

1960

A Case of Toxoplasmosis in a Domestic Felin

D. D. Kerns

Iowa State University

Follow this and additional works at: https://lib.dr.iastate.edu/iowastate_veterinarian



Part of the [Small or Companion Animal Medicine Commons](#), and the [Veterinary Toxicology and Pharmacology Commons](#)

Recommended Citation

Kerns, D. D. (1960) "A Case of Toxoplasmosis in a Domestic Felin," *Iowa State University Veterinarian*: Vol. 22 : Iss. 2 , Article 12.

Available at: https://lib.dr.iastate.edu/iowastate_veterinarian/vol22/iss2/12

This Article is brought to you for free and open access by the Journals at Iowa State University Digital Repository. It has been accepted for inclusion in Iowa State University Veterinarian by an authorized editor of Iowa State University Digital Repository. For more information, please contact digirep@iastate.edu.

tumor located and removed. It is very possible that in some cases the adenoma may be microscopic, and therefore impossible to locate and remove. Acute attacks are overcome immediately by oral or parenteral administration of glucose, or a subcutaneous injection of epinephrine. In case surgery proves unsuccessful or is declined, the patient should be fed several times daily on a diet low in carbohydrate, high in protein, and high in fat constituents. A high carbohydrate diet is not recommended as it stimulates the islet cells to secrete more insulin which would aggravate the already hyperinsulin condition. Glucocorticoids may be helpful because of their gluconeogenic properties and because hypocorticism may be a cause for hypoglycemia.

Frederick D. Branco, '60

REFERENCES

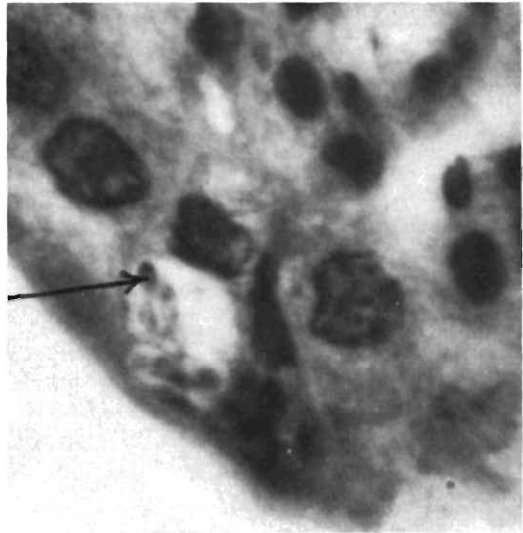
- Dr. R. F. Pahle, Canine Medicine, Am. Vet. Publications, Inc., pp. 398-399.
Principles of Internal Medicine, Harriso, McGraw-Hill: 1958, pp. 628-630.

5

A Case of Toxoplasmosis in a Domestic Feline. On November 13, 1959, a one year old male, domestic feline was admitted to Stange Memorial Clinic with a rather vague history of being weak and having a nasal discharge. Rales could be heard in the lungs upon examination along with signs of dyspnea and abdominal pain when palpated. The cat died on the examination table with no specific diagnosis.

Permission was granted by the owner and a necropsy was performed. The gross lesions found in their order of significance were petechial hemorrhages on the surface of both kidneys and throughout the cortex, emphysema and congestion of the lungs, and a marked brownish discoloration presumably due to congestion. All the mucous membranes and muscles were icteric and anemia was present. A gelatinous, bile stained pericardial sac was found. The spleen was enlarged by fifty to seventy-five per cent. The mesenteric lymph nodes were edematous and the trachea contained a yellowish fluid. There was generalized emaciation and dehydration.

Tissues were saved for histological examination. The lungs presented a large number of the protozoan, *Toxoplasma gondii*, when stained and examined microscopically with oil emersion. The organisms were in close proximity to areas of necrosis which were filled with a yellow



Toxoplasma gondii (H. E. Stain)

staining material. (This was a hematoxylin-eosin stained slide). The diagnosis could then be made of acute Toxoplasmosis.

This organism has been found in almost all warm blooded mammals, in domestic fowl, in 45 species of wild birds, and in some reptiles. The incidence of infection in man and the dog is closely related when they are living in close contact with each other. It is believed this applies to man and cat also. The eating of raw or poorly cooked meat is believed to be one method by which the organism is spread, since this produces higher antibody titers.

Significant titers in the United States have been found in five per cent of the children under four years of age. An increase to 65 to 70 per cent in the 50 year age group show titers. It is concluded that due to the wide distribution of the organism, the usual host-parasite relationship is a symbiosis with only exceptional cases becoming clinically diseased. Clinically in humans it is primarily seen in children and rarely in adults.

D. D. Kerns, '60