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HIDROCEFALIA

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Resumen

La hidrocefalia es la acumulación patológica de líquido secundario a una obstrucción (intraventricular o extraventricular), irritación o anormalidades en los ductos de salida del líquido cerebroespinal (LCE) o disminución en la absorción del LCE por falta de vellos aracnoideos. En la hidrocefalia juvenil, los signos suelen ser muy variados, como ataxia, irritabilidad, agresividad, demencia, convulsiones, retardo en el aprendizaje, etc.; al EFG (examen físico general) suelen ser muy significativas las anormalidades del cráneo.

El propósito de este trabajo es reportar dos casos con hidrocefalia; en los cuales se llego al diagnóstico mediante ultrasonografía y TAC (tomografía axial computarizada). En el primer caso se llego al diagnóstico por medio de TAC y se empleo un tratamiento paliativo a base de corticosteroides, diuréticos de asa y osmóticos, al cual respondió favorablemente. En el segundo caso, debido a la complejidad de la enfermedad, los propietarios deciden la eutanasia y se realiza la necropsia con el fin de mostrar los hallazgos macroscópicos.

Evaluation of α-Glycoprotein (AGP) and CD4/CD8 ratio in cats infected with Feline Immunodeficiency (FIV) and Feline Peritonitis Virus (FIP).

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Twenty cats with FIP and twenty with FIV were studied. The objective of the present study was to establish the diagnostic value of these two tests in both diseases. Correlation between AGP and Albumin/Globulin ratio (A/G) and CD4/CD8 ratio were analyzed in both groups.

FIV was confirmed by serology and PCR (Polimerase Chain Reaction). FIP was confirmed by histopathology (vasculitis and perivasculitis). In addition to the evaluation of the clinical signs blood chemistry, hematology and other complementary diagnostic methods. CD4/CD8 by flow citometry and AGP test were performed in order to establish the diagnostic value of these two test in both diseases.

CD4/CD8 ratio was performed with : 8100-01 Southern Biotecnology, anti CD4 Vpg 34, Willett, Glasgow University, anti CD8, VPG9, Willett, Glasgow University and Fluorescent antimouse IgG Southern Biotechnology, Becton and Dickinson Facs Citometer. Feline α 1 glycoprotein (AGP) was performed with a radial immunodiffusion test provided by Ecos Institute, Japan. Pearson’s Correlation between AGP and A/G and CD4/CD8 were analyzed in both groups. Parameters in each group were compared with non-paired samples T test with a significance of p<0,05. Results were expressed by mean +/- SD.

There was significant correlation between CD4/CD8 ratio and AGP in cats with FIP (r: -0,8293, p<0,0001) and in those with FIV (r: -0,56 p<0,01). AGP levels were higher than 1500 microgramos/ml in 80% of FIV patients and in 95% of FIP infected cats. CD4/CD8 ratio were compared in both group and significant differences (p< 0,007) were observed. These results can be adjudged to the FIV affinity for the CD4 depletion which was not detected in FIP patients. As to AGP and A/G there were not significant differences between group of cats. Consequently AGP can not distinguish FIP from FIV.
AGP determination in FIP patient could be a useful parameter to "confirm" the disease in alive cats in order to avoid the histopathological study.

On FIV infected cats CD4/CD8 ratio and AGP values could be good tools to determine stage and severity of the disease, because higher values of AGP are associated with low CD4 levels.

USE OF NEOSTIGMINE IN MASSIVEIVERMECTIN TOXICITY IN CATS

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Abstract. Over-the-counter availability of drugs in developing countries poses the risk of their abuse and overdosing in animals by the owners themselves. This report describes ivermectin toxicosis and its treatment with neostigmine methylsulfate in two kittens and an adult cat that had been massively overdosed by their owners. Of the two 4-wk-old 300g kittens, one (case-2) injected with 1.5ml (15mg; corresponding to 250 times that of general therapeutic dose) ivermectin by the owner became comatose, started salivation and died after two and a half hours. The other kitten (case-1) treated with about 0.75ml (7.5mg; corresponding to 125 times that of general therapeutic dose) of ivermectin by the same owner developed ataxia and salivation after two hours but went into coma next morning and was presented for treatment. Clinical examination of this kitten revealed mydriasis, coma, slight fever (102.4 °F), tachypnea (respiration rate 48/min) and severe tachycardia. This kitten treated twice at half hourly interval with a mixture of neostigmine methylsulfate (25µg) and 5% dextrose (20ml) IV showed a transient improvement but died twelve hours later. A 2-y-old, 4.5kg male cat (case-3) was similarly treated with 1.5ml (15mg; corresponding to 16.6 times that of general therapeutic dose) of ivermectin by its owner. The clinical examination of this cat revealed a slight salivation, lacrimation, mydriasis, protrusion of third eye-lid, tachypnea (42 breaths/min), tachycardia (128 beats /min) and ataxia. The patient was treated with a mixture of neostigmine methylsulfate (150µg) and 5% dextrose (100ml) IV, followed by intravenous administration of 200ml of Heartmann’s solution. The treatment was repeated after 6hrs. Follow up treatment over next two days comprised daily IV administration of neostigmine and dextrose. The patient completely recovered after 5day of initiation of treatment.

Keywords: over-the-counter drug use; ivermectin toxicity; cats; neostigmine

Case Report in cat with pyothorax.

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Case History: 4-years old normal short haired European type of female cat was presented to the clinic with sever dyspnoea and cyanotic mucous membranes. At the time the cat hospitalized she showed a severely disturbed general state. The cat was so apathetic and during percussion horizontal dullness was detected. Other organs out of thorax didn’t show abnormalities. An intravenous catheter was installed for medication and blood sample were taken for hematology examination. Additional clinical examination like Thoracic radiography revealed lift-sided blurring of the thorax indicative for pleural effusion. By thoracocentesis purulent greenish fluid was obtained. The result of the cytological examination was septic exudates in pleural cavity.

Diagnosis: septic pleuritis (pyothorax) which is characterized by the presence of septic exudates and consequently bacterial contamination of the pleural cavity.

Treatment: Involves antibiotics, drainage of the pleural cavity and supportive care. e.g. intravenous fluid therapy. The stabilization of the patient was achieved through intravenous fluid administration, bronchodilatators, (aminophyllin) and vitamins. As an antibiotic treatment Cobactan (cephalosporin) was employed.