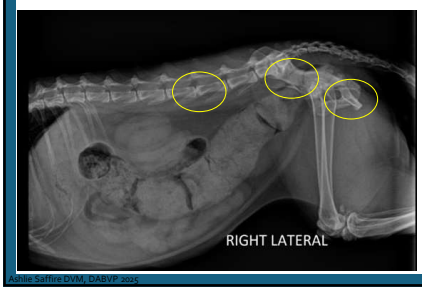
Abdominal Radiographs

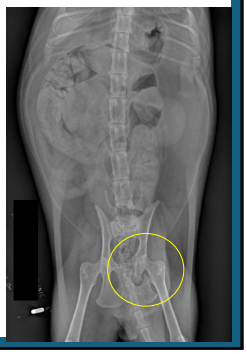




83

Abdominal Radiographs





Ashlie Saffire DVM, DABVP 2025

84

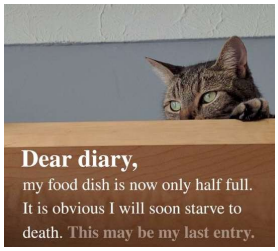
5 Commonly missed findings:

1. The underlying cause of an ADR cat
   - Always perform a complete physical exam
2. The underlying cause of skin disease
   - Always fully work up! Don't cut corners
3. Hypertension
   - Start screening at 7 yrs
4. Ear polyps
   - First ear infection is OK to treat, repeat ear infections require more investigation
5. The cause of constipation
   - There is always a cause. Find it.

85

Thank you!
Questions?

Ashlie Saffire DVM, DAVBP (Feline)



86