



FELINE UPPER RESPIRATORY INFECTION

ABOUT THE DISEASE

A **feline upper respiratory infection**, or **URI**, can be caused by bacteria, viruses, or both. Due to natural socialization behavior, the risk of exposure to respiratory pathogens is quite high. But exposure does not necessarily dictate infection, as most healthy, vaccinated feline patients are at a relatively low risk for contracting infections. But in the young and unvaccinated patients, the risk of infection is rather high, upwards of a 60% infection rate.

Common infectious pathogens include:

- Feline herpes virus (type 1), also known as Feline Viral Rhinotracheitis (FVR)
 - Please see the [Feline Viral Rhinotracheitis](#) document for additional information.
- Feline calicivirus (FVC)
 - Please see the [Feline Calicivirus](#) document for additional information.
- Bordetella bronchiseptica
- Chlamydomphila felis
- Rarely Mycoplasma species, Feline immunodeficiency virus (FIV) and Feline Leukemia Virus (FeLV)
 - Please see the [Feline Immunodeficiency Virus](#) and [Feline Leukemia Virus](#) documents for additional information.

Typically, patients are infected in high volume, over-crowded environments like farms, catteries, shelters, and rescues. Clinical symptoms can develop within 2-14 days of exposure and may persist for upwards of 1-3 weeks.

Symptoms are often self-limiting, which include sneezing, clear/colored nasal or eye discharge, decreased appetite, fever, or lethargy.

Most of the viral causes of **URI** are often life-long but can go dormant for several years without recurrence. It is not uncommon for asymptomatic adult patients to shed virus to new kittens entering the household. In many circumstances where older patients have a spontaneous recurrence of **URI** symptoms, determining underlying disease is often recommended.

Vaccination is unlikely to be completely preventative but can help minimize the spread and severity. The routine feline combination vaccine contains coverage against feline herpes virus (rhinotracheitis) and calicivirus. Chlamydomphila constitutes less than 10% of respiratory infections, but a separate vaccination is available and is typically used in higher risk and overcrowding environments.

OBTAINING A DIAGNOSIS

A thorough clinical history and complete physical examination with a veterinarian is typically enough to establish a presumptive diagnosis.

A respiratory culture exists to help isolate and identify specific infectious organisms, which is typically elected in more severe cases to help direct medical management.

Routine laboratory testing will help assess underlying systemic diseases that may have led to a recurrence of URI symptoms in older patients or help assess the severity of systemic illness in younger patients who may have fallen more severely ill following the infection.

TREATMENT

Treatment is dictated by the severity of patient's symptoms. Almost all patients are placed on anti-inflammatory support, but antibiotics are reserved when nasal and eye discharge becomes discolored or severe.

A mildly symptomatic adult cat might not require treatment as mild symptoms wax and wane over a few weeks.

TIPS FOR SUCCESS

- Always maintain proper vaccination protocols, and booster indoor adult cats prior to introducing new kittens.
- Not all patients require antibiotics.