



CP Clinic

The feline magazine from Cats Protection for veterinary professionals

2020 • ISSUE 2

Cat relinquishment

Can vets help reduce the incidence?



Feline pancreatitis

cats are not small dogs

Hyperthyroidism

diagnosis and management challenges

Animal rescue

importing pets from abroad

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Meet the team



Vanessa Howie BVetMed, PgDip(IAWEL) MRCVS

How long have you worked for Cats Protection? I joined the charity as their first ever Field Veterinary Officer in 2006.

What did you do before working for Cats Protection? I worked in mixed and small animal practices, which were a mixture of private and charity clinics, but my heart was drawn to the charity sector. In one job I visited the Bridgend Adoption Centre each week, which ignited my interest in shelter medicine.

What is your role within Cats Protection? I'm the Head of Clinical Services for the Veterinary department. My team provide veterinary and behaviour advice for cats in Cats Protection care, as well educational support and veterinary care for the cats at the National Cat Adoption Centre.

What do you like most about your job? The variety – no two days are the same. One day I'll be working on the marketing the new Hide & Sleep®, the next I'll be giving clinical advice or delivering training to our Cat Welfare Champions.

What is your most memorable Cats Protection moment? That phone call to say I'd got the job – it was dream come true to know I was now in a position to help improve cat welfare.

Do you have pets? I have a 19-year-old ex-Cats Protection rescue cat, Tilly, and two guinea pigs called Spike and Blaze.

What are your hobbies/other interests? When I'm not otherwise occupied by my two children, I can be found studying for my animal welfare masters or decorating cakes. I also enjoy getting out and about in the great outdoors.

Where is your favourite place to visit? I grew up in Herefordshire and love going back to visit – it's one of England's hidden gems.

If I wasn't doing this, I'd probably... Be a mounted police officer, or at least that's what my 14-year-old self would choose.

Cats are not small dogs

The key differences between feline and canine pancreatitis

Historically in small animal medicine, cats have got short shrift. Grouped together with dogs, feline idiosyncrasies were frequently overlooked. In the past 20 years, however, feline medicine has been established as a discipline in its own right and feline conditions have emerged from the shadow of their canine counterparts. Feline acute pancreatitis is one of the numerous conditions that require a cat-friendly approach. In this article, we'll review the important species distinctions and remind ourselves why cats are, indeed, not small dogs.

Feline acute pancreatitis (AP) differs from the canine form in aspects of aetiology, manifestation and management, though there are, of course, similarities between the conditions. In both cats and dogs, the function of the pancreas is the same; along with its endocrine function, the pancreas is responsible for synthesis and secretion of digestive enzymes. Equally, the inflammatory process is the same. Inflammation of the exocrine tissue – pancreatitis – occurs when digestive zymogens within acinar cells are activated prematurely. It is this inappropriate activation that results in pancreatic autodigestion and subsequent activation of other zymogens, causing a cycle of inflammation and pancreatic injury.¹⁻³

While this process explains the 'how' of pancreatitis, the 'why' is less clear. In the majority of feline cases – over 80% in one study⁴ – no underlying cause is found.^{5,6} However, we can identify triggers for AP. In cats, triggers include hypercalcaemia, trauma, pancreatic ischaemia, organophosphate toxicity and toxoplasmosis.⁶⁻⁹ Unlike dogs, however, the classic dietary indiscretion does not feature¹⁰ nor do hyperlipidaemia or hypertriglyceridaemia.^{11,12} These omissions point to the contrasting role of diet – particularly fat – in species pathogenesis.



Figure 1: Intravenous access allows fluids and medication to be given.

Diet

In contrast to dogs, high-fat diets do not appear to trigger AP in cats, nor do low-fat diets play a role in treatment.^{13,14} Due to differences in metabolism, cats can digest and tolerate higher levels of fat than dogs.¹⁴ Whereas the severity of AP in dogs increases in higher-fat diets,^{3,15} cats with AP will comfortably tolerate a diet composed of 45% fat.¹³ As a result of this tolerance, fat-restricted diets are not necessary in the management of feline, unlike canine, AP.¹⁴

While feeding a low-fat diet is no longer considered essential in cats, the importance of therapeutic nutrition during AP is well established.¹⁴ Previous recommendations to restrict food were aimed at decreasing pancreatic stimulation, allowing the pancreas to 'rest'. However, studies have subsequently shown that exocrine pancreatic secretion decreases naturally during AP¹⁶ so restricting food has no benefit.¹⁴ In fact, avoidance of feeding risks malnutrition and impaired gastrointestinal barrier function in both cats and dogs.¹⁴ In cats, hepatic lipidosis is an additional risk.¹⁴ Early nutritional support is, therefore, recommended and institution should be considered in cats with inappetence lasting over three days.¹⁷

As for the route of nutrition, enteral, rather than parenteral, nutrition is preferred. Studies in dogs with AP have shown that gut barrier health is maintained with enteral feeding and that bacterial translocation and plasma endotoxin activity are reduced.^{18,19} Parenteral feeding should be considered, nonetheless, in those cases where vomiting cannot be controlled.^{14,17}

Clinical signs

It should be noted that vomiting occurs less commonly in cats with AP than in dogs, affecting 80-82% of dogs^{20,21} but only 35-51% of cats.^{4,6,22,23} Clinical signs of feline AP are generally much less specific. Anorexia and lethargy are the most common clinical signs in cats,^{4,6,22-24} whereas, diarrhoea, abdominal pain and pyrexia are all disproportionately represented in the dog.^{4,6,20,22} The classic presentation of AP, with vomiting, diarrhoea, abdominal pain and pyrexia, is not, therefore, one we usually see in cats.²⁵ >



Figure 3: Nasogastric tube feeding in a cat



Figure 3: A cat in pain

Antiemetics and analgesia

The absence of vomiting in cats does not, however, eliminate the possibility of nausea. Anorexia may be the only sign of nausea in some cats, which makes control essential to avoid a reduction in food intake.⁵ As such, antiemetics are indicated in all cases of suspected AP, with or without vomiting.⁵

The same may be true of abdominal pain; the fact that it is not a recognised clinical sign of feline AP may reflect our inability to detect it, rather than its absence. Consequently, even without signs of abdominal pain, multi-modal analgesia should be considered for feline AP, with the inclusion of maropitant for both its antiemetic and visceral analgesic properties.²⁶

While vomiting is not a consistent feature of feline AP, it is seen with associated diseases. Inflammatory bowel disease (IBD), for example, often causes vomiting,²⁷ and may be an important risk factor for the development of feline AP.²⁵ The chronic vomiting associated with IBD raises the intra-duodenal pressure and risks pancreaticobiliary reflux.

The feline pancreatic anatomy makes pancreaticobiliary reflux more likely in cats. Unlike dogs, the feline pancreatic duct joins the common bile duct before it enters the duodenum.²⁸ So, when pancreaticobiliary reflux occurs, bile or luminal contents, including bacteria, enter the pancreatic ducts.^{5,25} Because cats have more bacteria in the duodenum,^{29,30} they may be additionally predisposed to ascending pancreatic infection during reflux.²⁵

Antibiotics

Furthermore, feline studies demonstrate that bacteria colonise the pancreas through other routes. Spread can occur via the bloodstream, transmurally from the colon, and by reflux into the pancreatic duct.^{31,32} Therefore, while bacterial infection is uncommon in canine AP and routine antibiotic use is not indicated,^{3,33} responsible use of antibiotics should be considered in feline AP.²⁵

Cobalamin

The anatomical differences can equally explain why cats need vitamin B12 but dogs rarely do. Cobalamin is more important in cats than dogs because of how it is absorbed. The absorption of cobalamin requires intrinsic factor which is produced in the gastrointestinal

tract and pancreas in the dog, but only the pancreas in the cat. Additionally, cobalamin absorption occurs in both species in the ileum. Diseases, therefore, that affect either intrinsic factor production or cobalamin absorption can result in cobalamin deficiency. As both AP and IBD occur concomitantly in cats, they are more susceptible to cobalamin deficiency than dogs and may require supplementation.

Conclusion

There is still much to learn about pancreatitis, particularly about how the canine and feline diseases differ. However, what we know so far is that cats have different triggers, different clinical signs and require different treatments. When we treat cats, we don't need to worry about a low-fat diet, but we do need to consider antibiotics. And, as with all things feline, whether it is pain, nausea or B12 deficiency, we should always assume they're hiding something. **C**

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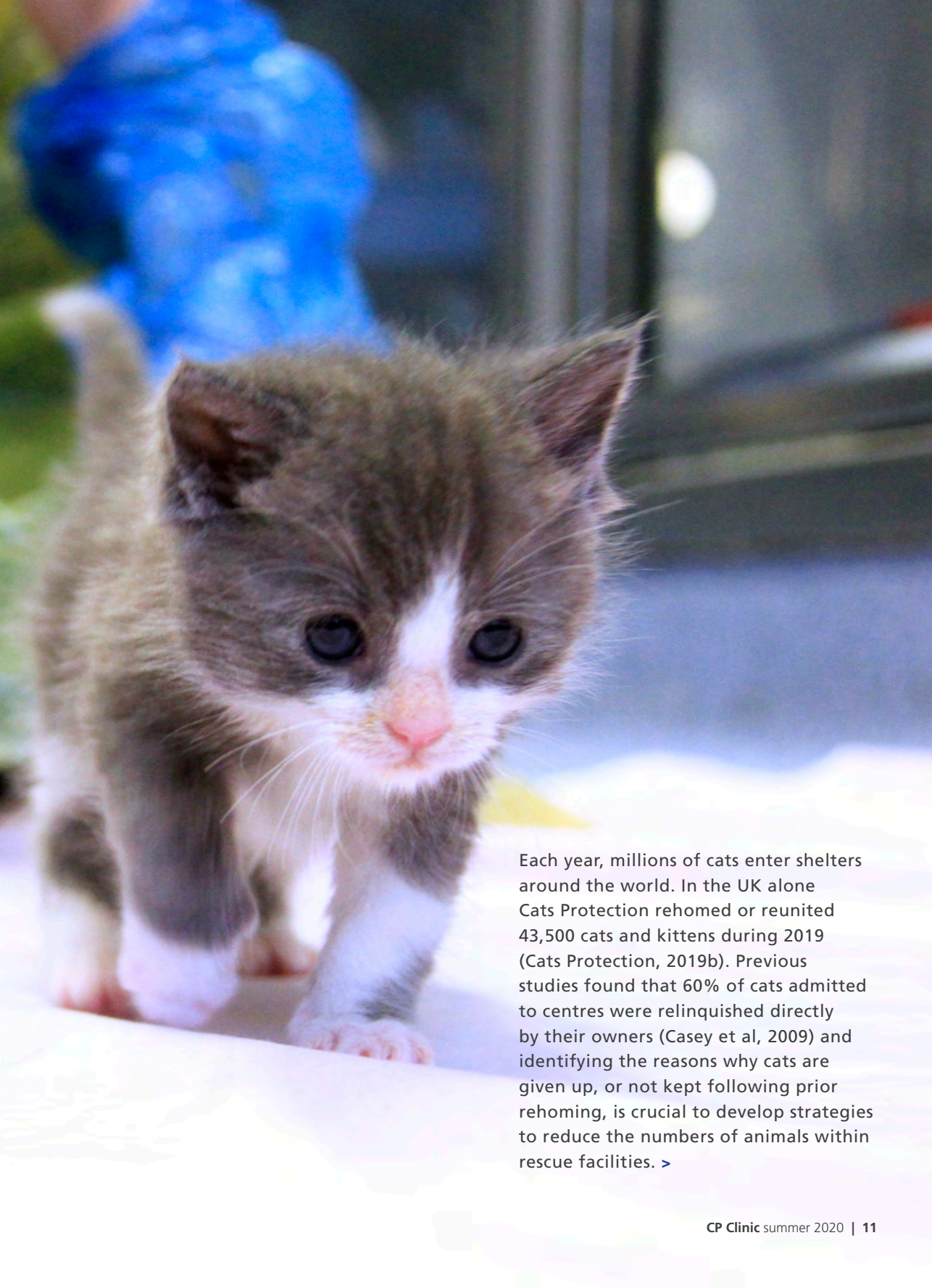
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Elaine qualified from the University of Glasgow in 2006 and works in small animal general practice, with a particular interest in feline medicine. She balances being a vet, with being a clinical director, medical writer and mum.



Cat relinquishment

Why are cats relinquished to rehoming and rescue facilities and how can vets help?



Each year, millions of cats enter shelters around the world. In the UK alone Cats Protection rehomed or reunited 43,500 cats and kittens during 2019 (Cats Protection, 2019b). Previous studies found that 60% of cats admitted to centres were relinquished directly by their owners (Casey et al, 2009) and identifying the reasons why cats are given up, or not kept following prior rehoming, is crucial to develop strategies to reduce the numbers of animals within rescue facilities. >

Vets working within general practice are placed in a unique and powerful position to reach huge numbers of pet owners. Previous research found that 50% of cats had been examined by a veterinarian within a year prior to rehoming (Marsh, 2010, p.53). By understanding the reasons for relinquishment and how to target them, it's possible first-opinion practitioners can have a significant impact on reducing the level of homelessness among cats.

We conducted a cross sectional study of 105 cats housed in the Cats Protection, National Cat Adoption Centre, Sussex between 17 and 20 December 2019. The primary reason for relinquishment given by the person surrendering the animal, as recorded in the internal database, was used.

Why are cats being relinquished at shelters?

The results of the study are displayed in figure one. We found 20% of the population were relinquished due to unwanted litters and pregnancies, followed by: behavioural issues at 16.2%, owners unable to cope with multiple cats at 13.3%, bereavements or long-term illness at 11.4%, strays at 10.5%, landlord-related issues at 6.7%, emigration or non-landlord related moving issues at 5.7%, changes in owner circumstances (such as a divorce, a new job or a new baby) at 4.8%, cat related medical or health issues at 3.8%, owner unable to cope with no reason given at 3.8% and people with asthma or allergies at 2.9%. There was only one feral cat recorded during this study.

A total of 10 of the 105 cats included in the study had been returned, following prior rehoming by Cats Protection. Of these, three were returned for behavioural issues including: unsettled following a house move, aggression to people and undesirable hunting behaviours. A further three were returned due to owner bereavement, one due to divorce, one due to landlord issues and two due to the owner being unable to cope with no further reason given.

Reasons for relinquishment of cats at the National Cat Centre

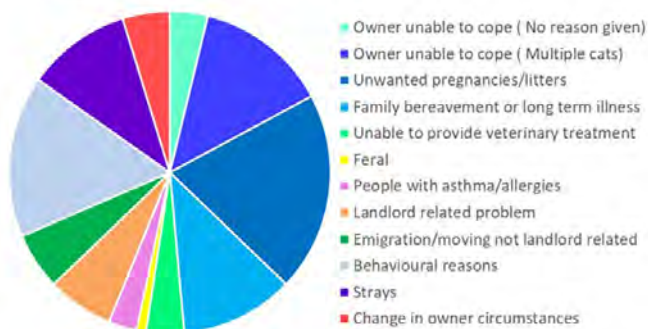


Figure 1: A pie chart showing the reasons for relinquishment of 105 cats at the National Cat Adoption Centre, Sussex

What can vets do to help?

Encourage pre-pubertal neutering

The most common reason for relinquishment in our study was unwanted litters and pregnancies. This issue has been highlighted in other research, with unwanted kittens accounting for 14% of 6,089 relinquished cats across 11 UK shelters (Casey et al, 2009). Closely linked to this problem is owners being unable to cope with multiple cats, which accounted for 13.3% of our cohort and 18% of 45,009 owner-surrendered animals in another study. These researchers also found that only 47% of these owned animals had been neutered (Alberthsen et al, 2016).

Encouraging wide-spread early neutering is one of the most effective ways to reduce populations of stray and relinquished animals (Phillips, Hedge and Peralta, 2018). The Cat Group Policy Statement, supported by the BSAVA and BVA, advocate neutering owned cats at four months of age, rather than the

traditional six months (The Cat Group, 2017). Poor owner-knowledge of feline reproduction contributes to the highest proportion of accidental litters born to UK pets (Welsh et al, 2013) while 'not thinking about it' and 'not getting around to it' were two of the top reasons given by owners for not having their cat neutered (PDSA, 2019). Therefore, vets should discuss the benefits and importantly the timing of neutering with all owners. Initial vaccination consults provide an excellent opportunity to advise clients and actively book animals in for procedures, thus encouraging uptake. Additionally, for clients where finances are a concern, vets should be able to advise if there are any subsidised neutering schemes available locally. Extensive advice, support and resources for vets regarding pre-pubertal neutering can be found on the KIND website <http://www.kind.cats.org.uk> >



Figure 2: Pre-pubertal neutering is one of the best strategies to reduce pet overpopulation.

It has been shown that kittens who received
better socialisation
exhibit fewer problem behaviours overall



Act on behaviour

In one paper, 19% of 1,286 cat relinquishments studied were attributed to a single behavioural reason (Salman et al, 2000) and in our own research, 16.2% of the population were surrendered due to behavioural issues. Of these animals, as shown in figure 3; 41.2% were relinquished due to repeated house soiling, 23.5% due to repeated aggression to people, 17.7% due to not getting on with other pets in the household, 11.8% due to failing to settle into new homes and one cat was reported to have shown undesirable hunting behaviour. Incompatibility with other pets, house soiling and aggression were also found to be the top three problem behaviours resulting in relinquishment in two other studies (Salman et al, 2000) (Casey et al, 2009).

A survey of vets found that only 52%-65% routinely discuss behaviour during puppy or kitten visits, and only 15% of vets do so at annual visits (Patronek and Dodman, 1999). Yet many of the behaviours associated with the greatest risk of relinquishment (Patronek et al, 1996) are modifiable (Marsh, 2010, pp43-61). For example, one cat relinquished for repeated house soiling had not been provided with a litter tray in the home. Frequently, problem behaviours are normal behaviours expressed at an inappropriate time or place (Patronek, 1996) and actions such as educating clients about cat behaviour, reviewing placement and provision of resources, increasing enrichment or careful introduction of new pets may be enough to modify the behaviour and prevent the cat from being surrendered. One of the most important ways to stop perceived problem behaviours from occurring is by preparing kittens for the challenges they will face in life from a young age. It has been shown that kittens who received better socialisation exhibit fewer problem behaviours overall and significantly less behaviours that indicated a fear response to people (Casey and Bradshaw, 2008). Therefore, discussing socialisation programmes with breeders and owners of young kittens is vital. >

Behavioural reasons for relinquishment

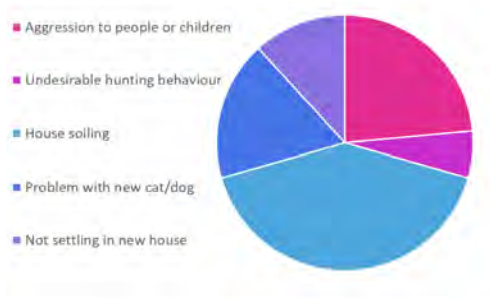


Figure 3: A pie chart showing the reported behavioural issues that resulted in relinquishment of 17 cats

In addition, research has shown behavioural issues were the most common reason for cats being returned to shelters, following prior rehoming (Casey et al, 2009), a finding confirmed in our study. By offering clients with pets adopted from rescue centres a discounted initial consult to discuss behavioural advice, vets could provide a valuable service and in turn introduce the practice to a new client base (Marsh, 2010, p59).

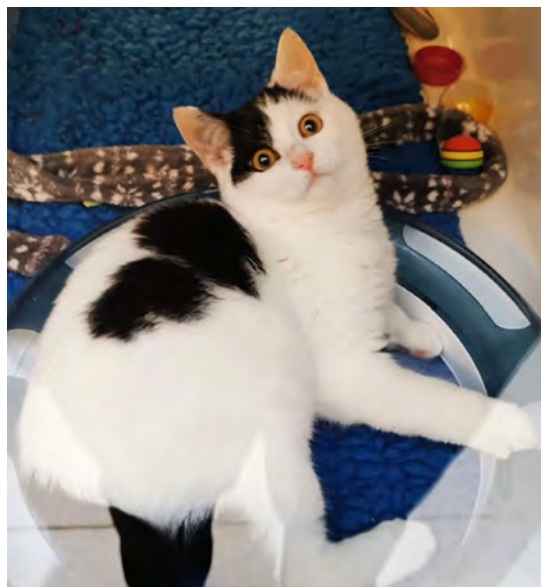
Feline behaviour is a vast topic and it's impossible to include everything required into one consult. Vets could consider developing materials that can signpost clients to easily digestible behavioural advice.

A comprehensive programme for kitten socialisation, and other useful information regarding many aspects of cat behaviour, is available at www.cats.org.uk

Given that behaviour problems play such an important role in the relinquishment of animals, vets may wish to consider pursuing further education and attending continued professional development (CPD) events in this area. It's also important to be aware of local referral options for behavioural issues when required – certified behaviourists can be located through sites such as www.apbc.org.uk, www.asab.org/ccab and www.abtcouncil.org.uk

Keep microchips up to date

Strays accounted for 80.7% of 2,584 relinquished cats in one study (Miller, Ward and Beatty, 2019). Top reasons given by owners for not getting their cats microchipped included: belief the animal was unlikely to stray, pets not going outdoors and belief it was unnecessary (PDSA, 2019). Vets should check for a form of identification during every clinical exam and discuss the importance of microchipping with all owners. Practices may choose to encourage uptake by offering microchipping at discounted rates when included with other services.



However, only 38.5% of microchipped cats in shelters are returned to their owners (Lord et al, 2009).

Within our own study three of the 11 stray cats were microchipped, but the owner could not be reached due to out of date details. Ways veterinary practices can improve this could include; helping clients complete registration forms within the clinic, keeping these details on file and routinely confirming they are up to date during future appointments or via email reminders.

Client communication

Being unable to cope with the health or medical requirements of their animals was given as a reason for 3.8% of the admissions. Animal-related medical reasons accounted for 1% of the 49,393 owner-surrendered cats relinquished in another study, with owners being unable to provide care and owners being unable to afford their pet making up a further 6% and 11% of the population respectively (Alberthsen et al, 2016).

It has been reported that 40% of owners relinquishing animals felt free or cheaper veterinary care would have enabled them to keep their pet (Weiss et al, 2015). Clearly vets cannot be expected to treat animals for nothing, but they should be able to refer clients to low-cost or charity-funded services where possible.

Additionally, within general practice vets may be able to provide certain procedures at reduced fees, for example within payment plans, special deals or yearly health-care packages. When finances are limited, taking the time to talk through alternative options is important. While there may be cheaper treatment plans that can be offered, in some cases, where welfare is a concern, euthanasia may also warrant discussion. In every consult, careful communication with owners to determine commitment, concerns, budgets, expectations and understanding is crucial. Some cats were relinquished by owners feeling too overwhelmed or unable to cope with the care requirements of their pets' medical conditions. It's possible that more support from vets, for example signposting owners to resources to help them understand a disease or offering nurse-led sessions to train clients how to administer certain medications, may have helped these owners feel more able to keep their animals.

Educate and advise

Owner pregnancy or a new baby accounted for 1% of the relinquished population in one study (Alberthsen et al, 2016) and 2% of cats surrendered in another paper (Casey et al, 2009). A recent survey by Cats Protection (Cats Protection, 2018a) found 54% of expectant parents held concerns regarding their cat but only 30% sought advice. Overall 8% of parents to be surrendered their animals but 63% of them ended up regretting their decision. Vets are in an excellent position to offer support in these situations and there are many ways they can help. They could provide suggestions of methods to acclimatise cats to the arrival of a baby and offer advice on how best to modify the environment, for example by providing multiple hiding places, to help the cat adjust. It's especially important to educate and reassure owners regarding the risks of toxoplasmosis to pregnant women around litter trays. Time in consults is often limited and vets should be able to direct clients to comprehensive, easy to follow advice such as Cats Protection (2018a). Cats and Babies - Information and Advice | Cats Protection. [online]

Summary

Stray animals, behaviour problems, overpopulation and various changes in owner circumstances have been repeatedly identified as key reasons for relinquishment of cats in many studies. Veterinary teams are equipped with the knowledge and the opportunity to make a significant difference with many of these issues. Owners that had read about feline behaviour and obtained veterinary care were less likely to relinquish their pets (Salman et al, 1998) and we have identified multiple ways that those working in first opinion practice can help. In many cases the initial vaccination consult comes at an excellent point to educate clients, promote early neutering and microchipping, advise on husbandry and behaviour and provide timely intervention on any potential issues. The human-animal bond is often fragile, and by actively working to protect it, vets and veterinary staff can have a substantial impact in reducing the number of cats in shelters, ultimately improving veterinary care and overall welfare for thousands of animals. **C**

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Johannah Maxwell
MRCVS

Johannah Maxwell graduated from the University of Liverpool this year. As a student she has completed EMS placements with several charities, including the RSPCA, PDSA and Cats Protection, as well as volunteered in multiple overseas veterinary projects. She is particularly interested in following a career in shelter and charity medicine and is excited to be starting a new graduate role with the Blue Cross in London shortly.



Hyperthyroidism

challenges in diagnosis and management

Since the first recorded case in 1979, the incidence of hyperthyroidism has steadily increased and the disease now finds itself the most commonly diagnosed feline endocrinopathy in the UK. The history, clinical signs and physical examination findings associated with hyperthyroidism are usually familiar to feline practitioners. However, given the disease typically presents in middle to older aged animals, co-morbidities and inter-current disease may frequently be seen. Certain situations therefore arise, when either diagnosis or management of the condition presents more of a challenge. This article will discuss some of these issues.

Conditions mimicking hyperthyroidism

Any illness causing weight loss, and which is associated with an increased to normal appetite, may mimic hyperthyroidism. Common examples include diabetes mellitus, inflammatory bowel disease, diffuse alimentary lymphoma, exocrine pancreatic insufficiency and chronic kidney disease (CKD). It is therefore prudent to perform appropriate diagnostic tests to investigate such possibilities. In addition to a haematology, biochemistry and urinalysis (as would be recommended a minimum database of information), consideration should be given to assessing, where appropriate, fructosamine, folate and cobalamin, trypsin-like immunoreactivity (TLI), urine protein creatinine (UPC) and urine culture and sensitivity, along with performing abdominal ultrasound and thoracic radiography. >

Elevated liver enzymes: primary or secondary hepatopathy?

Liver enzymes (ALT, ALP) are increased in most hyperthyroid cats; the degree of elevation reflecting the magnitude of thyroid hormone excess. Such enzyme levels should, however, normalise with a return to euthyroidism. If this does not occur, consideration should be given to concurrent primary liver pathology and investigations undertaken to classify the aetiology of the hepatopathy. Primary liver disease is a contraindication to medical therapy.

Marginal total thyroxine (TT4) increase or normal TT4 levels: hyperthyroidism or not?

A marginal increase in TT4 may reflect a cat with early hyperthyroidism. Furthermore, TT4 levels may fluctuate in and out of the normal range (following a circadian rhythm) and early disease may be overlooked. In such cases, clinical signs may yet to be appreciated by the owner. Counselling the owner in terms of expected clinical signs and repeating the TT4 value in a month's time, should be considered. False positives may (rarely), occur with laboratory error.

In the case of a normal TT4 level yet where a high clinical index of suspicion for hyperthyroidism exists, concurrent illness maybe suppressing TT4 into the reference range ("sick euthyroid" syndrome). If TT4 is within the upper half of the reference range and hyperthyroidism seems likely, either repeating TT4 in a month's time, or measuring free thyroxine by equilibrium dialysis (fT4ed), is appropriate. An elevated fT4ed (>40pmol/l) alongside a TT4 within the upper half of the reference range (>30nmol/l) is consistent with a diagnosis of hyperthyroidism, in cats showing compatible clinical signs.

fT4ed should however, not be used as a screening tool alone since false positives can occur.

Conversely, TT4s in the lower half of the reference range make hyperthyroidism unlikely.

Use of an external reference laboratory is recommended, particularly where borderline or confusing results are obtained.



Figure 1: Cat displaying polyphagia, a common presentation with hyperthyroidism yet also other diseases; which should be excluded in the workup

Hyperthyroidism and concurrent renal disease

The diagnosis of renal disease in hyperthyroid cats is not straight forward due to interactions between the two diseases. Urea and creatinine, proteinuria and urine specific gravity (USG) are all affected by the hyperthyroid state yet none of these parameters has proven reliable in predicting which cats will develop subsequent renal disease once euthyroidism is achieved. Potential concerns regarding chronic renal disease, include that of a cat that appeared to have normal renal parameters pre-treatment; who develops an "unmasking" of renal disease, and secondly, cats whom have pre-existing chronic kidney disease and subsequently develop hyperthyroidism.

In the short-term, various alterations in heart rate, blood pressure, renal blood flow and glomerular filtration rate (GFR) associated with the hyperthyroid state are beneficial to renal function. However, with treatment, an associated potential 50% reduction in these parameters may manifest as CKD. The greatest fall in GFR occurs within the first month of medical treatment, yet then typically remains stable. Assessment of renal parameters after a month of therapy is therefore advised. When euthyroidism is achieved and renal parameters are normal, a curative treatment (radioactive iodine/thyroidectomy) may be performed.



Figure 2: Medical anti-thyroid treatment options

Mild to moderate but stable CKD, does not however, necessarily preclude permanent treatment of the hyperthyroidism, since the mean survival time (MST) of previously non-azotaemic cats that develop CKD with treatment, is not shorter than those who do not. Alternatively, these cats may receive continued ongoing medical management of both their hyperthyroidism and CKD (with supportive dietary therapy, phosphate restriction, subcutaneous fluids etc as required).

Conversely, if CKD is present before a diagnosis of hyperthyroidism is made, a cautious approach to treatment should be undertaken using starting doses of 1.25 - 2.5mg once daily of methimazole/thiamazole. Renal function must be carefully monitored over the initial few weeks of treatment. Rapidly worsening azotaemia necessitates a dose reduction in thyroid medication and careful management of both conditions. Medical treatment is often preferred for such cases, since it allows careful titration of dosage to effect; the aim being to keep the TT4 value within the lower half of the reference range; avoiding both iatrogenic hypothyroidism and hyperthyroidism: since both will eventually have a negative impact on renal function.

Hyperthyroidism and diabetes mellitus

Treatment of hyperthyroidism with concurrent diabetes mellitus can be complicated since thyroid hormone will interfere with the function of insulin, causing resistance. Should hyperthyroidism develop as a secondary disease, a previously well controlled diabetic may therefore become less stable, with a recurrence of polydipsia, polyuria and weight loss. Control of hyperthyroidism will bring about an improvement in diabetic control, albeit an eventual higher dose of insulin may be required to sustain this control. Careful monitoring and regular assessment of both diseases is advised with the priority remaining to improve (diabetic) clinical signs and prevent hypoglycaemic episodes. A standard dose of anti-thyroid medication can be used.

Alternatively, in a small number of hyperthyroid cats, diabetes will develop subsequent to the insulin resistance caused by the hyperthyroidism.

It is useful to remember that assessment of fructosamine as a means of interpreting diabetic control, is less useful in hyperthyroid cats, since accelerated protein turnover will lead to a reduction in this parameter's value.

While many anti-thyroid medications contain sugar, this is not considered a contraindication to patients suffering with concurrent diabetes mellitus.

Hyperthyroidism and hypertension

Hypertension may be present, either at the time of initial diagnosis (10-20% of cases), or, once euthyroidism is achieved. This is associated with an increase in systemic vascular resistance as thyroid hormone concentrations decrease or from an associated decrease in renal function. Following medical stabilisation therefore, BP monitoring and fundic examination should be continued at three to four month intervals, to identify any problems and prevent target organ damage. >



Figure 3: Middle-aged cat displaying clinical features of hyperthyroidism including weight loss and an unkempt coat

Hyperthyroidism and heart disease

Concurrent heart disease is common in hyperthyroidism yet may or may not be a direct consequence of the disease. Having established euthyroidism and corrected systemic hypertension, the progression of heart disease can be evaluated using serial echocardiographic examinations.

Newly diagnosed hyperthyroid cats with congestive heart failure will require treatment and monitoring of both conditions.

Side effects and concerns with anti-thyroid medication

Radio-active iodine remains the “gold standard” treatment for hyperthyroidism. Benefits include no requirement for general anaesthesia and cure rates of over 95% (including those of ectopic thyroid tissue and carcinomas – in which medical management is neither curative, nor typically effective).

Medically managing hyperthyroidism remains popular, however medications are neither free from side effects nor necessarily an ideal solution in the longer-term, particularly for younger cats. They should also be avoided in cats with pre-existing primary liver disease or blood dyscrasias. While thyroid carcinoma as a cause of hyperthyroidism is rare at only 1-2% of cases, this figure increases to approximately 20% following prolonged use of medication. The dosage of medication required to control the disease, may also typically increase.

Side effects, while infrequent and reversible, do occur at a cited frequency of 18-25% and can be categorised as either mild or severe. They typically occur within the first few weeks of treatment although can occur later, where dosages are either increased, or reach high levels. Inappetence, vomiting, diarrhoea, lethargy, weight loss and facial pruritis are mild side effects. More severe symptoms include hepatopathies, often with icterus, and haematological

changes such as haemolytic anaemia, leucopaenias, thrombocytopaenia. Where these severe reactions occur, cessation and avoidance of all forms of antithyroid medication in the future is recommended; and an alternative treatment employed.

Having obtained a minimum database (MDB) at diagnosis and by continuing to monitor laboratory parameters frequently as advised in the datasheets of all antithyroid medications, side effects should be readily identifiable.

More rarely noted side effects have included generalised lymphadenopathy, vasculitis and renal infarcts.

Iatrogenic hypothyroidism (IH) following surgery or radioactive iodine

Following a curative treatment for hyperthyroidism, iatrogenic hypothyroidism (either transient or permanent), may develop. TT4 levels should be checked at one, three and six months following a permanent treatment and if found to be low, endogenous thyroid stimulating hormone (TSH) levels also assessed.

If IH is confirmed and either azotaemia or clinical signs of hypothyroidism are present, supplementation with L-thyroxine at 0.1mg once or twice daily per os is advised. This dose should be adjusted according to both the clinical response and TT4/TSH levels. If TT4 levels are low but no clinical signs are seen, then monitoring should continue, to ascertain whether the hypothyroidism is permanent or not.

Where it exists, IH should be treated since its presence confers a worse prognosis, shorter life expectancy and an increased likelihood of azotaemia. **C**



Rebecca Martin **BVSc CertSAM MRCVS**

Advanced Practitioner in Small Animal Medicine

Rebecca qualified with distinction from the University of Bristol in 1998. She gained her RCVS Certificate in Small Animal Medicine in 2008 and in 2015, became a RCVS Advanced Practitioner.

Her current role is that of senior medical vet within a busy, independent RCVS accredited practice in Surrey. Here she enjoys the challenge of complex medical cases alongside performing advanced ultrasonography and endoscopy.

Her wide-ranging interests include endocrinology, cardiology and haematology.

She is currently working towards membership of the Australian and New Zealand College of Veterinary Scientists (Medicine of Cats).

An aerial photograph of a coastal town, likely Dubrovnik, Croatia. The town features numerous buildings with red-tiled roofs and a prominent stone fortification (the Ploče) overlooking the sea. The water is a deep blue, and several sailboats are visible. The background shows a hillside with more residential buildings and greenery.

Rescuing animals from abroad

Rescuing a new pet from abroad seems to be the newest trend in #adoptdontshop culture. Several organisations are bringing animals over from Europe (and further afield) for placement in the United Kingdom, and such rescues are easily found online.

>

Sarah was the runner up in the Extra Mural Studies (EMS) awards, which give veterinary students the chance to experience a feline shelter medicine rotation with Cats Protection and then write a report about an aspect of cat health and welfare.

A recent BBC article claims 344,000 dogs brought to the UK from Europe in 2018¹

The number of dogs entering the UK under the PETS scheme increased a massive 63% between 2011 and 2013, reflecting the relaxation of border controls. The number of dogs entering the UK from Lithuania rose 780% in the same time frame².

While general animal welfare may be worse abroad, there are thousands of rehomeable animals in the UK available so why would someone rescue from abroad vs a UK shelter?

One reason could be a greater sense of heroism. It could be seen as more heroic to rescue an animal with a sob story. People may feel more inclined to rescue an animal from horrific conditions rather than the relative luxury of a British rehoming shelter. Some European countries are known to cull animals in shelters if not rehomed within a certain timeframe, so prospective adopters could see themselves as saving that animal's life due to the deadline imposed.

Members of the public may also become aware of stray animals while abroad and be horrified by their condition. This could inspire them to 'do their bit' for these animals by rescuing one. A lack of education could lead them to think this is the best outcome for this animal. They may also bond with a specific animal and decide to bring it home with them.

The organisations bringing animals to the UK appear to have less stringent rehoming criteria. UK charities have developed criteria to ensure good placement of animals into new homes to maximise the success of such pairings.

This leaves us with some uncomfortable questions to ask:

Are these animals rehomeable?

These animals have been part of semi-feral to feral populations living on the streets. They will have undergone natural selection to be well adapted to that environment, as well as developing behaviours to ensure they can hunt and defend themselves within the pack or community. Issues could develop around animals with a high prey drive, need for constant stimulation and food aggression. These behaviours are unlikely to be acceptable in a household or when out on walks.

One of the reasons a potential adopter could be refused by a UK charity is the presence of young children in the home. The addition of a semi-feral animal could lead to disastrous consequences. Another consideration is the removal of a dog from a pack environment where they have constant companions to then put that dog into a home environment where they could be left alone for up to 10 hours a day. This is a tough adjustment and likely to lead to unwanted behaviours. This is especially concerning as a study published in 2009 identifies behavioural problems as one of the most common reasons dogs were relinquished to shelters³.

What risks are we taking?

Animals could be carrying or suffering from diseases not seen in the UK. This is a concern for the animal themselves plus any in contacts. The animals in question are often strays with no known medical history. Recently Babesia has been diagnosed in four dogs who had never travelled outside the UK, showing the risk to our national populations⁴. Other diseases that may enter the country in this way are rabies, leishmania and brucellosis. >

Criteria could include factors to maximise the animal's welfare such as: enclosed gardens, restrictions on working hours, no small children or other pets in the house. By having these criteria some would-be adopters must be turned away, and this could lead to members of the public looking to those organisations bringing animals from abroad. As more people rescue from such organisations, they are likely to recommend the process to other would be adopters leading to an increase in their popularity.

Animals are often being plucked off the streets and may (or may not) be neutered, vaccinated and health checked before being taken to the UK. Often the first-time prospective adopters meet the animal will be at a service station picking them up, this is a stark contrast to the processes used by UK shelters. The average adoption fee for a dog through one of these organisations is £300-500, compared to the £150 charged by a major UK rehoming charity.

Problems with these adoptions include exotic disease introductions to the UK, behavioural problems, diversion of support from UK shelters as well as welfare concerns while travelling, housing and rehoming of these animals.

Should we support these organisations?

Most of their focus seems to be on the individual animal, with neutering efforts focused on animals being relocated to the UK. This seems counterintuitive due to the likelihood of creating a vacuum effect. This is where the removal of resident animals allows nearby animals to expand their territory into the now unoccupied area.

What effect does this have on UK rehoming organisations?

UK charities work tirelessly to ensure high welfare standards, vaccination protocols and rehoming criteria to produce successful adoptions of healthy animals. Not only is this practice diverting support from UK charities, will these animals end up in a UK shelter? A consequence of looser rehoming criteria could be a greater percentage of unsuccessful adoptions, thus further straining charities in the UK.

Is this a good use of charitable resources?

The cost of bringing an animal to the UK must be greater than the cost of releasing a neutered animal back to its environment. Trap neuter return programmes have great success in controlling populations of stray animals worldwide and would maximise the benefit made with limited funding without competing with national charities. Ultimately, there seems to be more negatives to removing and relocating an animal than positives.

Is the journey fair on the animal?

Animals will have to be brought to the UK, a journey that could span days. This would be highly distressing to any animal, let alone one unfamiliar with travel in vehicles or human contact. We can only hope that adequate facilities are used to make these journeys as well as to house the animals between the journey and entry to their new home.

Can we trust these animals are entering the country legally?

A report made by Dogs Trust² outlines the illegal trafficking of puppies into the UK. Can we trust that all these organisations are following the guidelines for animal travel into the UK, where there's clear evidence they can be easily skirted? This raises more concerns over animals having had the necessary vaccinations or treatments, and their likelihood of being a so called 'Trojan dog' to carry such diseases into the national population.

So, what can we do about it?

Veterinary professionals may be encountering this situation too late in the process to change anything. However, recent statements by the BVA as well as articles in large veterinary publications show our profession is aware of the problem and not happy about it.

How can we educate the public on these issues?

The BVA have publicly announced they are not supportive of rescuing animals from abroad – but are the public looking to the veterinary profession when considering a new pet? Educating children on the role of animals in our societies as well as their husbandry requirements would be a great start. However, it's not children who are adopting the animals.

Relaxing rehoming criteria may decrease numbers of animals being brought to the UK, but the criteria have been developed for a reason so this may be counterintuitive in the long term.

Screen animals for exotic diseases. While owners are unlikely to be keen on the cost of testing for disease such as leishmaniasis or babesia – is this something shelters should start considering for animals arriving with no history? Should this be a requirement for animals to entering the UK?



Quarantine new arrivals to the UK. This used to be the case before controls were relaxed in 2000 to be in line with the rest of the European Union. The next decision to make would be how long to quarantine animals for, as well as deciding who will absorb the cost.

Wait for Brexit...

It is not currently known what effect Brexit will have on the ease of animals entering the UK, hopefully some measures will be put in place to prevent novel diseases becoming endemic and these may be more stringent than current controls.

While the issues discussed in this report are very general and unlikely to reflect all of the consequences of this practice, the numbers of animals entering the UK to become pets is increasing. The increase in interest in animal welfare across Europe can only be a positive, but by relocating animals we are doing so to the detriment of our own populations. This will have massive implications for the future operations of rehoming charities and the national health of our cat and dog populations. **C**

References

Available on request



Sarah Febry *BMedSci BVM BVS MRCVS*

Sarah is a newly graduated veterinary medicine student from the University of Nottingham, who has an interest in charity medicine.

During her studies Sarah spent a week on placement with the Cats Protection Veterinary department at the National Cat Centre. Sarah was involved with a student-led project providing free veterinary care to the animals belonging to the homeless and vulnerably housed of Nottingham throughout her studies.

She has previously been the student committee member for the Association of Charity Vets and remains on the committee as an ordinary member.

Sarah lives in Surrey with her cat and five rabbits.

news

Keep up-to-date with Cats Protection

Celebrate being #HereForTheCats

Despite lockdown, our teams across the country have continued to care for cats to the very best of their abilities and in many different ways. Like for so many of us, this brought with it new ways of working and required facing and adapting to novel challenges both personally and professionally including furloughing, physical and/or mental health concerns and all this, while adhering to the official government rules.

Across our social media and website, we've been using #HereForTheCats throughout lockdown to cast a light behind the scenes and showcasing many of the cats in our care. The messaging has become a great way to celebrate all the work we're doing, those individuals and teams doing it and encourage our supporters to share their own stories about the cats in their lives.



#HereForTheCatsAndKittens

Due to the current coronavirus (COVID-19) crisis, many vet practices will not be neutering cats and kittens. For a number of vets, they'll be struggling with limited resources as well as having to prioritise emergency appointments. This means access to neutering will be limited and availability will vary from practice to practice.

With kitten season on the horizon, this could result in an estimated 84,000 extra kittens being born! (based on the number of queens Cats Protection neutered last year and if the same number were to go unneutered this year and have two litters). To avoid unwanted pregnancies, and putting extra stress on over-stretched vets, we're advising the following:

- keep unneutered cats indoors to prevent unplanned litters
- contact your vet to discuss whether you can book ahead for a neutering operation
- keep your unneutered kitten indoors – remember, cats can get pregnant from as young as four months of age
- ensure brothers and sisters are separated – cats will mate with their siblings, so it is best to keep them apart
- avoid the temptation of having a litter of cute kittens – access to veterinary care is currently limited
- avoid your cat getting pregnant at the moment as all pregnancies have health risks and access to vet care is restricted at the moment
- rehoming kittens will also be more difficult at the moment as many animal charities have limited capacity to accept kittens



Hands-free homing update

COVID-19 has presented a range of challenges to all of us. At Cats Protection, one of the biggest being how to continue helping cats in a safe way, within government guidelines and taking into account the constraints of limited veterinary provision across the UK. We have been working to adapt our operating procedures, policies and guidance looking at each aspect of the cat journey through the lens of these challenges.

As a result, hands-free homing came into being. This was aimed at getting 'ready-to-home' cats into new homes, while ensuring that cats and people were being kept safe. Many processes had to be adapted to ensure that important conversations were still had with potential new owners prior to adoption, that the right cat was matched with a new owners, that the transfer of a cat from centre to new owner was safe for the cat, stress was being kept to a minimum (for everyone involved!) and that social distancing and government guidelines were adhered to at all times.

As government guidelines continue to change and in many areas ease, Cats Protection is continuing to review guidance to do what we can for cats, whilst also ensuring human health and safety.

Hands-free homing is now the 'new normal' in over 100 of our branches and the majority of our centres. The great news is that by mid-July we had homed over 2,000 lockdown cats. Curious about hands-free homing? Our website offers a guide and links to the ever-growing list of centres and branches helping to introduce cats and kittens to loving new homes:

www.cats.org.uk/adopt-a-cat

London Marathon 2021 – Team Cats is taking applications

If you are feeling even more energetic, why not join our London Marathon team?

Due to a couple of drop-outs we have a small handful of places on our 2021 London Marathon team. If you have stepped up your running during lockdown, missed out on events thanks to the pandemic and are feeling ready to run in 2010, this is your chance! >

For more details, visit www.cats.org.uk/vlm

Sign up to join us for the first Feline Behaviour Conference by Cats Protection

Date: Friday 11 September 2020 • **Time:** 9.30am-4.30pm • **Location:** Online • **Cost:** £50 +VAT

Sign up: www.thewebinarvet.com/pages/feline-behaviour-conference-cats-protection-tickets/

What is the Feline Behaviour Conference?

The Feline Behaviour Conference by Cats Protection is one of the first conferences dedicated to cat behaviour and is ideal for veterinary professionals and everyone working in the animal welfare sector, caring for cats as well as budding cat behaviourists.

This online event will feature informative sessions and engaging Q&As, focussing on a number of topics including: • how cats learn • how cats communicate • the future of cats

Speakers include a range of cat behaviour experts, including welfare advocate Sarah Ellis, co-author of *The Trainable Cat*.

The full agenda will be coming soon.

Who should attend?

- Veterinary professionals • Rehoming centre employees and volunteers • Cat fosterers • Cat behaviourists • Cat groomers • Cat sitters • Pet shop employees • Cattery owners and staff

The conference is also suitable for those whose work focuses on cats indirectly, including those studying for a relevant qualification. The day will count as six hours of Continuing Professional Development (CPD) for those needing to maintain CPD hours.

How can I attend?

- As the conference is online, you can gain access from a location of your choice
- The conference will be hosted by The Webinar Vet, a company that has global success in running virtual conferences
- Content will be available for another six months post event for no extra fee
- We'll be sharing the details of how to sign up soon – watch this space!

Trap, Neuter, Return (TNR)

Steps are being taken at the time of writing to restart TNR work in a safe way. As with all our activities, we have to review how we carry out this work, consider how it needs to be adapted to fit with the current situation and the key principles that we need to achieve to do this, including:

- ensuring the cats are not put at any risk
- ensuring our people are safe and we are not spreading COVID-19
- ensuring we are following the government guidance in each region of the UK
- identifying any potential barriers, such as availability of vets to undertake neutering
- ensuring we have the tools, information and support so we can demonstrate this activity is being undertaken safely



Did you know Cats Protection have a grief support service called 'Paws to Listen'? If your clients have experienced the loss of a cat they can talk to us.

Our trained volunteer listeners can provide emotional support and practical information at this difficult time. The free and confidential service is available Monday-Friday 9am-5pm at 0800 024 94 94 or pawstolisten@cats.org.uk

If you would like more information about the service please visit www.cats.org.uk/grief

Nine Mile Challenge

Nine miles. One month. Roam free!

Our Nine Mile Challenge is back this September and registration is open now! This year, we're challenging our supporters to walk, run or cycle nine miles and collect sponsorship. The nine miles can be done all in one go, or spread across the month, whatever suits you.

You can register via the [website](#) where you will be able to choose a local branch or centre to support with your fundraising.

For any queries, please contact the Fundraising Events team at: events@cats.org.uk or call 01825 741 960



Moggy Modules and Feline Focus for kids!

The Education team is very excited about the Moggy Modules; five pawsome new free learning tools to keep kids happy and engaged while home schooling. Each of the five modules includes cat-themed worksheets, quizzes, creative writing exercises and fun learning activities linked to one of the five cat welfare needs.

The free downloadable online packs have been created to help young learners discover more about our feline friends and their welfare needs, with age-appropriate learning tools for children aged five-seven and seven-11.

<https://education.cats.org.uk/moggy-modules/>

Following up on the success of the Moggy Modules the Education team has launched Feline Focus – learning resources for secondary age students. Our Feline Focus packs are ideal for students aged 11+ and are now available on the education webpage.

<https://education.cats.org.uk/feline-focus/>

Domestic abuse help

As you may know, Cats Protection runs Paws Protect, a free, confidential cat fostering service for people fleeing domestic abuse in the South East. Paws Protect is continuing to provide this life-saving service during COVID-19, operating under stringent safety measures to keep service users, volunteers and employees safe.

Paws Protect is for cats from people in a certain area, whereas the below link is for abused people to contact to get help for themselves.

www.cats.org.uk/what-we-do/paws-protect

You may have seen in the news that domestic abuse is on the rise amid the COVID-19 pandemic, and those experiencing it are sometimes struggling to access help due to the lockdown.

Domestic abuse affects one in four women and one in six men during their lifetimes. At Cats Protection, we know that domestic abuse doesn't discriminate and can affect anyone, and that it comes in many forms, not only violence. If you are concerned about yourself, or a friend or family member, please contact the National Domestic Abuse Helpline on 0808 2000 247. They are available 24-hours a day, seven days a week on their freephone number, or you can use live chat or messaging on their website. [C](#)