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The ability to detect chronic kidney disease at an earlier stage will likely help lengthen and improve the quality of your cat’s life. Here’s why.

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In Search For a Cure?

In truth, quality of life issues are at the forefront of the treatments we can now provide for our pets.

In each monthly issue of Catnip, we try to provide a good “mix” of topics that will hopefully appeal to the wide variety of cat owners who subscribe, and tangibly benefit the beautiful menagerie of cats that grace our lives. It’s sometimes hard to pinpoint exactly what makes a good issue versus a great one.

And I have to say that in my many years of being involved with a variety of cat publications, this issue is the one that stands out, hands down. Having lived with cats for five decades, I experienced the loss of a number of them at the hands of kidney disease. I am sure that most of our readers can also relate to the death knell of this ultimately fatal, often perplexing — and worse yet, hard to treat — disease more than any other.

And so the breakthrough of the IDEXX SDMA test is something for all of us to celebrate. Not only as the owner of three wonderful cats, but as a person who hears this diagnosis from cat-loving friends and readers, too, on a regular basis. Now, we have the chance to diagnose chronic kidney disease so much earlier that we finally have a fighting chance to slow its progress, to manage it with dietary changes and medicine when necessary — and to provide a higher quality of life. That’s probably the most important component of all.

Our stoic cats don’t complain, and often serious diseases are far advanced before they are diagnosed. This issue of Catnip also includes the various treatments of feline cancer — an insidious disease with treatments that I believe many cat owners are not aware of.

The idea of chemotherapy and radiation for our cats may sound cutting edge (yet strangely medieval), especially when we know what people sometimes have endured in hope of a “cure.” But the truth is that the goal in cancer treatment for cats is a softer, gentler approach with the quality of life being the ultimate goal. The finances and time investment are less than you’d think, too.

I really believe that this issue contains information that will help a good number of cats and their people in the coming year and onward. I look at my own cats resting around the house today — and they all look great, happy and healthy. Yet it has gotten me thinking about the need to include the SDMA test starting at the age of six or so (not all veterinarians include it in the regular chemistry panel, depending on what lab they use, but it can be ordered for a small extra fee — so be sure to ask), and what my options are if one of them is ever diagnosed with cancer.

I honestly feel that this issue has changed my life as a cat owner. I hope it does the very same for you, as well. Happy August!

Elizabeth Vecsi
Executive Editor
Chronic kidney disease (CKD) is a very common cause of illness in cats, especially older animals. Previous studies estimated that one in three cats are likely to develop kidney disease during their lifetime. A recent study in cats has shown the prevalence of CKD to be even higher than formerly believed, however — with 50 percent of cats of all ages, and up to 81 percent of cats aged 15 years and older, being afflicted.

The reason for the revision in these numbers is the development of a new test that can detect kidney impairment much earlier than before. The SDMA test is a breakthrough that the veterinary community has been hoping and waiting for with great expectation.

Diagnosing CKD in cats has been relatively straightforward — once the disease is in its later stages. Typically, aging cats begin showing clinical signs of CKD such as increased thirst, increased urination, decreased appetite, weight loss and increased nausea or vomiting.

The significance of azotemia

Upon examination, a veterinarian will likely perform a few standard blood and urine tests, the most informative being a serum biochemistry profile and a urinalysis. The biochemistry profile may show “azotemia,” which is an increased level of waste products (primarily creatinine, a breakdown product of muscle) in the bloodstream.

The urinalysis usually reveals a loss of urine concentrating ability. In other words, the urine is more watery than normal. This combination of azotemia and poorly concentrated urine confirms that the cat has CKD.

Cats are very good at producing concentrated urine. As they lose the ability to manufacture concentrated urine, cats will begin to drink more and urinate more. However, cats seem to be able to maintain their urine concentrating ability pretty far into the disease process. By the time they start to show signs of weakening kidneys (excessive thirst and urination, and subsequent watery urine), about 66 percent of kidney function is compromised.

The progression of CKD

In many cases, this occurs gradually, and cat owners often fail to notice these initial signs. If the serum biochemistry panel reveals azotemia, this means that not only does the cat have CKD — but now at least 75 percent of the kidney’s filtering ability is compromised. This bears repeating: By the time we can detect an impairment of the kidney’s filtering ability on our routine blood tests, there is already a 75 percent reduction in kidney function.

Unless the underlying cause of the initial kidney injury can be

Currently, the SDMA test is included in every chemistry panel run by the IDEXX company, but vets can run the test separately for a small fee.

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discovered and treated, CKD invariably progresses. In most cases, an underlying cause for the initial renal insult cannot be found.

Sadly, CKD is incurable. Once the diagnosis is made, the focus is to delay the progression of renal failure, improve the cat’s quality of life and extend a cat’s survival time through a variety of diet and drug interventions. It was always believed by veterinarians that it would be ideal if we could recognize cats with early kidney disease before they developed azotemia. Now, that day has come.

The gold standard for measuring kidney function has always been to measure the “glomerular filtration rate” (GFR). This is an indicator of how effectively the kidneys are filtering the toxins from the blood. However, it is cumbersome and impractical to measure GFR routinely in a veterinary practice. Instead, veterinarians have historically used the level of creatinine in the bloodstream to approximate the GFR. Unfortunately, as mentioned above, creatinine does not increase until 75 percent of the filtration ability is lost.

Understanding SDMA
Symmetric dimethylarginine (SDMA) is a methylated form of the amino acid arginine, a breakdown product of protein that is excreted by the kidneys. The SDMA levels in the bloodstream correlate closely with GFR. Therefore, as the kidneys start to lose the ability to filter, the SDMA level will rise.

Therefore, the key advantage of the test is that the SDMA levels rise earlier than creatinine. In fact, a study of 21 cats revealed that SDMA increases, on average, when there is a 40 percent reduction in filtration ability. In some cases, SDMA rose with as little as a 25 percent reduction in filtration. This translates into being able to detect a decline in kidney function approximately 17 months earlier than a rise in creatinine — allowing for a significantly earlier diagnosis of CKD.

Currently, the test is included as part of every chemistry panel run by the IDEXX company. Veterinarians who do not use IDEXX as their primary diagnostic laboratory can run the test separately from Idexx for a small fee. (Owners should typically anticipate an extra cost of $35 to $40.) And because the test can detect renal disease months or even years before it becomes apparent on the standard blood tests, experts feel it’s a good idea to start testing cats around the age of six.

What are the implications of being able to diagnose CKD so much earlier than before? As with all medical conditions, early detection is key to increasing the chances of successful treatment. As noted above, if an underlying cause for the kidney disease can be discovered, it may be possible to slow or halt the progression of the disorder. Cats with an elevated SDMA should have a urine culture performed promptly if there is any suspicion at all that a urinary tract infection may be present. Bacteria in the bladder may ascend up the ureters, resulting in pyelonephritis, an infection of the kidneys.

Discovering this early — and addressing the infection — may reverse some of the damage to the kidneys and help prevent progression of the CKD. Ultrasound and/or X-rays should be considered, as these tests might reveal the presence of stones in the ureters or the kidneys. Again, early detection may allow for surgical or medical intervention, thus improving the prognosis.

Cats with elevated CKD levels should have their blood pressure evaluated, because up to 20 percent of cats with CKD have high blood pressure. If untreated, high blood pressure can lead to accelerated progression of CKD. Urine protein levels should also be monitored in cats with elevated SDMA levels. Cats with significant proteinuria (protein in the urine) tend to fare worse than cats with low or undetectable levels of protein in the urine. Early recognition and treatment can improve the prognosis for cats with CKD.

Management strategies
In addition to identifying and treating any underlying causes of CKD, there are other management strategies for cats with CKD that have proven beneficial in slowing the progression of the disorder and improving quality of life. Dietary therapy is the cornerstone of long-term management of feline CKD. The benefits of feeding a prescription diet — one that is restricted in protein, phosphorus and sodium — have been well documented.

There is still debate on exactly when to start feeding these diets, but most researchers believe that earlier may be better because transitioning to a new food will likely be more successful when the cat’s appetite is still good.

Prompt dietary adjustments
Because the SDMA test allows for an earlier diagnosis of CKD, dietary alterations can therefore be made promptly. A low potassium level (hypokalemia) is a common finding in cats with CKD, and hypokalemia contributes to the progression of CKD. Kidney function improves when low potassium levels are restored using oral supplementation. Potassium levels should be regularly monitored in cats with CKD, and adjustments made when appropriate.

CKD is an extremely common condition in cats, and the prevalence increases with age. Incorporating the SDMA test — along with a standard serum biochemistry panel — may facilitate the early diagnosis of CKD in cats. Once identified, the swift investigation for an underlying cause may lead to more effective treatment options, slowing the progression of CKD and extending the life of affected cats. — Arnold Plotnick, DVM, DACVIM 🐾
What Appetite Changes Can Mean

A shift in eating habits can be harder to spot in a multicat household, but eating too much or too little are red flags that require your attention.

You’d think it would be relatively easy to spot when a cat’s appetite is flagging — or revving up. “If you have one cat, it’s fairly obvious when your cat is not eating the same amount of food,” explains Linda A. Ross, DVM, associate professor in the Department of Clinical Sciences at Tufts University’s Cummings School of Veterinary Medicine. “But the majority of cat owners have more than one cat. When you live with two or three or four cats, it’s more difficult to know if one particular cat is or is not eating.”

Many cat owners feed cat food once or twice a day, and leave dry food for nibbling all day long. It can be hard to tell who’s eating and how much. Therefore, it’s important to keep an eye out for signs that your cat’s appetite has changed. We’re not talking about a cat that habitually eats too much. “In a healthy cat, if food is available all the time, they can overeat and become overweight,” stresses Dr. Ross. You can address overeating by changing your feeding pattern, but that’s not an appetite problem.

A change in appetite, on the other hand, may signal a health problem in your feline friend. Here’s how to spot a problem, when to consult your veterinarian — and common causes and treatments.

When you notice poor appetite

“Poor appetite just means your cat is not feeling well,” says Dr. Ross. “One could write a book about the number of diseases that cause a cat to not feel well and stop eating.” If you suspect that your cat’s appetite has flagged, and you have several cats, you may want to separate them into different rooms, in order to see how much each one is eating.

A more telling sign: weight loss. “You can evaluate that by feeling your cat,” explains Dr. Ross. “Does your cat feel thinner?” If you have a bathroom scale, you can also pick up your cat, weigh both of you, and then put your cat down, and note the difference. If your cat feels thinner or weighs less, it’s time to call the veterinarian.

“The first thing I do when I see a cat with decreased appetite is a physical exam and check to see if the cat is running a fever,” says Dr. Ross. “That’s a common cause. Another common cause, especially in cats that go outdoors or are part of multi-cat families, is a bite wound or abscess from another cat.”

Dental problems and disease

Dental problems can affect appetite, too. “Dental disease is common in cats,” says Dr. Ross. “Sometimes it makes it difficult to chew. You may see a cat, instead of chewing the normal way, turning his head to the side, or you may see food falling out of his mouth.” Fixing the dental problem usually fixes the appetite problem. More serious conditions — liver or kidney disease, cancer such as lymphoma, and certain infectious diseases such as feline immunodeficiency virus (FIV) — can also cause low appetite and weight loss. “The most important thing is to correct the underlying disease.”

If the cause is a fever or bite — once the acute situation is resolved, your cat’s appetite should return quickly. But when chronic conditions such as liver or kidney disease cause a persistent appetite problem,

continued on next page
“nutrition is important,” says Dr. Ross. Work with your vet to get your cat on the right diet. “For kidney disease, the goal may be to feed a low protein diet,” she says. “But in general, we would rather the cat eat something rather than nothing, even if it’s the ‘wrong’ thing.” You can also try new ways to entice your cat to eat, and in some cases, your veterinarian may prescribe appetite stimulants or feeding tubes (see related sidebar on this page).

If your cat’s appetite or weight is flagging, the most important thing is to get him or her to the vet. “It’s fine to use treats, but if your cat’s appetite doesn’t return to normal, make an appointment with your veterinarian,” urges Dr. Ross.

**A cat’s excessive appetite**

“If your cat just loves food and eats too much, he’ll gain weight,” says Dr. Ross. That’s not an immediate medical concern — although obesity can certainly lead to medical problems down the line. “But we get concerned when an animal is eating a lot and not gaining weight, or is actually losing weight.”

The most common causes, often seen in older cats, are hyperthyroidism (high thyroid hormones) or diabetes. Another possibility is an intestinal condition, in which food goes into the digestive track but nutrients are not absorbed properly.

Appetite changes caused by one of these conditions can be dramatic. “It’s pretty obvious,” says Dr. Ross. “Your cat is eating all the food, begging for food, stealing food — all of a sudden your cat jumps up and eats off your plate. I had one owner who came home to find that her cat had gotten into the kitchen cabinet and was eating a box of pancake mix.”

Once you treat the underlying condition, the appetite gets back on track. According to Dr. Ross, “That’s one of things we look for to know that our treatment is working: Appetite returns to normal.” — Catnip staff 🐱

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**Some Help in Feeding Your Cat**

- Try different types of food to see if your cat likes a different brand or flavor.
- Warm the food slightly.
- Add a little bit of something with a strong odor — a little tuna juice or tuna fish, for example.
- Consider hand feeding — once in a while. “Some cats will allow it,” says Dr. Ross. “You don’t want to do it too much, though. Your cat can actually get an aversion to food — associate it with being forced to eat. Also, you don’t want to get bitten, even if inadvertently.”
- If your cat has a chronic condition that persistently dampens appetite, your veterinarian may recommend that you take steps to improve your cat’s nutrition.
- “There are a few drugs that are used as appetite stimulants in cats,” says Dr. Ross. “They can sometimes be helpful. In my experience, they’re not that helpful, though. I don’t mind using them, but in most cases they don’t work very well in the long term. But they are good for a short boost to get the cat eating.”
- Sometimes cats don’t eat because they are nauseous, due to their medical condition. “Nausea can be treated,” says Dr. Ross. “There are drugs that are effective in treating nausea as well as increases in gastric acidity.”
- “We often recommend that owners use a feeding tube. It’s an owner’s individual decision.” The most common feeding tube is an “esophagostomy” or “E tube.” It’s inserted by the vet under a short bout of general anesthesia. “The E tube enters the esophagus and exits at the side of the neck. Animals can be fed food, water and medications through the tube.” After the initial insertion of the tube, owners can feed the cat at home. “If the animal can handle the short anesthesia, the tube can make life easier for everyone. When you’re ready to feed your cat, you remove the cap, and use a syringe to send food and water down the esophagus, and then you close it up and bandage it again. Not every owner is willing to do that type of feeding, but I know some cats who’ve had it in place for over a year. Sometimes, the cat can go back to oral feeding.”
Cancer. The word alone evokes high emotions when we hear its diagnosis, whether the disease involves a family member, friend or beloved pet. Our thoughts tend to run from astonishment to guilt and fear as we grapple to come to terms with it, and what to do next. Like humans, our pets are also living longer these days — and that fact alone contributes to the increasing likelihood of some of our cats one day developing cancer.

According to the Veterinary Cancer Society, approximately six million dogs and nearly that many cats will be diagnosed with cancer each year; 47 percent of dogs die from cancer — especially dogs over the age 10 — and 32 percent of cats will succumb.

While cancer isn’t as prevalent in cats as it is in dogs, cancer in cats does tend to be more aggressive. This may be due in part to the cat’s protective skill in concealing pain and illness, which can make diagnosing the disease more difficult until it’s at a more advanced stage and harder to manage and treat.

Cats are treated less than dogs
According to Kristine E. Burgess, DVM, DACVIM, assistant professor of oncology at the Cummings School of Veterinary Medicine, “I think that the difference between cancer in cats and cancer in dogs is that fewer people seek treatment for their cats than for their dogs.

“This sadly reflects the historical view that many people simply don’t value cats as much as dogs.

Also, veterinary advancements in feline treatments have been slower.”

Dr. Burgess also believes that there are some unfortunate misconceptions regarding cats and cancer treatment. “People need to know that treatment is available for cats. The biggest misconceptions I hear are: ‘treatment is really expensive,’ ‘it's really impactful on their quality of life’ and ‘it's just a cat and people can get a new cat.’ People need to know that treatment isn’t necessarily out of their reach financially — and we are able to maintain a good quality of life for the pet and that cats are valuable and worthy of care.”

While there are several treatment options available, it’s important to know that not all types of cancer respond well to treatment, and some treatments are only available at specialty hospitals. The decisions to treat or not to treat, how to treat and the accompanying side effects must be carefully weighed while putting the cat’s quality of life first. Knowledge is power, so it is critically important to discuss your options in depth with your veterinarian — including a possible referral to a specialist — before making your decision.

Staging tests for the pet
Before any treatment begins, the pet will undergo a series of “staging” tests to determine where the...
A Case Study: Brodie’s Story

Cat behavior consultant Sally Williams and her husband, Scott, share their home with four male cats of varying ages: Jonesey, Marlin, Finnegan and Brodie. In 2015, Brodie began having sneezing spells, which could have been anything — but then the sneezing became persistent and tinged with blood. Cancer became an immediate concern. In June 2015, 12-year-old Brodie was diagnosed with adenocarcinoma, nasal cancer, and treatment started in July.

Catnip: What was your initial feeling when Brodie was diagnosed with adenocarcinoma?

Sally Williams: My first thought was, “I’m not ready to say goodbye” — but that very quickly became “How do we beat this?” and “What would Brodie want us to do?”

CN: How did you make your decision to treat Brodie with radiation therapy?

SW: We were really lucky to have such an amazing doctor, Dr. Dustin Lewis, at Red Bank Veterinary Hospital, in New Jersey, who talked us through all of our options while he got to know Brodie. Having him get to know Brodie helped us to make the decision based on what would be best for Brodie, including his overall personality and temperament. Brodie is a “bullet proof” cat, our friendliest and also the scrappiest; he’s top cat and keeps everyone in line. Before we even talked about the financial details, we had to make sure the treatment protocol was best for Brodie.

CN: What was the duration of treatment?

SW: We chose to do the full course of radiation, which was four weeks. The course was going to give Brodie the most time post treatment, and that was what we felt was best for Brodie. He had a tumor growing for a while and we wanted to give him as much time as possible to enjoy life.

CN: How did you feel during and after the treatment?

SW: In the beginning, I felt great and so did Brodie. We had a rough patch halfway through the treatment, and after, when he stopped eating. As the tumor was dying, he became so congested he couldn’t smell so he wouldn’t eat. At this point we opted for a feeding tube because the radiation was working. This part was harder than the radiation for both of us. It wasn’t easy — it required keeping a schedule, measuring and using a blender, getting the right consistency and feeding by syringe four times a day. We did this for four long months, with complications along the way, until one day I came home to find he had pulled out the feeding tube. A week and half later he started eating. He reminded us that he was in charge and not ready to say good-bye.

CN: What is Brodie’s prognosis, what kind of care is he receiving now and how is he feeling?

SW: Basically the radiation shrinks this kind of cancer, but it can grow back. Thankfully it is relatively slow growing and he has the gift of time. Overall, he is feeling great, he’s as playful as ever, loves everyone and would prefer to be on a lap as much as possible! He gets regular checkups and has some symptoms coming back, but we are able to treat them. He has a team working with him and currently uses a combination of traditional medicine, Chinese, herbs and acupuncture. This has been an incredible journey and we are not near the end.

CN: If you knew beforehand what you know now, would you still opt for the radiation therapy?

SW: Right now I would say yes, but a few months back, I might have hesitated. As I said, the feeding tube part really threw us for a loop. That was the most difficult part because it was unexpected. If radiation had been the only thing he had to deal with, then my answer would have always been a resounding yes.

CN: Do you have any words of wisdom for people whose pet may have cancer?

Sally Williams and Brodie
Cancer: continued from page 7

disease is within the body and if it has spread to other locations. “The staging tests provide us with a baseline of your pet’s general health, if there are other co-morbid conditions — such as kidney or heart problems — and provide us with information on the extent of the cancer,” explains Dr. Burgess. This information is crucial in guiding our treatment recommendations and better understanding a pet’s prognosis.

Treatment options

There are three primary therapy options for cancer: surgery, radiation therapy and chemotherapy. Some of the treatments may be available at general practice veterinary clinics, whereas others are only available at specialty hospitals. The appropriate treatment depends on many factors — including the type of cancer, its location and whether the cancer has spread to other parts of the body. It also depends on what’s appropriate for the individual cat and what’s available or accessible to the pet owner. All of these concerns should be discussed in depth with your veterinarian.

Most common: surgery

Surgery is the most common form of therapy. The old expression that “a chance to cut is a chance to cure,” is often true, says Dr. Burgess. But that does depend on the cancer and the individual cat. “If you have a cancer localized to one area — and it is not known to have a high propensity to spread to other areas, or metastasize — then good local control through surgery can provide long term tumor control. However, a lot of cats, for some reason, tend to get cancers that have a higher chance of returning at the site where surgery has been completed, or that tend to spread to other locations.”

How radiation therapy works

Radiation therapy uses external beam radiation, similar to X-rays, from a machine known as a linear accelerator. “This is the type of radiation therapy offered at Tufts small animal hospital. The machine focuses high energy beams to the tumor site and the procedure lasts a few minutes. We often use it in conjunction with surgery to address any cancer cells that may be left behind after surgery.

“It is usually very effective for cancers we know to be responsive to radiation therapy. In cats, the common use would be for lymphoma in the nose, or nasal lymphoma, for some oral cancers and brain tumors. Often, radiation is used on vaccine-associated sarcomas,” says Dr. Burgess. (Note: Your cat will not become radioactive!)

The tumor type determines what protocol will be used. All treatment recommendations are based on the likelihood of the tumor responding to radiation therapy. “If the oncologist determines that a pet has a good chance to live for a long period of time after the treatment, the pet could receive radiation treatment every day for up to three to four weeks with the hope that the pet would live for another one, two or even three years or longer. With these protocols, the pet may experience some minor side effects that look like sunburn at the location, but we expect the pet’s life expectancy would be worth putting the pet through the treatment,” says Dr. Burgess.

Dr. Burgess explains that other side effects may include a loss of fur that doesn’t return, or the fur may grow back in a different color (for example, a black cat’s fur may grow in white). If the radiation is administered to the mouth, the cat could develop oral mucositis, inflammation of the oral cavity; if administered to the back of the throat, they may develop pharyngitis, inflammation of the pharynx. Basically, there is the chance of an acute inflammation at the location that usually resolves within two weeks with supportive care.

continued on next page

SW: That’s a tough question to answer as it’s so different for everyone. All cancers are different, pets’ personalities are different — and money, unfortunately, does come into the decision making process for some. I guess I would say no matter what you decide, enjoy the time you have remaining and shower your pet with love.

CN: How has this journey changed you?

SW: During his radiation, I needed a place to put my energy and to do something positive instead of focusing on my fears. I met so many amazing people with pets fighting cancer and we formed this special bond. Out of all of this came The Brodie Fund. Through this fund we try to help families in need pay for cancer treatments for their pets. We saw people at the hospital who were faced with choosing not to treat their pet because they couldn’t afford to, and that was heartbreaking. We are still in our infancy and only work with certain veterinary hospitals, but we are planning to grow as donations grow. We have begun the process and we will soon become our very own 501c3 charitable organization. The last dog we helped was 13 years old, like Brodie, and after surgery he is now cancer free. That’s what it’s all about for us.

To learn more and to donate, visit: www.thebrodiefund.org
A less intensive protocol

Palliative radiation therapy is a much less intensive protocol where the cat would receive fewer treatments, with the goal of shrinking the tumor or preventing further tumor growth for a period of time. The goal of these protocols is strictly preserving the pet’s quality of life for a variable amount of time. This option may be used if pain is associated with the mass, or if the tumor is impacting a pet’s ability to enjoy a good quality of life.

The prognosis for cats treated with the various protocols of radiation therapy varies and depends on various factors, such as the type of cancer, where it’s located and how responsive the cancer is to the radiation. There are too many variables to provide an owner with a one size fits all answer, says Dr. Burgess.

Radiation therapy is most often offered at specialty hospitals. The cost varies with the protocol used, ranging from approximately $2,000 to $5,000, and varies by location. The Veterinary Cancer Society website provides information regarding hospitals that offer radiation therapy in various regions of the U.S. They recommend you search by state so that you can decide how far you are willing and able to drive for treatment. (You can visit www.vetcancersociety.org/pet-owners/)

Chemotherapy in cats

Chemotherapy treats cancer using anti-cancer drugs. “As a medical oncologist, I use chemotherapy for cancers we believe to be responsive to drug therapy. The most common cancer we see in dogs and cats is lymphoma, which happens to be the most responsive to chemotherapy,” says Dr. Burgess.

The drugs used to treat cats with cancer are the same that are used to treat people, but the emphasis for cats is maintenance of quality of life. With humans, there is a focus on a cure — and as a result, people are put through a much more strenuous protocol.

“Our goal is to treat the cat so they never know they have cancer and aren’t impacted by the therapy at all. The drugs are usually administered intravenously, and depending on the protocol and on the cancer, the treatment could be once a week for a period of time, every other week, every three weeks; it varies quite bit,” says Dr. Burgess.

Supportive medications are generally sent home to counter light side effects of nausea, vomiting and diarrhea. If the side effects are more serious, the dose of the next chemotherapy treatment can be altered in an effort to avoid them in the future. “The goal is that side effects don’t happen, and that we are preserving the quality of life,” says Dr. Burgess.

With chemotherapy, cats don’t lose their fur, but they may lose their whiskers, which will grow back.

While a diagnosis of cancer is the last thing we want to receive, it’s important to know that good treatment options do exist.

The role of finances

Financial considerations often play a role in the decision-making process for pet owners. It is important to note that there are foundations that offer financial support for certain diseases and treatments for pets with cancer. Additionally, some veterinary specialty or teaching hospitals occasionally offer clinical trials that may provide financial assistance for participating in the trial.

While a diagnosis of cancer in a pet is the last thing we want to receive, it’s important to know that good treatment options do exist. Not all cancers respond to all treatments, and not all cats are optimal candidates, but veterinary medicine continually changes. Regardless of treatment option — or even the decision not to treat — your cat’s quality of life is the paramount concern. — Ramona Marek, MS, Ed
The truth is, you can herd cats. You can even get them to jump through hoops, weave around poles, climb ladders and scoot through tunnels. It’s called feline agility. “It’s the most fun I’ve had in ages,” says Jill Archibald, a retired physical education teacher who is now the Cat Fanciers’ Association (CFA) Feline Agility Coordinator. “When you learn feline agility, it really helps you to develop a good relationship with your cat.”

The event is simple and short — although that certainly doesn’t mean it’s easy. A kitten or cat enters into a fully enclosed 30-foot-square ring with the trainer. Inside are the 10 obstacles: four sets of hurdles (with 1, 2, 3 and 4 bars each, respectively), two tunnels, weave poles, a set of stairs and two hoops. The obstacles are three feet apart. The trainer leads the cat through the entire course (no touching your cat!). You have five minutes to complete. The faster your cat finishes the complete course, the more points (see sidebar on “Keeping Score” on page 13).

Feline agility has been around since the 1990s, but it’s only the last decade that it’s taken off and become an institutional event. In

Visiting a local agility competition can help you determine if the hobby may suit you and your cat, and give you the chance to meet likeminded cat lovers, too.

Getting Involved in Feline Agility

It’s an accessible hobby that can help strengthen the bond with your cat, provide exercise — and just bring some fun into both of your lives!

How to Get Started!

■ Visit the CFA website’s feline agility page at: agility.cfa.org/index.shtml

■ Try it at home, and get comfortable with your cat. There’s no need to create an actual course at first. “Sit in a chair with a lure on a long stick, and drag it to get the kitten or cat to follow it. Get comfortable with it. Now your cat has learned to chase the toy.”

■ Next, improvise a course. Buy an infant tunnel, or just get a box and open it at both ends. Or put a pillow on the floor. Lean a Hula-Hoop against a table or chair, so your cat can jump through. Fill two-liter bottles with water, and get your cat to weave through these. Now use your lure to get your kitten or cat to go through your course. “Once you get your cat to respond to you, you’re both learning agility skills,” says Archibald.

■ Keep practice sessions short and fun — no more than 10 or 15 minutes. “When the cat gets tired of playing, put the toy away,” says Archibald. “Close it away in the cupboard — they’ll know where it is if you leave it on a chair.”

■ Find a show in your area on the CFA website. Take your cat — or kitten. Try it out in the ring for yourself. It will give you the chance to connect with other enthusiasts, as well, and determine if this hobby may be right for you.
the beginning, there wasn’t even a standard course. “We started showcasing CFA feline agility in 2002,” says Archibald, “with a 10 obstacle course, with specific dimensions, in a specific order. In 2005, we started scoring it, and in 2010 we started to give awards to the best cats in the country.”

**How to make a lure**

What motivates a cat to be so agile? It’s not food, which isn’t allowed in the cage (too distracting for the next cat if crumbs drop). Instead, trainers put a small toy at the end of a stick, and dangle that in front of the cat to entice her to — literally — go through the motions.

“You move a toy that they’re following,” says Archibald. “That’s the lure. Cats are chasing what they think is their prey. If you are leading them with a toy, they will ignore other things.” Archibald attaches a toy with feathers, or something that looks like a mouse, or strips of sparkly Mylar, to a stick. “Sparkles of color keep their attention” says Archibald.

You can easily try it at home (see “How to Get Started!” on page 11). Training your cat in agility helps make you pay close attention to your cat’s body language. “If your cat is twitching his ear, it means he’s distracted,” says Archibald. “If you see him doing that, move the toy so he’s following.” In particular, she says, “Watch his eyes. Cats are primarily visual. They need a direct line of sight to what they are chasing.” If your cat gets “stuck” inside a tunnel, for example, she recommends dragging the lure across the top, so he can “look at the shadow.”

You can even try it out yourself at an agility show. At each competition, says Archibald, “everyone who wishes to can request five free minutes in the agility ring with the ringmaster for training and practice.”

The owner is asked to sit down in the middle of the ring on the rubber flooring. “Just hold the cat in your lap, stroke him. When the cat is relaxed, he’ll walk off the owner’s lap and explore the obstacles. He will circle the edges of the enclosure. He’ll explore, sniff, rub up against it and smell the other cats that were there. When he’s comfortable, he’ll walk up to the owner with his tail in the air. He’s saying, ‘I’m bored now, let’s interact.’” Now it’s time to get the cat going through one of the elements of the course. “Drag the toy over one of the stairs, or get the cat to go into the tunnel and go through.”

Even five minutes of running around in a ring with your cat can be strenuous, says Archibald. But anyone can compete. “You can be overweight, or handicapped, and be successful at agility,” she says.
“I’ve worked with trainers in wheelchairs, on walkers, on crutches — and helped children do it as young as five or six. Anyone can do it.” As for cat candidates, “any cat that is motivated, and relatively athletic, can do it fast with a good handler.” — Catnip staff 🐾

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**Keeping Score**

The goal of feline agility is for your cat to complete the 10-obstacle course, the right way, in the right order, as quickly as possible. You have five minutes in the ring. From the moment your cat’s paws touch the first step, until his front paws touch the floor after jumping through the hoop (the 10th obstacle), the stopwatch is on.

Your cat starts out with 420 points, and loses one point for every second it takes to complete the course. Some cats take minutes to complete it. But the best ones do the entire course in 15 seconds. Some can do it in a little over seven seconds. Although CFA is for pedigreed cats, any cat can compete in agility shows.

Cats get to keep points they’ve earned throughout the year, and compete for annual awards: Agility “competitor,” “winner,” “master,” and “grandmaster.” The highest-scoring cat may have 6,000 points. Archibald has had three cats that have earned “agility grandmaster” titles, but since she now runs the events, she now longer has her cats compete.

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Barley, patient and survivor, 2012

Why does my cat drool when he purrs?; a mysterious lump on the chin; pet loss and kids

Purring and ... drooling

Q Over the years, our family has lived with a number of cats. Each was certainly unique in his or her own way, but quite a few of them shared the same trait: They drooled sometimes while you were petting them.

To clarify, it often appears like drool, but sometimes it’s a single droplet that seems to come from their noses. It’s obviously not a health concern, but just an interesting behavioral thing that I would like to understand better.

Elaine Best

A Dear Elaine: Many cats drool when you are petting them. In the ecstasy of the moment, their eyelids flutter, they purr … and they drool. Why drool, you ask, and that’s a good question. Here’s my theory. When cats are really content, they release “feel good” neurotransmitters in the reward centers of their brain. Endorphins and encephalin are nature’s own morphine-like chemicals that are part of this neurochemical deluge. Endorphins seem to activate the mechanical act of purring.

We have noticed that cats immediately begin to purr when given high doses of opioid painkillers while recovering from painful surgery. The question is, do endorphins also cause salivation, too — and the answer is that they do. If my theory is correct, blocking opioid systems in a cat with a drug like Narcan (naloxone) would abolish this reaction. No more fluttering eyelids, no more purring and no more salivation while being petted until the drug wore off.

But that’s certainly not an experiment I would like to be involved in — so we will just have to leave it as a theory for now. I hope this helps provide some (provisional) rationale for what you have observed.

Nicholas Dodman, BVMS
Professor Emeritus
Tufts University
Cummings School of Veterinary Medicine

My cat has a lump on her chin

Q My 17-year-old cat developed a lump in the underside of her neck in the past year, and it concerns me. About four years ago, she was diagnosed with an overactive thyroid, and I was instructed to give her 5 mg of methimazole twice a day. She seemed to be losing weight, so the vet increased the dosage of the methimazole to 15 mg. After a few weeks, she developed a lump on her chin. The vet lowered her dosage to 10 mg, and after blood work, ultrasound and a biopsy, the lump was found to not be cancerous.

The vet drained the lump and it seems to be acting normally. The problem is that the cause has not been determined. It contains a tea-colored liquid and some blood from nearby blood vessels, and they feel it is dangerous to remove. Do you have any ideas what could be causing this condition?

Lorraine Barrack

A Dear Lorraine: If a tea-colored liquid is drained, then the mass must have a cystic component. The most common cystic structures in the neck originate from the thyroid gland, although other structures are also possible.

If an ultrasound has been performed, the origin of the mass can be assessed. A biopsy would confirm the origin. Since these tests have already been performed, you may wish to discuss with your veterinarian if there is additional information that might be helpful.

If your doctor believes the mass...
is too dangerous to remove, there are two options: Either periodically drain the cystic component when it becomes too large or seek a second opinion. I feel that your best option would be an appointment with a board-certified veterinary surgeon. You can locate a surgeon via the American College of Veterinary Surgery’s website, www.acvs.org. There is a search feature that identifies board-certified surgeons by state and town.

Michael Stone DVM, DACVIM
Clinical Assistant Professor
Cummings School of Veterinary Medicine at Tufts University

Discussing pet loss with kids

Q My husband and I have lived with our cat, Sebastian, for the entire 18 years of our marriage. Unfortunately, Sebastian is starting to show distinct signs of his advancing age (kidney disease, for one thing), and we know it’s only a matter of time that our family will need to say goodbye to our beloved pet.

We would appreciate your opinion on involving children in a discussion regarding euthanasia. We have 10-year-old twin girls, and both are very attached to Sebastian. We want to handle this as sensitively as possible, and not just make up a story about Sebastian “going to Cat Heaven.”

Louise and Tony Antonucci

A Dear Louise and Tony: You ask an important and difficult question. Obviously, you must exercise compassion and judgment when discussing death with your children. Discussions of death vary with each family and their own beliefs.

I read an excellent response from a veterinarian on the topic of pet euthanasia and children. I will paraphrase: “The answer is to be honest. I am always impressed by how well children understand and respond to these very difficult situations. Explain that the pet is ill, often suffering, and that we have the ability to end that suffering in a very humane and gentle way. If you love a pet, you have to make these kinds of decisions. The children will feed off of how you as the parent react. If the parents are truly sad and dealing with the sadness in a healthy and thoughtful manner, the children will follow their example. I tell my clients ‘it is okay to feel sad, but don’t feel guilty.’ These are two very different emotions. You and your children can feel the sadness. But don’t mix guilt in with the sadness. One emotion is healthy, the other terribly burdensome.”

I believe that young children should not be included in the decision making process about euthanasia. The decision to euthanize a beloved pet is never easy, even for adults. Adults can weigh the decision with perspective gained by life experience; children do not have the perspective to weigh all the emotional, medical and financial factors that go into the decision to euthanize a pet. Parents should discuss the loss of the pet, but not the decision of whether or when to euthanize.

The death of a pet is a difficult situation for children. For many, this is their first experience with death. Parents face a challenge and additional advice may be sought from a physician, clergy or counselor.

Michael Stone DVM, DACVIM
Clinical Assistant Professor
Cummings School of Veterinary Medicine at Tufts University

Tufts University Pet Loss Hotline: 508-839-7966

Hours during the academic year are Mon – Thurs: 6:00 PM to 9:00 PM EST.
During the summer: Hours vary, so please call for more information.
(Messages left during off-hours will be returned during the next normal hotline shift.)
Contact us by email at Tuftspetloss@gmail.com

Keep in mind that our Email address is checked sporadically, so this address is best for non-urgent matters. If you would like to speak to someone regarding pet loss, please contact us by phone and leave a message.

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Are Cats Actually Finicky?

As it turns out, they may possess some intangible ability to identify diets that best meet their nutritional needs.

Many cat owners consider their cats to be finicky when it comes to the foods carefully chosen for them. In search of various flavors, textures, consistencies and list of ingredients, we sometimes can’t make heads or tails of the foods our cats prefer, and why. A new study may shed light on this mystery, however.

Researchers from the UK and Australia conducted a study — recently published online in the journal Royal Society Open Science — and they found that it actually wasn’t aroma, taste or texture that makes much of a difference in terms of whether or not a cat will eat a specific food. Ironically, the researchers determined that what matters the most is fundamentally the most important aspect to us, as well: nutrition.

The researchers provided food for the test study cats over the course of several weeks — some of which seemed particularly cat-appealing (like fish and rabbit) and even one that should not (a food flavored with orange).

Initially, the cats sought out the fish-and rabbit-flavored foods, but that changed over time. “Cats initially selected food based on flavor preferences, but after ‘learning’ (due to prior exposure) about the nutritional composition of the foods, cats selected foods to reach a particular target balance of protein and fat regardless of added flavors,” explained Dr. Adrian Hewson-Hughes, BSc, PhD, who led the study. Dr. Hughes is a senior research scientist at Mars Petcare in the UK.

As the study progressed, the cats moved towards the foods with a very specific protein-to-fat ratio — even when that food was flavored with a not-typically cat-friendly orange flavoring.

Their preferred protein-to-fat ratio appeared to be roughly 1 to 0.4, which means that approximately 50 percent of their energy is derived from the fat, and 50 percent from the protein. The cats enjoyed treats for the short-term enjoyment, but over time, they seemed to drift back toward foods with this specific nutritional ratio.

Exactly how the cats determined the foods’ nutritional makeup raises a new question for the researchers, however. — Catnip staff 🐱

ahead in catnip

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