CKD & Nephroliths Increasing in Cats

The incidence of nephroliths and chronic kidney disease (CKD) appear to be increasing in cats. This study evaluated the potential relationship between CKD and nephroliths. The most appropriate treatment for cats with nephroliths is unclear. Since most of the nephroliths are composed of calcium salts, no medical dissolution methods are available. Surgical removal is associated with high morbidity and mortality and thus may not be the best option in all cases, either. The study followed 14 cats with stage II (mild) or III (moderate) kidney disease, 7 of which had nephroliths and were in a separate long-term study evaluating nutritional management of CKD. Three of the case cats and 3 control cats ate a food modified for feline kidney disease, and the other cats ate a maintenance food. All of the cats were evaluated every 3 months for 24 months or until they reached a study end point (uremic crisis or death). There were no clinically important differences in parameters measured during the study period. Cats that had an increase in the size of the nephroliths were fed the maintenance food. No association was detected between nephrolithiasis and rate of disease progression, incidence of uremic crisis, or death.


Finding Footpad Felons

Feline plasma cell pododermatitis is an uncommon disease of cats characterized by swelling in multiple footpads. Lameness and ulceration are common secondary complications. The cause of the disorder is unknown. Lesions often respond to glucocorticoids and other immunosuppressive drugs; however, an infectious cause is also possible. Several recent studies have reported a partial or complete response to doxycycline; this response could be due to the drug’s antiinflammatory effects or because the patient has a doxycycline-responsive infection. In this study, tissue specimens from 14 cats with plasma cell pododermatitis were stained with a polyclonal anti-*Mycoplasma bovis* antibody cross-reactive to several bacterial and fungal pathogens, including *Toxoplasma gondii*, *Chlamyphila felis*, *Ehrlichia canis*, *Mycoplasma* species, *Bartonella henselae*, feline herpesvirus, and *Anaplasma phagocytophilum*. The results of polymerase chain reaction (PCR) testing of all 14 footpad samples were negative for these pathogens. This study failed to demonstrate the presence of infectious agents via immunohistochemical and PCR testing in cats with plasma cell pododermatitis.

*COMMENTARY:* Biopsy is necessary for a definitive diagnosis of plasma cell pododermatitis. If possible, select a non–weight-bearing pad and avoid necrotic or ulcerated areas. Lesions may wax and wane; however, in my experience cats with waxing and waning lesions are least likely to be presented to the veterinarian. They tend to develop discoloration and “puffy footpads,” and by the time the owner is concerned enough to make an appointment, the lesions have resolved. Lesions that are extremely painful or widespread are best treated initially with aggressive glucocorticoid therapy (4 mg/kg PO once daily until resolution). Less painful lesions often respond to doxycycline (5–10 mg/kg PO Q 12 H). A response may take 30 to 60 days, and drugs should not be tapered until the lesions resolve. Some cats require lifelong therapy. Cyclosporine (5 mg/kg PO Q 24 H) is a recent addition to treatment protocols. Very large ulcerated or pedunculated lesions may need surgical excision.

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Antibiotics Versus Mycoplasma Iguanae

Two subadult, feral iguanas were captured in Florida. They were inappetent and had signs of constipation, pneumonia, and hindlimb weakness. One iguana died, and 1 was euthanized. At necropsy there were multifocal abscesses of the coccgeal and thoracic vertebrae. Numerous other lesions included colomitis, enteritis, megacolon, and mixed bacterial septicemia. Along with other organisms, numerous mycoplasmas were cultured. *Mycoplasma iguanae* proposed species nova was isolated from vertebral abscesses and evaluated for sensitivity to a variety of antibiotics. Clindamycin, doxycycline, oxytetracycline, and tylosin were bacteriostatic from 0.1 to 0.5 µg/ml, and enrofloxacin was bactericidal at 20 ng/ml. Although antibiotic efficacy in iguanas is poorly documented, this study suggests that several drugs might be effective in treating *M iguanae* infections. The most common illness seen in captive iguanas is bone disease, but nutritional deficiencies are usually the cause of the bone disease. It is possible that an infectious etiology may mimic or exacerbate these conditions.


CONTINUES