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Melissa graduated from the University of Sydney in 1990. She worked in a private small animal practice in Adelaide for two years and then in England for a further two years. Melissa continued in private practice on her return to Sydney before starting Paddington Cat Hospital with her husband, Randolph Baral, in 1997. Melissa is interested in all aspects of feline medicine and has a particular liking for soft tissue surgery. Of course, Melissa was nominatively destined for feline medicine.

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FELINE ASTHMA

For the first time in months, I was able to walk to work without a jacket this morning; definitely a sign that spring is here! Unfortunately, along with the balmy breeze, this season is also a bringer of many allergens, a fact that all those hay fever and asthma sufferers out there are more than aware of! Asthma can also affect cats; in fact, cats are the only species apart from humans to commonly develop this particular syndrome. It is likely that most cases are triggered by allergens, although most of the time we are unable to determine which allergens are involved, and many cats will suffer asthma all year round.

Asthma is relatively poorly understood in cats, and diagnosis and treatment can present a real challenge. It is thought to affect approximately 1% of the cat population, and can be suffered by any breed (although Siamese cats are more prone to asthma than other breeds), either gender and at any age. It is certainly the most common cause of coughing in cats, but the symptoms may be coughing, wheezing, or laboured breathing. Occasionally a cat will be brought to the vet for general listlessness, with the owner not actually being aware there is even a problem with the breathing. Some owners think their cat is vomiting rather than coughing, as it can be quite a forceful action, and think they have a gastro! Some cats will show mild signs only very intermittently, whereas other cats can have periodic bouts of asthma, and the most severe sufferers will show signs at all times they are not being medicated adequately. It is important to have your cat checked sooner rather than later if there is any signs of respiratory disease, as it can progress quickly to an emergency situation.

Essentially asthma is defined as a reversible constriction of the bronchi, and is associated with excess mucus and inflammation in the airways. Because of these changes the cat cannot get enough air into the lungs, and this leads to rapid shallow breathing, often with increased effort and wheeze when breathing out. Diagnosis of asthma is not necessarily straight forward, and relies on a combination of history, physical findings, and (usually) radiographs of the chest and special bronchial wash tests. The lung function tests (spirometry) that are commonly performed in people to aid diagnosis are not readily available for cats. Ultimately, seeing response to treatment is helpful in confirming the diagnosis.



Chest radiographs (X-rays) will usually show a typical abnormal pattern in the lungfields, indicating thickening of the lining of the airways and excessive intake of air into the

lungs. Sometimes the changes can be subtle or non-existent, so if the radiographs come back as being normal, this doesn't necessarily rule out asthma. However, radiographs do help to rule out other potential causes of coughing or breathing difficulties such as fluid in the chest due to heart disease or pneumonia, so it is important to do these. Once puss is stabilised and healthy enough for an anaesthetic, it is often recommended to do a bronchial wash to send fluid from the lungs off to the laboratory for analysis. This can tell us what cells are present and in what numbers, and if there are lots of eosinophils (the type of white blood cells which respond in allergies or parasites) this makes asthma far more likely. As treatment for asthma is likely to be ongoing for much of the cat's life, it is ideal to try to get a definitive diagnosis where possible. Heartworm is an uncommon infection in cats (spread by mosquitoes, with dogs being the primary host of these parasites) and can be implicated in asthma type conditions in cats. There is a blood test available to help diagnose heartworm, and lungworm is an uncommon worm that can also occasionally be a complicating factor.

Treatment of asthma involves reducing both the constriction and the inflammation of the airways. If your cat is in acute respiratory distress (ie is having trouble getting air in and sometimes the pink bits can even turn a bluish colour), then this is an emergency, and your cat will need to be given oxygen therapy as well as other medications. In cats, we use similar drugs to those used in humans - often Ventolin type medications to open out the airways, and cortisone to help the inflammation. Most cats will respond fairly quickly to these medications and then it a matter of working out what is needed in the long term in each individual situation. Some cats will need to remain on daily medications for the rest of their lives, whereas others (particularly if this is a seasonal problem) just need intermittent medications.

Injections are given by the vet to get things started, unless the problem is quite mild, in which case oral medications will usually be dispensed. We will often try to use an inhaler in the long term, so that we are only treating the airways and not the rest of the body as well, and this is similar to that used for babies and children with asthma. Cats obviously won't be able to use a Ventolin puffer like a human, so we attach a special spacer and a mask to the puffer, to administer the correct dose. It's important to do this as a gradual process, and make it into a positive experience for puss, so as not to frighten or panic him. Many owners find that once their cat is used to the whole process, it becomes a special bonding time for them to spend together! Another thing to bear in mind is that many cats are quite sensitive to inhaled foreign material, including cigarette smoke and various sprays, so if you do have a cat with asthma, make sure you don't expose them to these irritants.