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

3. **IN HOUSE EXAMINATION OF THE FLUID**

   **Pus Blood Urine**
   - Appearance: Straw coloured, clear, not odiferous, chylous
   - Protein level: >35g/litre

   **FIP UNLIKELY**
   - Protein level: < 30g/litre
   - Albumin:globulin ratio: < 0.8
   - Bacteria, malignant cells or mostly lymphocytes
   - Neutrophils and macrophages
   - 93% unlikely to be FIP
   - Negative FCoV antibody test
   - Negative Rivalta test

   **FIP UNLIKELY BUT POSSIBLE**
   - 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

4. **SEND EFFUSION TO EXTERNAL LABORATORY**

   **Normal** rules out FIP (<500μg/ml) AGP
   - Raised (> 1000μg/ml) FCoV RT-PCR
   - Negative

   **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

5. **Is FIP**

   **FIP UNLIKELY**
   - Negative
   - Positive Rivalta test
   - PPV 58%

   **FIP POSSIBLE**
   - Positive
   - FCoV antibody test ON BLOOD
   - Negative
   - Positive

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* 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
## 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
- 27-45 g/l
- <10mmol/l

### Bilirubin
- >30%
- Regenerative

### Haematocrit
- Normal
- Non-regenerative

### Lymphocyte count
- Lymphopenia

### FCoV antibody test
- Negative

## 4. External Laboratory

- Normal
- Alpha-1 acid glycoprotein Above 1500 ug/ml
- Send MLN FNA / biopsy / aqueous humour for RT-PCR
- Positive

## 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

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**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.

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

** Use test kits with best sensitivity available. Addie et al 2016**
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

**NOT FCoV ENTERITIS**

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

**Blood sample**

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

**FAecal SAMPLE**
FCoV RT-PCR
Positive

**FCoV ENTERITIS POSSIBLE**

**IS FCoV ENTERITIS**
Treat with itraconazole; feline interferon omega and probiotics

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

* Use FCoV antibody tests with best sensitivity available.
Using FCoV antibody and RT-PCR tests

**Sick cat**

- ? Wet FIP
- ? Dry FIP
- Monitor FIP treat’t

**Diarrhoea**

- ? FCoV

**FCoV Ab on blood**

- Positive
- Not FCoV diarrhoea or FIP

**A positive FCoV antibody test does not indicate FIP**

**FCoV RT-PCR effusion**

- Positive: is FIP
- PV Neg depends on sensitivity of test

**Healthy cat**

- In contact FIP
- Screen

**FCoV Ab on blood**

- Positive
- PV Neg depends on sensitivity of test

**FCoV RT-PCR on blood is NOT recommended**

**FCoV RT-PCR on faeces**

- Positive
- Re-test monthly
- Negative

**FCoV diarrhoea is a diagnosis of exclusion**

**PV = predictive value**

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