Cats Protection approach to skin disease in cats in care

Investigate as appropriate

Signs of concurrent systemic disease

Cat presents with skin disease

Mass in skin/subcutaneous tissue

Surgical excision

Histopathology

Contact CP Behaviour team

Cat has been in care for some time, no evidence of skin pathology, suspect behavioural aetiology

Wood's Lamp cat

Positive

Refer to ringworm protocol

BENIGN - declare on Medical Summary

MALIGNANT - talk to FVO/Vet department

Negative

If still suspicious of ringworm, refer to ringworm protocol

If not suspicious of a zoonotic disease

- Make sure flea treatment/other parasitic treatment has been applied
- Perform skin scrapes/plucks/swabs/tape strips as indicated
- Administer antibiotics only if indicated

If non-responsive OR very pruritic on presentation

Prednisolone (1-2mg/kg SID/BID) for one to two weeks

If non-responsive

- Place on hypoallergenic diet
- Check if prednisolone dose can be increased
- Consider repeating scrapes/plucks/swabs/tape stripes as indicated

If still non-responsive

Talk to your FVO/Vet dept

If responsive

Taper dose of steroids to lowest effective dose

If relapses

- Re-evaluate steroid tapered dose
- Consider antibiotics if infection has returned
- Talk to FVO/Vet dept if unable to keep stable

Please note

- A buster collar should not be used beyond six weeks. Please consider the different types of collars available, and having daily supervised time without the collar
- If stabilisation of the cat is not achievable within eight weeks, then we may need to consider euthanasia
- Behavioural implications should be considered in all skin patients. Pen enrichment should be in place for all skin patients including the use of synthetic pheromones
- If a cat presents with ear disease, please follow the ear disease guidance notes