

Feline Leptospirosis

Although cats can become infected with *Leptospira*, they seldom develop signs of disease and are thus thought to be resistant. However, this study described 3 cats with confirmed naturally occurring leptospirosis. In case 1, a cat presented with a 2-week history of polyuria and polydipsia (PU/PD). The cat was dehydrated and febrile, with a urine-specific gravity of 1.007, and had small kidneys on palpation. *Leptospira* serology revealed a positive titer of 1:12,800 for *L pomona*. In case 2, a cat presented with a 10-day history of PU/PD and intermittent hematuria; a small irregular left kidney and enlarged right kidney were observed on ultrasound. *Leptospira* serology revealed a positive titer of 1:1,600 for *L pomona*. Both cats recovered after aggressive fluid therapy and long-term antimicrobial therapy. Follow-up at 1 and 3 years, respectively, revealed no evidence

of residual renal insufficiency. In case 3, a cat was examined for lethargy and anorexia; however the owner reported weight loss and PU/PD of several months' duration. The cat re-presented severely dehydrated and in lateral recumbency and was euthanized. Necropsy showed severe, bilateral, subacute tubulointerstitial nephritis. All cats were indoor/outdoor, hunted, and lived in areas where contact with cattle and pig urine was possible. None had evidence of concurrent disease; all were FeLV/FIV negative.

■ Commentary

Infectious diseases are on the radar when dogs present with fevers, lameness, or renal insufficiency. In contrast, screening and treatment were instituted for common presentations of feline disease in these 3 cats but failed to produce results. It was

suggested that time between exposure and clinical disease may be so far separated in cats that some of our renal insufficiency patients may actually have had leptospirosis. Before instituting regular leptospirosis screening in general practice, larger studies are needed. However, establishing lifestyle and potential exposure risk for feline patients may become more important. Further information is available for reference.¹—*Ewan Wolff, DVM*

■ ■ Source

Clinical leptospirosis in three cats (2001-2009). Arbour J, Blais MC, Carioto L, Sylvestre D. *JAAHA* 48:256-260, 2012.

1. 2010 ACVIM small animal consensus statement on leptospirosis: Diagnosis, epidemiology, treatment, and prevention. Sykes JE, Hartmann K, Lunn KF, et al. *J VET INTERN MED* 25:1-13, 2011.



Gastroesophageal Reflux Disease in Dogs

This report described the first documented veterinary case of gastroesophageal reflux disease (GERD) causing laryngeal dysfunction. A 7-year-old neutered Saint Bernard was evaluated for chronic coughing, gagging, voice change, excessive panting, and intermittent vomiting and diarrhea. Oral examination revealed laryngeal and pharyngeal thickening and erythema. Bronchoalveolar lavage fluid revealed no abnormalities and was negative on culture. Esophagoscopy showed diffuse erosions and ulcerations of the esophagus. Fluoroscopy of the esophagus and barium swallow esophagram were consistent with GERD.

Improvement of respiratory signs was noted after antacid and antimicrobial treatment for *Helicobacter* infection, based on treatment guidelines in humans. However, vomiting persisted. Subsequent gastroduodenoscopy revealed complete resolution of laryngitis, pharyngitis, and esophagitis. Biopsies of gastric wall demonstrated *Helicobacter* infection and duodenal biopsies showed severe lymphocytic-plasmacytic enteritis. Treatment for *Helicobacter* infection was continued and treatment for inflammatory bowel disease involved prednisone and a novel protein diet. Complete remission of respiratory and GI signs was noted at follow-up 4 months later.

While GERD is a common cause of laryngitis in human medicine, it has not been described in veterinary literature. Further research is needed, as an association of GERD with laryngeal disease is an important consideration in veterinary patients with concurrent respiratory and GI disease.

■ Commentary

By presenting the results of extensive lower respiratory and esophageal evaluation, the authors made a case for diagnosis of reversible laryngeal dysfunction induced by GERD. Typical GERD symptoms in humans are heartburn and regurgitation; in dogs, regurgitation is typically the recognized sign. Extra-esophageal signs of GERD include hoarseness, chronic cough, dyspnea from laryngospasm, and dysphagia. While a single case report does not establish a relationship between laryngeal dysfunction and GERD in dogs, this report emphasized that laryngeal inflammation, as well as esophagitis, could be a consequence of vomiting or GERD.—*P. Jane Armstrong, DVM, MS, MBA, DACVIM*

■ ■ Source

Gastroesophageal reflux and laryngeal dysfunction in a dog. Lux CN, Archer TM, Lunsford KV. *JAVMA* 240:1100-1103, 2012.

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