

DIAGNOSING WET FIP

SYMPTOMS

Any or all of the following may be present:

Inappetence; high fever that does not respond to antibiotics; lethargy; protruding 3rd eyelids; effusion in the abdomen, around lungs or heart

AGE/HISTORY

An opportunity for FCoV infection is essential. The vast majority of FCoV infected cats come from catteries and shelters. **A POSITIVE FCOV TITER TEST IS NOT INDICATIVE OF FIP.** FIP can occur at any age, but over 50% of cats with FIP are < 2 years old. There is usually a history of stress, e.g. rehoming, vaccines, spay/neuter surgery, within weeks prior to presentation.

BLOOD WORK

CBC (TYPICAL MARKERS)

High WBC
High %NEU
Low %LYM
Low HCT
Non regenerative anemia

CHEMISTRY PANEL (TYPICAL MARKERS)

Low ALB
High GLOB
High TP
Low A:G (will be less than 0.8 in 93% of FIP cats)
High TBIL (varies by cat)

EFFUSION

IN-HOUSE ANALYSIS (Sufficient for a presumptive diagnosis)

Fluid is straw colored, viscous, protein >35g/liter

RIVALTA TEST (97% accuracy)

Positive test: effusion fluid forms a defined droplet at the surface, leaves a trail when sinking

Negative test: effusion fluid dissipates immediately in solution

PCR (Positive is a definitive diagnosis, negative cannot rule out FIP due to 30% chance of false negative)