



CLINICAL OUTCOME IN A CAT WITH SEVERE PROTEIN-LOSING NEPHROPATHY ASSOCIATED WITH SUSPECTED GLOMERULAR DISEASE: A CASE REPORT

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Clinical relevance

Glomerular disease is an uncommon but important cause of protein-losing nephropathy in cats. It may occur secondary to infectious, immune-mediated or infiltrative disorders.

Ultrasonography

Renalomegaly. No focal lesions or structural changes suggestive of renal lymphoma were observed.

Case presentation

A 4-year-old neutered male cat was presented for lethargy, reduced appetite, progressive abdominal distension and weakness.

Key abnormalities

Severe hypoalbuminemia, ascites, marked proteinuria with UPC 11 and bilateral renalomegaly were identified.



FeLV status

The cat tested positive for feline leukemia virus, supporting an infectious context for renal disease.

Preserved renal function

Creatinine and systolic blood pressure were within reference ranges at presentation. Severe urinary protein loss occurred without azotemia or hypertension.

Diagnostic reasoning

The association of severe proteinuria, hypoalbuminemia, ascites and bilateral renalomegaly supported suspected glomerular disease.

Differential diagnosis

Infiltrative renal disease could not be completely excluded despite the absence of ultrasonographic features typical of lymphoma.

Diagnostic pathway

FeLV-positive cat

UPC 11

Hypoalbuminemia + ascites

Bilateral renalomegaly

Suspected glomerular disease

Presumptive diagnosis

Protein-losing nephropathy associated with suspected glomerular disease in a FeLV-positive cat.

Clinical outcome

This case highlights that, despite the severity of protein-losing nephropathy, appropriate treatment and long-term monitoring contributed to prolonging the patient's survival for approximately 1 year after diagnosis.

Take-home message

Consider glomerular disease in FeLV-positive cats with severe proteinuria and cavitory effusion, even when azotemia and hypertension are absent.