

TREATMENT OF UPPER RESPIRATORY TRACT INFECTIONS

Panel Report

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Australian Vet J 45 (1):32-34, 1969

Upper respiratory tract infections are probably most often caused by rhinotracheitis virus but are commonly called coryza, sniffles, colds, chronic respiratory disease, etc; they are characterized by high morbidity, relatively low mortality, and a course which may vary from a few days to several weeks. Signs usually include sneezing (rhinitis), lacrimation (conjunctivitis), anorexia and pyrexia, but these do not indicate the specific type of infecting virus and disease course, so a rather standard form of treatment is generally used.

One treatment regime involves administration of panleukopenia antiserum, 1 to 2 ml/kg s.c. to young cats not immunized against panleukopenia. To prevent secondary bacterial complications, tetracycline is given in divided doses parenterally (10 mg/kg b.i.d.) or p.o. (50 mg/kg, t.i.d.) for at least 5 days. Supportive therapy includes plain or lactated Ringer's solution or 2.5% dextrose in saline given s.c., 10 to 20 ml/kg divided b.i.d.; oral or parenteral B-complex vitamins; and a liquid diet of milk, egg and electrolyte solutions given by stomach tube (8 French catheter). Nasal and ocular discharges should be removed t.i.d. and an antibiotic-steroid ophthalmic ointment instilled. Oral disinfectants should be used on buccal ulcers.

It is not advisable to hospitalize cats with upper respiratory infections, which are highly transmissible by direct and indirect contact. Cages and wards should be cleaned and disinfected and be kept void of cats for 1 week after a carrier cat is inadvertently hospitalized. Other cats should be distributed throughout the hospital to avoid close contact. Immunity from the disease is short, recovered cats are often carriers and commonly suffer relapses, and an efficient vaccine is not available.

Another treatment regime involves placing food into the cat's mouth because of the inability to smell food, so the cat can taste it, and feline enteritis antiserum, 5 ml s.c., is given to young cats not immunized. A 1% tetracycline preparation (Achromycin Ophthalmic Oil Suspension: Cyanamid) is used 2 or 3 times daily for lacrimating eyes, and a 50-mg chlortetracycline capsule is given b.i.d. if the cat has a fever. Dehydrated cats are given 10 ml 0.45% saline with 2.5% dextrose s.c., repeated if necessary every 24 hours

In another treatment method 3 doses of procaine penicillin, 300,000 U s.c., are given 48 hours apart. Chloramphenicol and cortisone drops are instilled every 1 or 2 hours, or ointment applied 2 or 3 times daily for conjunctivitis. Occluded nasal passages may be opened by allowing the cat to breathe steam medicated by adding a few drops of Frair's balsam, eucalyptus oil and/or menthol. A tracheotomy tube may be required in severe cases. Hand-feeding of milk with protein hydrolysate by eyedropper b.i.d., followed by raw meat placed into the cat's mouth, aids in maintaining food intake.