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What's Bugging Annie and How it Can Help Your Cat.

Sat, 2016-12-17 15:38 — Robin Olson

Over the past few years I've come to understand that it isn't always possible to get a firm diagnosis of what's ailing a cat. It's extremely frustrating and often ends up being very expensive, as well as potentially stressful on both the cat and the cat-mama/dad. The goal is to find balance between what could be garnered by such a test, the cost, and the stress. Personally, I want to go to the ends of the Earth for every cat, until it's clear that the value of a test result does not change treatment. In my cat Gracie's situation, we were told she either had cysts or cancer in her liver. The treatment would be the same, but sadly her time with us would be much shorter if it was cancer (which it was). She was too frail to risk a biopsy so we began palliative care, monitored by our vet, until she passed away.



©2016 Robin AF Olson. Annie and Mr. Peabody take a lap break on yours truly.

What it means for Annie, is that right now we don't know for certain what is causing her to be "unthrifty" (she's thin, bony-thin even though she eats well and is hungry) and have non-regenerative anemia (she's making new red blood cells but the tax on her from whatever is infecting her is so high that she can't make enough red blood cells fast enough). Her white blood cell count is high (*which means infection*) and she has other wildly high or low values on her blood work, but the anemia and white cells are the most concerning.

The ultrasound has been done, but we don't have enough funds to keep going with tests and Annie is nowhere near getting a diagnosis. Treatments have been started but they're only an educated guess on whether or not they're what she ultimately needs.



©2016 Robin AF Olson. Annie waiting for her ultrasound.

This is the assessment from the Ultrasound:

“Renal asymmetry with left kidney smaller with abnormal architecture compared to right- r/o congenital dysplasia vs other- both kidneys appear to be growing steadily with her increasing age, which is appropriate. Mesenteric lymphadenopathy -r/o reactive (infectious, inflammatory) vs age-related vs less likely FIP, neoplasia, other.”



Newtown Veterinary Specialists

Emergency, Critical & Specialty Care

52 Church Hill Road, Newtown, CT 06470

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Client: Kitten Associates, Inc	Patient: Annie Jones	Sex: Spayed Female
Phone: [REDACTED]	DOB: 4/1/2016	Species: Feline
Client ID: 11882	Age: 8 Mos. 2 Wks. 0 Days	Breed: Mediumhair, Domestic
	Patient ID: 51760	

Internal Medicine Consultation - 12/15/2016

Chief Complaint: Anemia, lethargy, poor weight gain

History: Since Annie has been with Kitten Associates, she has been unthrifty. She had a fever of unknown origin and vomiting in October and ultimately was diagnosed with an intussusception for which Dr. Weisman performed surgery on 10/19. She recovered very well from surgery. She was mildly anemic (mildly regenerative) prior to surgery and had intra-abdominal lymphadenopathy. Both were attributed to a combination of age and the intussusception at the time. She had fleas diagnosed at that time and was treated with Capstar and Revolution. She also received Dronal prior to surgery. She has had multiple fecals which have all been negative and has been FeLV/FIV tested three times (the last being yesterday), which were all negative. Since surgery, she has continued to not gain weight in the steady fashion that Robin thinks that she should (she's only 6lb and relatively thin) and she is not as playful as the other kittens including her littermate. They identified flea dirt on her littermate as recently as two weeks ago, but none on Annie. She went to Maple Ridge on Tuesday and had a blood work performed IH. The chemistry was unremarkable, but the CBC showed non-regenerative anemia. She returned yesterday to recheck the CBC and it still showed a non-regenerative anemia. She had a UA submitted to the lab, which showed poor concentrating ability, mild hematuria (cystocentesis related vs cystitis) and otherwise unremarkable sediment. She was started on Clavamox yesterday and since starting, Robin thinks that she may be feeling a bit brighter now.

PPHx: Intussusception - surgical correction on 10/19/16

Recent Diagnostics: Urinalysis 12/15/16: USG 1.018, Blood 3+, RBCs 30-50/hpf, rest WNL
 CBC 12/14/16 - RBCs 5.93 (L), Hct 23.4% (L), Hgb 9.1 (L), MCHC 38.9 (H), RDW 28.5% (H), WBCs 21.6K (H), Neutrophils 14.75K (H), Bands suspected, Monocytes 0.71K (H), rest WNL
 Fecal 12/14/16 - Negative
 Chemistry 12/13/16 - Glu 73 (L)
 CBC 12/13/16 - RBCs 5.88 (L), Hct 22.8% (L), Hgb 9.0 (L), WBCs 19.48K (H), Neutrophils 10.81K (H), Lymphocytes 0.89K (H), plt count 114K (L), rest WNL

We knew Annie's kidneys were wonky but so far they're working all right. **The scary part of the assessment is some of the things that might be making Annie sick. Neoplasia is cancer. FIP is something no one ever wants to hear or read.** It's a fatal disease and in Annie's case it would be the dry form, which we lost our dear [Fred](#) [1] to four years ago. The disease that is so horrible I swore I would stop doing rescue if I ever had to face it again.

But what is more likely and treatable is if Annie has Bartonella (the bane of my rescue-existence because I see this all the time but it manifested very differently in the cases we've

had before) or another infection.



©2016 Robin AF Olson. You're going to shave my belly...AGAIN?

This is what our Board Certified Internist wrote on Annie's discharge papers.

"Suspect infectious disease-Bartonella, Toxoplasma, tick-bourne illness, other... I suspect that Annie has an underlying infectious disease and that likely given her flea history and outdoor exposure that it is Bartonella, but toxoplasma and tick-bourne illness are possible as well. As we discussed, Bartonella testing is frustrating (note from Robin: Annie WAS tested in Sept and was +1, meaning no need for treatment at that time) and can be quite expensive. Therefore, we are going to empirically treat her for it. We are going to test her for toxo and tick-bourne (Robin note: later she was negative for tick-bourne illness like Anaplasma and Erhlichia)."



11882 Kitten Associates, Inc PO Box 354 Newtown CT 06470
Cellular Robin

51760 Annie Jones Feline Mediumhair, Domestic 8 Mos. 2 Wks. 0 Days Spayed Female Calico

Internal Medicine Discharge Instructions
Thursday, December 15, 2016

Diagnosis: Suspect infectious disease - Bartonella, Toxoplasma, tick-borne illness, other

As we discussed, Annie has prominent peripheral lymph nodes (behind her knees) and intra-abdominal lymph nodes (age-related versus infection vs inflammation), chronic anemia (now non-regenerative) and poor growth and energy.

I suspect that Annie has an underlying infectious disease and that likely given her flea history and outdoor exposure that it is Bartonella, but toxoplasma and tick-borne illness are possible as well. As we discussed, Bartonella testing is frustrating and can be quite expensive. Therefore, we are going to empirically treat her for it. We are going to test her for toxoplasma and tick-borne illness.

As well, you are going to administer vitamin B12 and increase her oral intake of foods high in iron.

Diet: Continue to offer her normal diet.

Exercise: Please keep Annie indoors only. She can continue to have normal activity.

Medications:

Clavamox: Continue with this medication until it runs out.

Zeniquin 25mg tablets: Give 1/2 tablet orally once a day for at least a month. For Bartonella, treatment for 4-6 weeks is typically recommended, but sometimes extended treatment for up to three months is needed.

Vitamin B12: Give 0.25ml (250mcg) under the skin once a week for 6 weeks or until anemia improves

Laboratory Results:

Her 4DX test results are negative for Erhlichia and Anaplasma, which is good news.

Her toxoplasma titers will be back in 1-4 business days and you will receive a call with those results

Recheck:

For now, please schedule a recheck with Dr. Pezzullo in 2 weeks for a physical exam to assess her peripheral lymph nodes, weight check and CBC.

Here's where things get dicey.

Normally we treat Bartonella for 4 weeks with Azithromax. It usually clears the infection, but our Internist said to put Annie on

Zeniquin (Marbofloxacin) [2] in addition to the Clavamox Annie is already getting. That's two very strong antibiotics and in the case of Zeniquin it could be bad news.

Every time I have to treat a cat with a medication I'm not familiar with, I look it up on the internet. I read the manufacturer's information sheet about the medication, noting the side effects so I'm prepared should I see the cat exhibit any odd symptoms.

I was sitting in bed, barely awake, when I realized I hadn't looked up Zeniquin even though I'd already given Annie her first dose. I first read the sheet on my phone screen. What I read made my blood run cold.

CONTRAINDICATIONS: Marbofloxacin and other quinolones have been shown to cause arthropathy in immature animals of most species tested, the dog being particularly sensitive to this side effect. Marbofloxacin is contraindicated in immature dogs during the rapid growth phase (small and medium breeds up to 8 months of age, large breeds up to 12 months of age and giant breeds up to 18 months of age). **Marbofloxacin is contraindicated in cats under 12 months of age.** Marbofloxacin is contraindicated in dogs and cats known to be hypersensitive to quinolones.

Clearly this is not something you give a cat unless you really have to AND clearly you are not supposed to give this to a KITTEN. Annie is 8 ½ months old.

I called the Internist and told her my concerns. I realize that with any medication there is a risk of side effects and if you need to kill a bacteria explosion you need to do something. I remember years ago I had to take antibiotics and one of the side effects was a black furry coating on the tongue! Thankfully I only got an upset stomach, but what could happen to Annie?

PRECAUTIONS: Quinolones should be used with caution in animals with known or suspected central nervous system (CNS) disorders. In such animals, quinolones have, in rare instances, been associated with CNS stimulation which may lead to convulsive seizures. **Quinolones have been shown to produce erosions of cartilage of weight-bearing joints and other signs of arthropathy in immature animals of various species. The use of fluoroquinolones in cats has been reported to adversely affect the retina. Such products should be used with caution in cats.** The safety of marbofloxacin in animals used for breeding purposes, pregnant, or lactating has not been demonstrated.

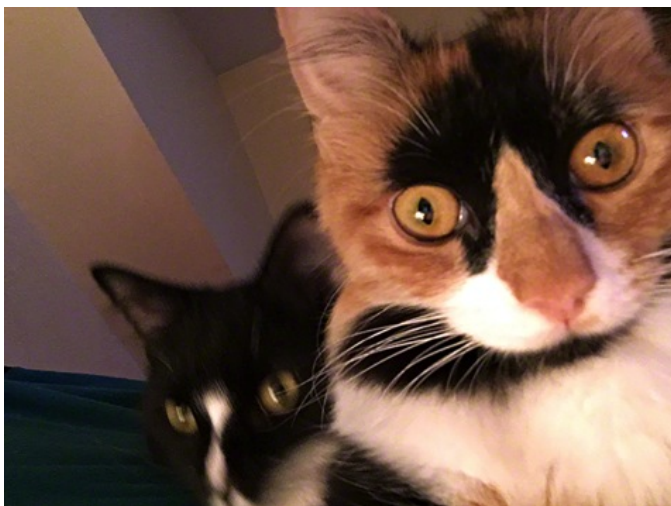
We had a good conversation and it was very respectful. She assured me that this is a more effective way to treat Bartonella, but that if I wanted to go to what we've used in the past that was OK, too. I should discuss with Dr. Larry as he was already up to speed on Annie's case and I agreed.

Last night I spoke with Dr. Larry and this is why I love him as my vet-he told me he'd never used Zeniquin on cats, period. **Not that it was bad, I'm not saying that and neither is he, but he was not aware of that as a treatment for Bartonella.** We talked further about the risks and he asked me to keep Annie on it until Monday, when he would call Zoetis and get information from them. If this WAS a better treatment we needed to know about it, but if it could put Annie in danger, we needed to know that, too. I am gathering facts before I flip out.

So I gave Annie a second dose, but with a heavy heart. I sat with the foster kittens for a few hours after the dosing. Annie seemed to be a bit perkier earlier in the day already. I'd given her an injection of Vitamin B12 and some iron-rich raw chicken liver.

I didn't know if the medication or the iron boosters were helping her, but then she jumped off my lap and laid down on the floor. She chose a strange spot to sit, not really hiding, but not in her regular hang-out place. She cried a tiny cry, then got up and used the litter pan, peeing quickly then jumped out of the pan, laying down in another odd place. She seemed flat again and in pain.

I decided to give her another meal and she and the others ate every bite. She seemed a bit better after that, but I'm definitely not feeling very comfortable about all these medications. Tonight, when her next pill is due, I'm not sure I'm going to give it to her.



©2016 Robin AF Olson. A moment of levity in an otherwise troubling day.

We don't even know what it is wrong with Annie for certain, which makes this choice even harder. Maybe she doesn't even need these antibiotics or maybe she really does and not giving it to her will make her get even more anemic..and that could be VERY VERY BAD.

Annie doesn't need a transfusion, yet, but if she continues to go downhill she will.

All that remains is our sad little fundraiser. We didn't make our goal and our accounts are in the dust. I'm praying for a holiday miracle that we can pull in another \$500-\$1000 (*ideal*) so that we can get Annie's blood work updated and cover the costs of changing her medications if needed.

If Annie has a bad reaction to the current medications, we won't be able to afford to take her to the Vet for care. That's how bad off we are right now and it's not a place I want to be in.

Please consider making a gift to help our little polydactyl calico.

Use these quick links:

To donate \$5: <https://www.paypal.me/kittenassociates/5> ^[3]

To donate \$10: <https://www.paypal.me/kittenassociates/10> ^[4]

To donate \$25: <https://www.paypal.me/kittenassociates/25> ^[5]

To donate whatever you wish: <https://www.paypal.me/kittenassociates/> ^{[6],[6]}

To mail a check, make it out to: *Kitten Associates*, P.O. Box 354, Newtown, CT 06470-0354

Your gift is tax deductible . [Kitten Associates](#) ^[7] is a 501c3 non-profit. Our EIN Tax ID is 27-3597692. **Thank you for helping Annie!**



©2016 Robin AF Olson. Annie hasn't sat up and looked comfortable for a long time. When she did, I couldn't believe what I saw. **She's got a heart-shape on her chest!**

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