

Geriatric cat

euvg

## GERIATRIC CAT MINIMAL SCREEN (yearly from 9 years of age)

Weight

Hyperthyroidism → T4 if lost weight

Systemic hypertension → Cuff 40% of the circumference of the limb.  
Same level of the heart - lying down.

Dental disease  
Minimum 5 measurements, **with the owner stroking him!**

Osteoarthritis

CKD → Creat + USG

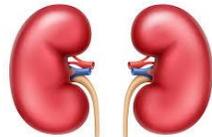
HCM → Echocardiogram if murmur or gallop.  
But ~50% of cats with heart disease do not have a murmur!



# HYPERTENSION target organs:



Myocardial hypertrophy



Proteinuria

## HYPERTENSIVE OCULAR DISEASE IN CATS A guide to fundic lesions to facilitate early diagnosis

Direct ophthalmoscope



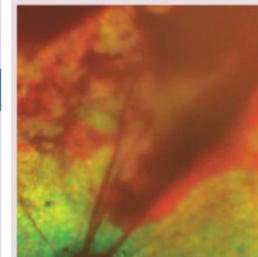
Monocular indirect ophthalmoscope



Binocular indirect ophthalmoscope



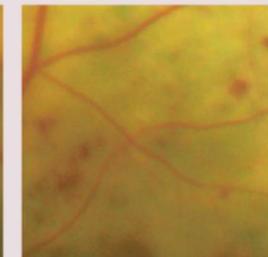
Optibrand ClearView retinal camera



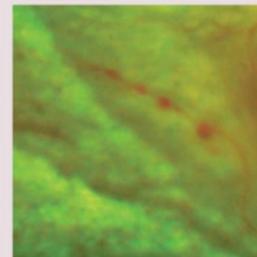
**Figure 4** Preretinal haemorrhage. The haemorrhage is located on the retinal surface in the space between the retina and the vitreous. Sometimes these bleeds break into the vitreous cavity



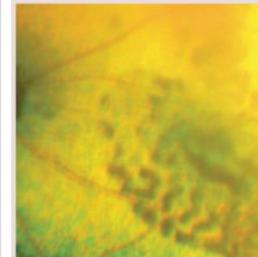
**Figure 5** Superficial intraretinal haemorrhages. These occur from rupture of the superficial pre-capillary vessels



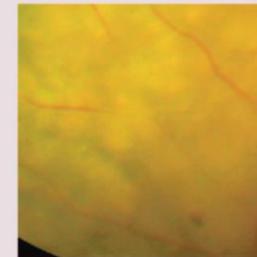
**Figure 6** Deep intraretinal haemorrhages. These occur in the deeper layers of the retina (eg, inner nuclear and outer plexiform layers). Intraretinal compression in the deep retinal layers leads to their small and round appearance



**Figure 7** Retinal arterial macroaneurysms. These can be a consequence of ischaemic damage to the retinal arterioles



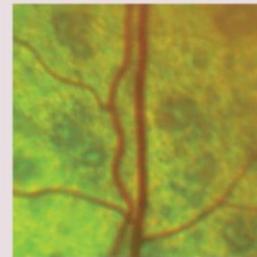
**Figure 8** Multifocal hyporeflexive areas of retinal oedema coalescing into a bullous area of retinal detachment



**Figure 9** Generalised retinal oedema, giving the appearance of retinal vessel attenuation



**Figure 10** Large bullous serous retinal detachment



**Figure 11** Partial retinal detachment. Note there are multiple small foci of serous retinal detachment

**CONSENSUS STATEMENT**

Consensus Statements of the American College of Veterinary Internal Medicine (ACVIM) provide the veterinary community with up-to-date information on the pathophysiology, diagnosis, and treatment of clinically important animal diseases. The ACVIM Board of Regents oversees selection of relevant topics, identification of panel members with the expertise to draft the statements, and other aspects of assuring the integrity of the process. The statements are derived from evidence-based medicine whenever possible and the panel offers interpretive comments when such evidence is inadequate or contradictory. A draft is prepared by the panel, followed by solicitation of input by the ACVIM membership which may be incorporated into the statement. It is then submitted to the Journal of Veterinary Internal Medicine, where it is edited before publication. The authors are solely responsible for the content of the statements.

**ACVIM consensus statement: Guidelines for the identification, evaluation, and management of systemic hypertension in dogs and cats**

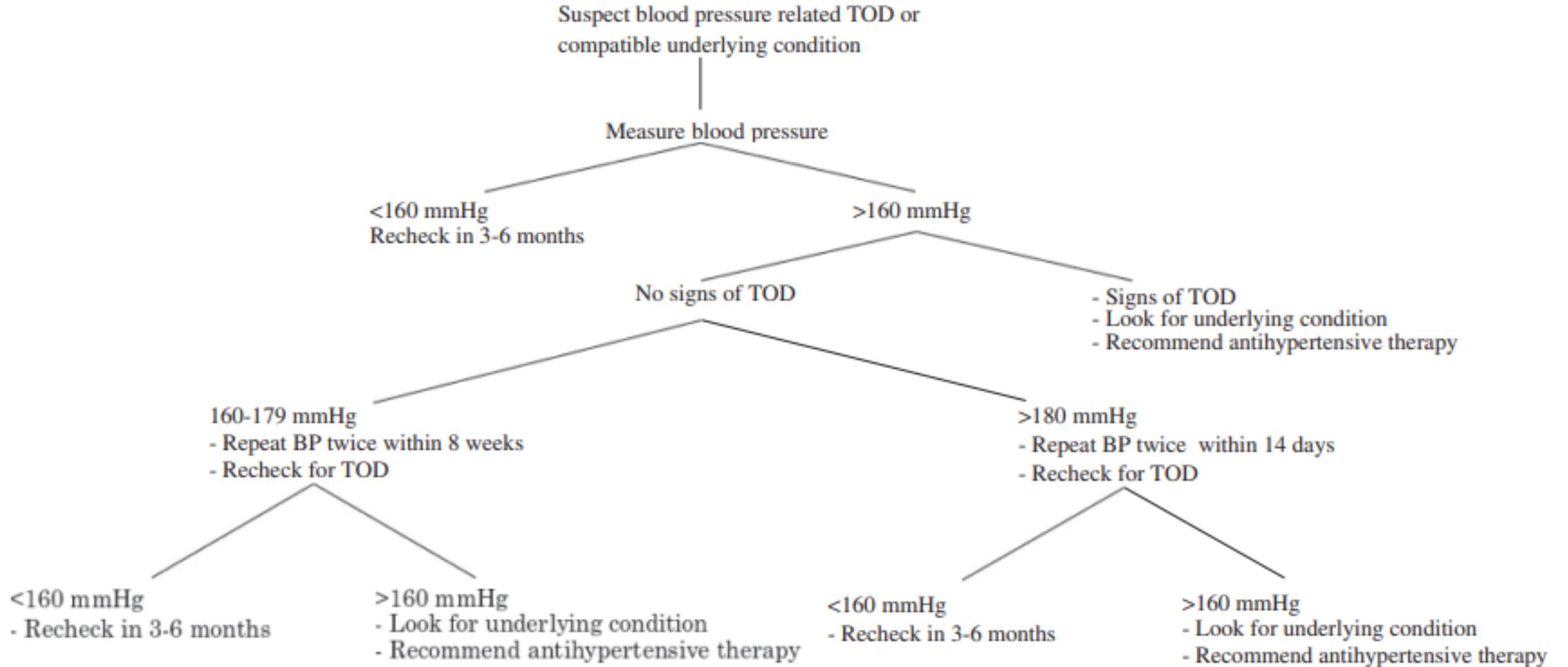
Hypertension in both dogs and cats is classified based on the risk of TOD:

- Normotensive (minimal TOD risk) SBP <140 mm Hg
- Prehypertensive (low TOD risk) SBP 140-159 mm Hg
- Hypertensive (moderate TOD risk) SBP 160-179 mm Hg
- Severely hypertensive (high TOD risk) SBP ≥180 mm Hg

**TREAT CAT/DOG WHEN CONSISTENTLY >160**

**Careful with these numbers in stressed animals!**

Causes of hypertension		
	CAT	DOG
Idiopathic hypertension	V	X
CKD / AKI	V	V
HyperT4	V	X
Coon's syndrome	V	X
Cushing's	V	V
Phaeochromocytoma	V	V
Diabetes	X	V
Obesity	X	X



Treatment of hypertension:

## CAT

- First line is amlodipine
- Enough to control severe hypertension (which can cause mild proteinuria)
- BUT if concurrent moderate-severe proteinuria, first line is telmisartan

## DOG

- First line for mild hypertension is telmisartan, enalapril or benazepril
- Single agent is not enough to control severe hypertension in dogs
- Severe hypertension requires telmisartan, enalapril or benazepril **AND** amlodipine

## CAT

- If UPC is N/mildly ↑ + BP>200 - amlodipine starting dose 1.25 mg/cat q24h (increase up to 2.5mg/cat q24h if needed)
- If UPC is N/mildly ↑ + BP<200 - amlodipine starting dose 0.625 mg/cat q24h
- If UPC ↑↑ - telmisartan starting dose 1.5 mg/kg q24h (increase up to 2 mg/kg q24h if needed)

## DOG

- If UPC is N/mildly ↑ + BP>200 - amlodipine starting dose 0.25 mg/kg q24h (increase up to 0.75 mg/kg q24h if needed)  
**AND** telmisartan starting dose 1-1.5 mg/kg q24h (increase up to 2 mg/kg q24h if needed) or enalapril or benazepril starting dose ~0.7 mg/kg q12h (increase up to 1 mg/kg q12h if needed)
- If UPC is N/mildly ↑ + BP<200 - telmisartan, enalapril, or benazepril.
- If UPC ↑↑ - telmisartan

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ARTICLE /

## **2022 ISFM Consensus Guidelines on the Management of Acute Pain in Cats**

VETERINARY PRACTICE GUIDELINES

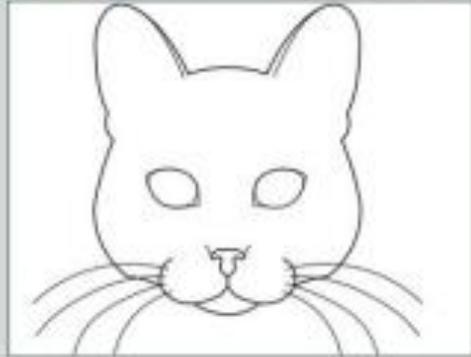
## **2022 AAHA Pain Management Guidelines for Dogs and Cats\***

NO PAIN: "croissant", cuddly.



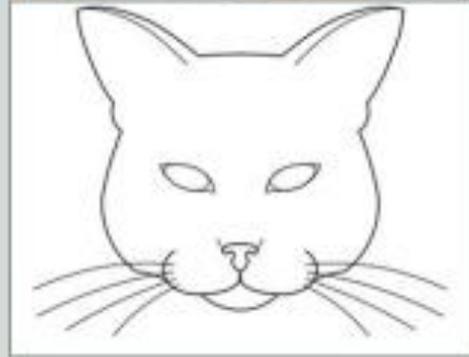
PAIN: no croissant, squinted eyes, hiding.





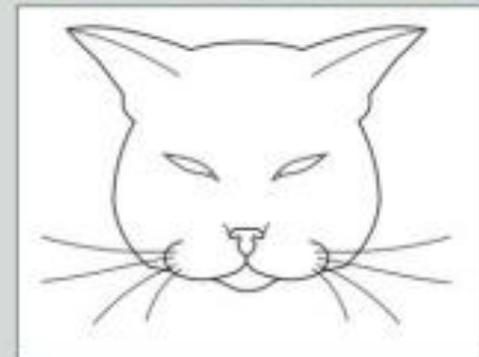
0 = AU absent

- ❖ Ears facing forward
- ❖ Eyes opened
- ❖ Muzzle relaxed (round shape)
- ❖ Whiskers loose and curved
- ❖ Head above shoulder line



1 = AU moderately present

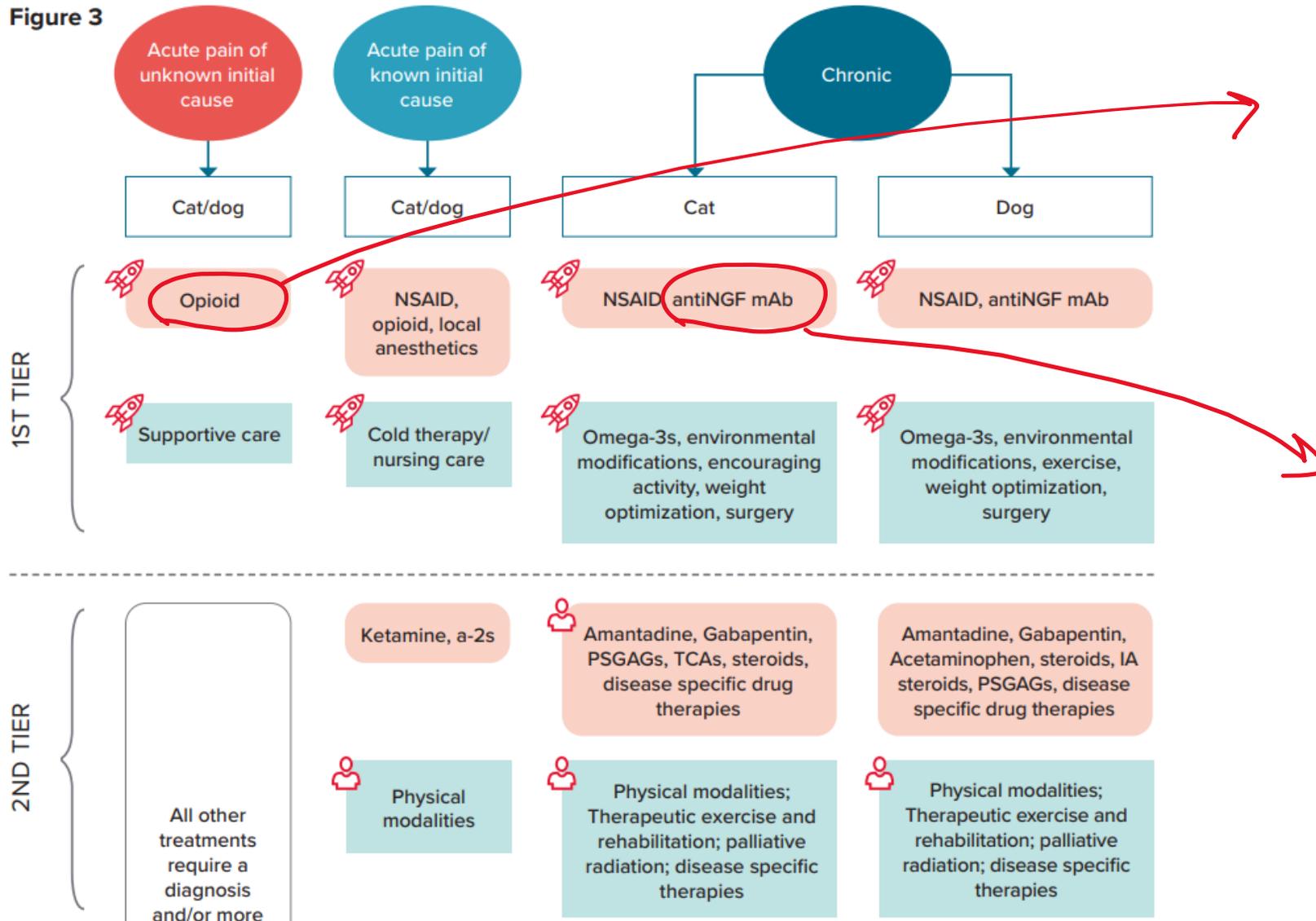
- ❖ Ears slightly pulled apart
- ❖ Eyes partially opened
- ❖ Muzzle mildly tense
- ❖ Whiskers slightly curved or straight
- ❖ Head aligned with shoulder line



2 = AU markedly present

- ❖ Ears flattened and rotated outwards
- ❖ Squinted eyes
- ❖ Muzzle tense (elliptical shape)
- ❖ Whiskers straight and moving forward
- ❖ Head below shoulder line or tilted down (chin towards chest)

Figure 3



Severe pain: methadone IV/IM

Moderate pain: buprenorphine IV/sublingual (not SC or oral)

**NOT TRAMADOL in cats or dogs!**

cats: Solensia  
dogs: Librela