1. HISTORY: AGE BREED
An opportunity for FCoV infection is essential
Around 70% of cats with FIP are pedigree
Any age, but over 50% of cats with FIP are < 2 years old (see table)
Usually a history of stress within weeks prior to presentation

2. CAT PRESENTS WITH ABDOMINAL ENLARGEMENT OR DYSPNOEA
Clinical examination reveals an effusion: which may be abdominal, pleural, pericardial, scrotal
Cats with effusive FIP are often pyrexic, sometimes anorexic, bright or dull

Sample the effusion

3. IN HOUSE EXAMINATION OF THE FLUID
Pus Blood Urine
Appearance Straw coloured, clear, not odiferous, chylous
Protein level >35g/litre
FIP UNLIKELY < 30g/litre
Albumin:globulin ratio < 0.8
Bacteria, malignant cells or mostly lymphocytes
Cytology Neutrophils and macrophages
93% unlikely to be FIP Negative
Rivalta test Positive
FCoV antibody test ON BLOOD Positive

FIP UNLIKELY BUT POSSIBLE

4. SEND EFFUSION TO EXTERNAL LABORATORY
Normal rules out FIP (<500μg/ml) AGP Raised (>1000μg/ml)
FCoV RT-PCR Negative

FIP POSSIBLE
The predictive value of a negative FCoV RT-PCR test on an effusion depends entirely on the sensitivity of the test being used

FIP POSSIBLE
Treat with feline interferon omega: 1 MU/kg s/c eod or to site of effusion; itraconazole 10mg/kg sid; meloxicam; Vit B12 injections.
See FIP treatment page at catvirus.com

5. Is FIP

Likelihood of effusive FIP according to age and breed
Soma et al

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Pedigree cat</th>
<th>Domestic cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>95</td>
<td>79</td>
</tr>
<tr>
<td>1</td>
<td>70</td>
<td>42</td>
</tr>
<tr>
<td>2-3</td>
<td>53</td>
<td>41</td>
</tr>
<tr>
<td>4-5</td>
<td>60</td>
<td>33</td>
</tr>
<tr>
<td>6-7</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>8-9</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>≥ 10</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>

FCoV antibody tests should be preferably performed on a blood sample, rather than an effusion sample, due to the risk of false negative results. Meli et al. Use test kits with best sensitivity available. Addie et al 2016

www.catvirus.com
1. History
An opportunity for FCoV infection is essential (e.g. breeder, rescue shelter or other source of FCoV exposure such as a new kitten)
Around 70% of cats with FIP are pedigree
Any age, but over 50% of cats with FIP are < 2 years old
Usually a history of stress weeks to months prior to presentation (e.g. adoption, boarding cattery, neutering within many weeks in dry FIP)

2. Clinical Examination
Persistent moderate pyrexia > 4 days
Weight loss / failure to gain weight normally – i.e. stunting
Dull, lethargic, off colour
Anorexia
Intraocular signs (uveitis, keratic precipitates, aqueous flare, retinal vessel cuffing)
Neurological signs (ataxia, fits, nystagmus)
Enlarged mesenteric lymph node(s)
Icterus
Enlarged kidneys

3. Blood Tests
- Albumin:globulin > 0.8*
- Globulin: Hyperglob > 46 g/l
- Bilirubin Raised
- Haematocrit <30%
- Anaemia Non-regenerative
- Lymphocyte count Lymphopenia
- FCoV antibody test**

4. External Laboratory
- Alpha-1 Acid Glycoprotein Above 1500 ug/ml
- Send MLN FNA / biopsy / aqueous humour for RT-PCR

FIP Possible

The predictive value of a negative FCoV RT-PCR test depends on the sensitivity of the test being used, the integrity of the RNA during mailing, and that an FIP lesion was accurately selected. **DO NOT DO RT-PCR ON SERUM OR BLOOD** – the test will be negative even in cats with FIP.

IS FIP - TREAT
100,000 units of feline interferon omega per os sid plus meloxicam; Vit B12 injections, itraconazole
10mg/kg. May add Polyprenyl immunostimulant

See treatment section of catvirus.com

* Note that 15% of cats with FIP have alb:glob 0.8

www.catvirus.com
Diagnosing FCoV associated enteritis

**HISTORY: AGE BREED**
An opportunity for FCoV infection is essential, e.g. cattery exposure
Any age of cat, though kittens over-represented, especially purebred
History of diarrhoea, plus or minus vomiting
No nutritional explanations, e.g. giving cow’s milk

**CLINICAL EXAMINATION**
Possible stunting or weight loss
Possible third eyelid protrusion
Gassy abdomen possible
Thickened large intestine possible
Enlarged mesenteric lymph nodes

**Blood sample**
- Negative* FCoV antibody test
- Positive
  - Check other parameters to see if FIP is a concern
  - (see non-effusive FIP algorithm)

**Faecal sample**
- Negative FCoV RT-PCR
- Positive

**FCoV ENTERITIS POSSIBLE**

**FCoV ENTERITIS UNLIKELY:** depends on sensitivity of test used

* Use FCoV antibody tests with best sensitivity available.

Be sure to rule out other bacterial, viral, protozoal, nutritional and parasitic causes

**IS FCoV ENTERITIS**
Treat with itraconazole; feline interferon omega and probiotics
**Using FCoV Antibody and RT-PCR Tests**

**Sick cat**
- ? Wet FIP
- ? Dry FIP
- Monitor FIP treat’t

- FCoV Ab on blood
  - PV Neg depends on sensitivity of test
  - Positive: is FIP
  - FCoV RT-PCR effusion
    - Positive: is FIP
      - PV Neg depends on sensitivity of test

- FCoV Ab on blood
  - Positive
  - Not FCoV diarrhoea or FIP

- FCoV RT-PCR on faeces
  - Positive
  - A positive FCoV antibody test does not indicate FIP

**Healthy cat**
- In contact FIP
- Screen

- FCoV Ab on blood
  - PV Neg on blood is NOT recommended

- FCoV RT-PCR on faeces
  - Positive
  - Re-test monthly
  - Negative: Go ahead

- FCoV diarrhoea is a diagnosis of exclusion

PV = predictive value

www.catvirus.com 2017