Thelazia callipeda.

There are numerous reports on the prevalence of helminths of the gastro intestinal tract and protozoan parasites occurring in dogs in India, but the report on ocular thelaziasis is very scanty and sporadic. Report of this parasite in dogs from Assam in the present study also bears significance from the public health point of view since it has been reported in human from Assam (Mahanta et al., loc.cit.; Nath et al., loc.cit.) and the neighbouring state of Manipur (Singh and Singh., loc.cit.).

Summary
Occurrence of ocular thelaziasis due to Thelazia callipeda in a non-descript local dog is reported for the first time in Assam. Previous reports of ocular infection in human along with present record in dog justify the prevalence of this parasite and its zoonotic potential in the Northeast region, necessitating detailed epidemiological investigation.

References


Indian Vet. J., December 2015, 92 (12) : 63 - 64

Diagnosis and Treatment of Paracetamol Poisoning in Domestic Cat (Felis Sylvesteris Catus)

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(Received : 10-09-2013; Accepted : 16-12-2013)

Abstract
Non-target species are exposed to paracetamol by accidental consumption of tablets or direct administration by owners as self-medication. The diagnosis of acetaminophen toxicity is more challenging in mammals because of the limited availability of laboratory tests to evaluate the paracetamol poisoning. The confirmative diagnosis is obtained based on history and clinical signs. Treatment for acetaminophen poisoning with N-acetyl cysteine intravenously can result in a favourable outcome in cats. This report describes the presenting signs, diagnosis and successful treatment of a house cat (Felis sylvestris catus) with direct paracetamol poisoning.

Key words: Paracetamol poisoning, acetaminophen, domestic cat, Felis sylvestris catus

Acetaminophen, commonly known as paracetamol, is a non-steroidal anti-inflammatory drug used commonly in human medicine for

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The Indian Veterinary Journal (December, 2015)
its antipyretic and analgesic action (Warner et al, 2002). Paracetamol brings the pharmacological action by inhibiting cyclooxygenase (COX) enzyme where it is highly selective for COX-2. The reports of acetaminophen toxicity in dogs and cats became more common (Horowitz, 2000) as the owners medicate them without consulting a veterinarian.

**Case History and Observation**

A one-year old tom cat was presented to the Madras Veterinary College Teaching Hospital with a history of inappetence. Anamnesis revealed that the owner administered 250 mg of paracetamol tablet as an analgesic as it was crying in pain from the injury it sustained from fighting with another cat overnight.

On examination, the cat had a mild elevation of temperature of 38.7°C with heart rate of 98 beats per minute and respiratory rate of 20 breaths per minute. The conjunctival and oral mucous membranes were brownish and dry. The eyeballs were sunken with facial edema. With history and clinical signs, the case was diagnosed as paracetamol poisoning.

**Treatment and Discussion**

The tom cat was administered with activated charcoal orally and N-acetyl cysteine intravenously at 140 mg/kg along with Ringer’s lactate. The owner was advised to administer N-acetyl cysteine at 70 mg/kg orally for every 6 hours for five times. The owner reported to the hospital the next day with the cat showing signs of improvement with facial edema decreased substantially.

Paracetamol poisoning in cats and dogs are very common mostly by administration by the owners and occasionally by accidental ingestion by the pets. The toxicity of paracetamol is serious in cats when compared to dogs and might have clinical signs of toxicity with doses in the range of 50-100 mg/kg b.wt. (Aronson and Drobatz, 1996). Cats lack glucuronyl transferase required to metabolize the drug to nontoxic products. Therefore, more of toxic NAPQI is produced which causes methemoglobin formation and Heinz bodies (Davis, 1985).

Paracetamol poisoning presents with clinical signs of anorexia, dullness, facial and paw edema, muddy mucous membranes, respiratory distress, hematuria. Similar clinical signs are observed by Allen (2003) and Pothiappan et al (2011). Diagnosis can be made only with history from the owner and clinical signs because laboratories providing assay for paracetamol in blood is rarely available and time consuming. The specific antidote for paracetamol toxicity is N-acetyl cysteine to be administered at 140mg/kg intravenously as loading dose and then 70mg/kg intravenously or orally every 6 hours for 5 times because NAC can protect liver tissue against oxidative stress in cats with an APAP intoxication (Avizeh et al, 2010). Administration of activated charcoal in case of paracetamol toxicity is still under debate.

**References**


