

LETTING THE CAT OUT OF THE BAG

THE CAT-FRIENDLY CLINIC

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Feline patients are increasingly becoming a significant percentage of our clientele and will continue to be a growing segment in the coming years, as their popularity as pets increases. In order to work cooperatively with a cat, it is necessary to understand their behavior and their “fight or flight” response which appears to be triggered very easily. In addition, a positive experience for the cat and client, at the clinic, will ensure fidelity to the practice and team.

The first step to developing a cat-friendly environment is to be able to imagine things from a cat’s perspective and then anticipate its response. A basic understanding of feline behavior and physiology are the keys to putting in place “cat-friendly practices” at the veterinary clinic.

The Cat-friendly Clinic

Three factors influence the behavior and responses of the cat in the clinic

1. The patient
2. The environment
3. The practitioner (or technician)

1. The patient

Cats are solitary creatures with complex and changing social interactions. They are scent sensitive and when they rub against objects (or humans) it is to maintain an affiliative colony odour, that reassures them. Cats are territorial and spend a lot of time re-marking their territory via different methods. The different scent signals that cats use as intra-specific non-visual communication include urine spraying, check-post marking, scratch marks (facilitated by scent glands in their foot pads) and deposition of midden (uncovered faeces) in strategic places. Finally, it is important to understand that a cat will always choose “flight over fight” when faced with an uncomfortable solution. When faced with a predator (the practitioner in this case), a cat uses various types of vocalisation and body language to warn of the predator or communicate its discomfort.

Tactile cues are the ones communicated by touch. For example, rubbing, grooming and kneading are all signs of a comfortable and affectionate cat. Cats have ten times the surface area of olfactory epithelium that humans have, and use complex scent signals. This provides a basis for understanding the overwhelming olfactory message that a visit to the clinic must present to the cat patient.

Visual cues, or body language, includes the body and tail position as well as facial expressions. These are used for communication over a short distance. Examples of posture include the stereotypical halloween cat, with the arched back, relaying a façade of confidence and increased size behind which hides a frightened cat. The crouched pose is an attempt to hide and make itself smaller but ready to flee, and the uncommonly seen stalker pose of a confident cat with ears erect but with facial expression and vocalization conveying threat. This cat will not hesitate to attack in a clinic setting.

Facial expression includes the ear position. Usually, a cat ears forward indicates a comfortable and curious cat, whereas flat or aeroplane ears or ears turned back tight to the head, indicate fear and apprehension. Again, be careful of a cat with ears turned backwards but erect, as this can signify threat.

Vocalisation is the final means of communication and can change rapidly. Cats have a huge repertoire of vocalization from meows, purrs and chirruping, when happy, to hiss, spit, yowl and

the close mouthed growl, indicating fear and aggression. Vocal cues must be read in conjunction with body position or posture and facial expressions.

2. The Environment

The visit to the clinic starts from traveling from home to the clinic. Secure lockable carriers are preferred, since we know that the cats first response to perceived threat is to try and flee. Ones that open easily from the top are recommended since the cat can comfortably be handled and examined in its own carrier. At home, leaving the carrier out to encourage movement in and out of the carrier, facilitated by toys and treats, will go a long way in getting a sick cat into a carrier when the need arises. General steps that can be undertaken to alleviate stress for the cat at the clinic include

1. Designated waiting areas that block direct visual contact with predators (dogs). Relaxing music, a quiet room and white noise help a cat to relax in its new environment.
Feline facial pheromone F3 is the scent that is produced by glands in the cat's cheek and chin that it rubs on objects and people to signal that objects or places are familiar and safe. Commercial diffusers and sprays are available and can be used in the waiting room or examination room or sprayed on the carrier to help calm the cat.
2. The consulting room should be cat -safe and, if possible, the cat should be allowed to roam around and get acclimatised before being handled for a physical examination. It is important that the door is kept safely closed and the windows secured so that the cat cannot inadvertently escape.
3. Providing a place to hide, an item to scratch and an item to perch on will provide the cat with some sense of control over its surroundings and encourage it to display natural behaviours.
4. Cats do not enjoy cold surfaces and either towels or mats on the examination table help to make them more comfortable. Also try not to use disinfectants with a very strong odour as cats are very sensitive to strong smells.
5. Strange noises like clippers can also frighten them and an effort should be made to get quiet clippers for hair clipping.
6. Finally, offering a cat treats, or catnip toys, can sometimes help to build compliance and trust in the examination room.

3. The Practitioner

White coats can be intimidating to a cat. Also allowing the cat to be examined either on the owners lap or in the bottom of its carrier, at least initially, goes a long way in making it comfortable for the rest of the handling and procedures.

Also, examining a cat from the side, or from behind with it facing away from you, helps to avoid direct visual contact with the cat.

It is important for the veterinary team to be familiar with cat behaviour and handling and respond to the visual and auditory cues that the cat is communicating to prevent injury to oneself and the cat.

Placing a towel over a cat and allowing it to face the wall in its own carrier, with the top removed, helps to placate mild to moderately anxious cats.

Scruffing of a cat by the practitioner or assistant resembles the attempt of another cat to dominate in a fight and works against the effort to examine a cat in a conciliatory, respectful and cooperative setting.

In addition, making any hissing, meowing sounds to the cat since it can backfire and unsettle a cat on the examination table and should be avoided.

Pet Cat Nutrition and Management

Cats are obligate carnivores. This is characterised by their dentition, lack of salivary amylase, small stomachs and short gastric transit times. They tend to be solitary hunters and feeders and their hunting drive is independent from hunger. This implies that ready availability of food does not stop them from killing and consuming prey; it will only make them gain weight. This has important repercussions on management of weight in pet cats.

Cats are anatomically and physiologically designed to eat 10-20 small meals in a 24-hour period and stress can cause them to reject new tastes and textures.

What to feed?

- Unlike people, cats are not ideally suited to just one or two large meals a day. Feeding some or all the food as dry kibble provides easier opportunities to feed multiple small meals and to offer interactivity through hiding kibble, using puzzle feeders/balls/toys etc. This adds valuable stimulation for the cat as well as avoiding unnaturally large and infrequent meals.
- Cats often eat a small amount of food, and then walk away, as they do not naturally eat large meals. If cats do not eat all their food, this may not necessarily have anything to do with palatability of the diet or being unwell. Replacing the food with an alternative that the owner hopes will be more palatable often initially results in increased food intake as cats are generally neophilic (ie, enjoy new foods), but the same pattern often begins again. This type of feeding pattern may also lead to obesity.
- For cats, feeding is not a socially interactive process. Behaviours such as leg rubbing and vocalising are actually signals of initiating social interaction, rather than signs that a cat is hungry. A cat can quickly learn that it can use these behaviours to control the food supply. As owners derive pleasure from the interaction with their cat, they will often increase the amount of food offered as a way of rewarding the social interaction (or simply to keep the cat quiet!). This can easily lead to a risk of overfeeding and subsequent obesity.
- Cats prefer to eat alone. A house with lots of cats needs lots of feeding places so that each cat can get to food freely, quickly and on its own. A willingness by cats in the same household to come together at feeding times is often taken as a sign that they get along well with each other. However, food is a vital survival resource and, as the supply of food is controlled by owners, making it available at certain times and places, cats may have to share space to gain access to it. Cats may suspend hostility for long enough to eat their meal, but the level of tension between the cats at other times may actually increase.
- The placing of food can be important – putting it in a corner can make it difficult to access; next to a cat flap can be threatening because other cats can come in; next to a glass door can lead to rapid eating in order to get away from a vulnerable position; and next to a noisy appliance may be very threatening for a cat (ISFM cat care manual).

Management / Husbandry of pet cats

The cat's whiskers act as sense organs and the follicles are loaded with nerves for tactile perception. In addition, the tips of the whiskers have receptors for proprioception and are intricately involved in a cat's bearing in the surroundings. Finally, cats use their whiskers for communication and are able to flatten them against the skull when scared or frightened. Cat feeders should, therefore, be flat and wide to avoid contact with the whiskers.

Encourage water consumption by feeding to preferences. Stainless steel water dishes are ideal since they are easy to clean and do not retain odours when washed. Some cats prefer running water and effort must be made to provide running water fountains for them to drink.

Feeding area should always be away from litter area.

The rule of thumb for the number of Litter trays is **Cat +1**

Size of litter tray should be at least **1.5 times the length of the cat** and the width equal to the length of the cat.

Placement of litter tray is also an important aspect of management and the tray should be placed in an easily accessible but secluded spot to allow the cat to litter in isolation without the fear of threat. Finally, there are always discussions on covered vs uncovered litter trays. Covered litter trays might seem attractive especially in small houses with multiple cats. However, the litter remains wet for much longer and the fumes that build up might be offensive to the cat. In addition, there is usually only one entrance which is not ideal for a cat since they must have a route to flee. Grooming of pet cats is encouraged for coat health, skin health and to help a cat relax. Cats spend a lot of their time grooming and bathing is not necessary for short haired cats, unless medically prescribed. It is imperative that long-haired cats are combed regularly to remove knots and remove loose hairs. Failure to do this will cause increased hairballs and put the cat at a risk of trichobezoars. Hair contains keratin, which is an undigestible protein, and in some circumstances will cause partial or complete blockage of the gastro-intestinal tract. Commercial products containing malt paste which binds, lubricates and expels hairballs from the gastro-intestinal tract are available and can be used on a maintenance basis.

Enrichment and exercise for cats go hand-in-hand and an effort should be made to stimulate a cat to hunt for its food, provide scratching surfaces, toys and hiding places as well as perches. An important aspect of cats in a multi-cat household is multiple food and litter trays and enough space or seclusion options to avoid inter-cat aggression and conflict.

Handling and Restraint of the Feline patient

Cats inherently resist handling and restraint. Mats, towels, gloves, muzzles, cat bags and squeeze cages are important equipment to have access to in a cat clinic. Never tip of shake a cat out of its carrier; a cat should be allowed to come out on its own and explore its surroundings.

The principles of restraint for any animal listed in order of priority are – safety of the handler (so always check rabies vaccination status of the cats), safety of the patient, minimizing stress of the patient and maximising humaneness of the procedure.

Either handling a cat in its carrier, or on a mat close to its carrier, or on one's lap, helps to calm the cat and allows easy handling. If the cat needs to be on a flat surface and burrito towel wraps, gloves to prevent scratch wounds. Cat bags can also be used to minimize damage inflicted by an anxious cat. Unfortunately, all these tools carry with them scents from previous cats and will leave a negative impact on the cat. A fine balance has to be struck between handler safety and patient comfort in most cases and no general rules will apply. Use treats and praise to reward desirable and cooperative behavior.

Restraint of the fearful and fractious cat can be challenging. Chemical restraint, alone or as an adjunct to physical restraint, can be used to make handling in the clinic easier. Drugs that can be used by the owners just prior to the clinic visit include gabapentin and trazodone. F3 diffusers and herbal calming medicines can also help in slightly anxious patients. Finally, in an aggressive cat, chemical restraint using sedation doses of anaesthetics, as long as they are adequately fasted, allows for diagnostics to be performed. These will, however, limit information obtained in a clinical examination.

Clinical Examination of Feline patients

As with other animals, the physical examination begins with a complete history taking. Important questions to ask include those pertaining to food habits, drinking and water consumption, appetite changes, litter habits, other pets, activity, interactions and grooming, of course, the presenting complaint.

Every cat should undergo a nutritional assessment, including weight and body condition score assessment. A muscle mass assessment should also be done.

Using a physical examination form helps to practice and habituate a roadmap for physical examination and avoid missing elements in the examination. A head to tail examination is indicated unless circumstances do not allow it.

Before handling the patient, a distance examination is done to assess posture, behaviour, symmetry and respiratory rate. Then, with the cat in hand the ocular, nasal, oral and aural examination is done, superficial lymph nodes are palpated and abdomen palpated. Cardio-respiratory examination includes a cardiac auscultation, thoracic auscultation, bilateral femoral pulse checks and mucous membrane colour and capillary refill time.

A skin tent test is done by picking up a loose fold of skin, twisting it to 180 degrees and releasing to assess for residual tenting, indicating dehydration.

Vital parameters should be recorded for each cat to establish baseline parameters

Number	Parameter	Reference values
1.	Body temperature	38-39 degrees Celsius
2.	Heart Rate	120-180 beats per minute
3.	Respiration Rate	24-36 breaths per minute in clinic; 16-30 at home
4.	Body condition score	4/9 to 5/9
5.	Capillary refill time	< 2 seconds
6.	Systolic BP	120-150 mm of HG

References

1. ISFM guide to creating a Cat Friendly Clinic (available on www.icatcare.org)
2. American Association of Feline Practitioners (AAFP) available on www.catvets.com
3. Feline Advisory Bureau available on www.fabcats.org
4. BSAVA manual of Feline Practice. Harvey A and Tasker S (eds). BSAVA publishing 2013.