

Catastrophic cat care

Have you ever had a sick cat? If you have, and even if your cat is American born, you will find there is no cradle to grave MediCAT programme to pay for things like CAT-scans, not even a MediPET scheme to reimburse financially strapped owners of emotionally disturbed pets who need a multicolor PET-scan.

Imagine then the crisis on Chicago's gold coast when a much petted Siamese cat, having already survived the worst bear market in South East Asia's history, developed a red eye. The primary care veterinarian prescribed eye drops; but the cat owner, untrammelled by managed care gatekeepers, decided to seek a second opinion from a highly regarded specialist, who dealt exclusively with cats, who ordered some \$500 (£310) worth of tests, diagnosed uveitis, and prescribed corticosteroid eye drops.

Then the other eye also turned red. The cat's lady owner was by now recharging her batteries in Florida, so the husband, a busy corporate executive, took the day off from his mergers' and acquisitions' meetings to drive 30 miles into the country to a cat ophthalmologist. This man took one look and diagnosed malignant hypertension even having to take the blood pressure, a procedure highly recommended in academic abstracts on cat care but likely in private practice to induce white coat hypertension in patients and their owners. Instead he prescribed amlodipine, 1.25mg daily, prepared by dividing into quarters a 5mg tablet with a pill cutter readily available at most drug stores. No renal ultrasound or CAT-scans were deemed necessary, despite a history of kidney stones and infections suggesting "secondary" renal hypertension. The cat subsequently may have had some kind of a stroke, because for a few days she kept on walking into walls, but she duly recovered and has remained well on tender love and amlodipine.

It could have been much worse. For cats, though seemingly insignificant creatures are heir to the same diseases as homo sapiens, a much more "noble animal, splendid in ashes, and pompous in the grave." In my own household I have had diabetic cats requiring one unit of insulin daily; cats fatally injured by speeding motor cars; and cats dying of that dread disease, infectious feline peritonitis, unresponsive even to prolonged peritoneal lavage. I know of a doctor's cat that developed hypercalcaemia and was found to have leukemia, but not before someone nicked the pleura while attempting an abdominal paracentesis. From the internet we learn that cats may have fibrosarcomas, plasmacytomas, fibropapillomas, rhabdomyosarcomas, metastatic tumors, allergic skin diseases, ethylene glycol poisoning (from drinking antifreeze for its sweet taste), gastric infections with spiral organisms, bladder calculi, tularemia, bartonellosis, toxocariasis, toxoplasmosis, cryptosporidiosis, and even leprosy. Most dangerous are feline leukemia and feline immunodeficiency disease, caused by viruses similar to the AIDS virus; and a rhinotracheitis caused by a feline herpes virus, self limited in adult cats but potentially fatal in kittens.

Advice for cat owners includes avoiding kissing them or being scratched by them (even though the above mentioned serious illnesses are not transmissible to humans) and keeping pets in the house to avoid them picking up infections from stray cats. Owners should develop a holistic approach, focusing not merely on the disease but on the cat as a whole. For cats, like humans, may suffer from psychological problems and psychiatric disorders. Most difficult to treat is the Aggressive Cat Syndrome, which rarely responds to primary cat care and usually requires specialized psychiatric attention.