**History: Age Breed**
An opportunity for FCoV infection is essential
Around 70% of cats with FIP are pedigree
Any age, but over 50% of cats with FIP are < 2 years old (see table)
Usually a history of stress within weeks prior to presentation

**Cat presents with Abdominal Enlargement or Dyspnoea**
Clinical examination reveals an effusion: which may be abdominal, pleural, pericardial, scrotal

<table>
<thead>
<tr>
<th></th>
<th>Pedigree cat</th>
<th>Domestic cat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>95</td>
<td>79</td>
</tr>
<tr>
<td>1</td>
<td>70</td>
<td>42</td>
</tr>
<tr>
<td>2-3</td>
<td>53</td>
<td>41</td>
</tr>
<tr>
<td>4-5</td>
<td>60</td>
<td>33</td>
</tr>
<tr>
<td>6-7</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>8-9</td>
<td>23</td>
<td>34</td>
</tr>
<tr>
<td>≥ 10</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>

**In House Examination of the Fluid**

- **Appearance**
  - Straw coloured, clear, not odiferous, chylous

- **Protein level**
  - >35g/litre

- **Albumin:globulin ratio**
  - < 0.8

- **Rivalta test**
  - Positive, PPV 58%

- **FCoV antibody test**
  - Negative* (ON BLOOD)

**FIP Unlikely**
93% unlikely to be FIP

**FIP Unlikely but Possible**

- **Cytology**
  - Neutrophils and macrophages

**Send Effusion to External Laboratory for RT-PCR**

- Negative

**FIP Possible**

- The predictive value of a negative FCoV RT-PCR test on an effusion depends entirely on the sensitivity of the test being used

**Is FIP**

- **Positive**
  - Treat with 3C like protease inhibitor, if available

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* FCoV antibody tests should be preferably performed on a blood sample, rather than an effusion sample, due to the risk of false negative results. **Meli et al** Use test kits with best sensitivity available. **Addie et al 2016**
**Diagnosing Non-effusive FIP**

**History: Age Breed**
- An opportunity for FCoV infection is essential
- Around 70% of cats with FIP are pedigree
- Any age, but over 50% of cats with FIP are < 2 years old
- Usually a history of stress weeks to months prior to presentation

**Clinical Examination**
- Persistent moderate pyrexia > 4 days
- Weight loss / failure to gain weight normally – i.e. stunting
- Dull, lethargic, off colour
- Anorexia
- Intraocular signs (uveitis, keratic precipitates, aqueous flare, retinal vessel cuffing)
- Neurological signs (ataxia, fits, nystagmus)
- Enlarged mesenteric lymph node(s)
- Icterus
- Enlarged kidneys

**Blood Sample**

**Blood Tests**
- Albumin:globulin > 0.8*
- Globulin < 0.4
- Bilirubin <10 mmol/l
- Haematocrit Raised
- Anaemia Non-regenerative
- Lymphocyte count Lymphopenia
- FCoV antibody test** Positive

**External Laboratory**
- Normal Alpha-1 Acid Glycoprotein Above 1500 ul/ml
- Negative Send Biopsy/FNA/Aqueous Humour for RT-PCR Positive

The predictive value of a negative FCoV RT-PCR test depends on the sensitivity of the test being used, the integrity of the RNA during mailing, and that an FIP lesion was accurately selected. **DO NOT DO RT-PCR ON SERUM OR BLOOD** – the test will be negative even in cats with FIP.

*Note that 15% of cats with FIP have alb:glob 0.8

**Is FIP?**
- See treatment section

www.catvirus.com