

## Unthrifty Adult Cat Flowchart

An unthrifty cat is defined as a cat over 7 years old with a BCS  $\leq$  3/9 and/or notable muscle wasting, the cats included in this protocol will be Felv negative, if Felv positive refer to the Felv Protocol.

- These cats will most likely have PU/PD, weight loss, vomiting or diarrhea, pallor, and/ or gallop rhythm.
- For all of these cats, at intake perform a PCV/TP/BG/AZO and collect urine if possible (otherwise have staff collect urine sample within 24 hours) then use the flowchart below.
- For all of these cats at intake prescribe Mirtazapine, Praziquantel, Panacur, give SQ fluids & recheck weight & appetite in 3 days

PCV	TP	Top Differentials	Next Steps, Diagnostics & Treatment Considerations				
Low <25%	Low <6	Chronic or Acute blood Loss	Examine for blood loss	If found, treat accordingly			
				If none found: Request urine sample, Rx. Panacur & Praziquantel,			
	Normal	Parasitic infection, Hemolytic Anemia, Chronic Disease (Kidney vs Other)	Normal Azostick	Slide agglutination test (SAG)	If -: Rx. Doxy, Marquis/Metro (if diarrhea present), recheck PCV in 48 hours. If decreasing, start Pred.		
					If +: Rx. Prednisolone to treat IMHA.		
				If PCV <15 and/or no SAG test can be done: Rx Doxy, marquis/metro (if diarrhea present) and prednisolone. Recheck PCV in 48 hours.			
				High Azostick	Low Urine SpGr (hyposthenuric)	Treat for chronic renal failure (Follow Renal Protocol) Consider QOL if pcv <15 or patient declining.	
	Normal Urine SpGr	Rx. SQ fluids BID, Doxy, Marquis/Metro (if diarrhea) Recheck PCV/Azo in 48 hours; if PCV decreasing Rx. Pred.					
	High BG	Recheck in 24 hours	If high, perform BG curve and treat accordingly for diabetes.				
Normal 25-45%	Low <6	PLE, PLN, Liver disease, Acute blood loss, 3 <sup>rd</sup> spacing	Serum Icteric?	Yes: Bup SR, amoxicillin, metronidazole, denamarin, +/- Vitamin K sq			
				No: Request urine sample, start diarrhea monitor log			
	Normal	Diabetes mellitus, Parasitism Access to nutrition Hyperthyroidism	BG & Urine dipstick	If BG high & Glucose on dipstick, follow diabetic protocol			
				If normal, check t4. If also normal: Rx. SQ Fluids, mirtazapine (if not eating), Panacur, Prazi. Recheck weight/appetite in 3d			
	High >8.5	Dehydration, FIP, Chronic dental or skin disease, Chronic Renal Failure (dehydration + anemia)	Normal Azostick	Give SQ fluids BID x 48 hours -OR- if severe dehydration start IVF x 24-48 hours.			
				If patient has chronic skin/dental disease treat symptoms, consider antibiotics, +/- steroids.			
If diagnosed with FIP (fever, thick yellow abdominal fluid) or chronic cancer, consider pain meds & NSAID or steroids.							
		High Azostick	Obtain urine for SpGr	Low: Chronic renal failure, Follow renal protocol			
				Normal: SQ/IV fluid to correct dehydration.			
High >45%	Normal	Hyperthyroidism, HGE, renal tumor	Run T4 sample	Elevated: Start methimazole 2.5 mg po bid x 14 days and reassess in 14 days			
	High	Hemoconcentration	Aggressive fluids +/- hospitalization				

