



Tonkinese Breed Club Show 2014

Overall BIS, BIS Neuter

GrCh&IGrPr Tonkaholics Isla Tanika (TOS f 32)

Owned and bred by Christine & Jo Richards

Best Adult - Ch Amorcatz Jane Eyre (TOS a (74A))

Best Kitten - Amorcatz Bruno Mars (TOS c (74C))

Best Overall Household Pet & Best Non Pedigree Pet - Mandy

Best Pedigree Pet - Mr Peachy Keen

(for more pictures and results visit the TBC web site)

Editors Notes:

Hi, everyone. Hoping you are enjoying the summer weather– it is raining as I type this and Wimbledon is affected!

Best wishes

Kathy Wilkinson

(Neither the Editor, Committee nor Club is accountable for opinions expressed by individuals in this or any other issue)

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TONKINESE BREED CLUB COMMITTEE & CONTACTS 2014

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| | |
|---|--|
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| Membership Secretary – Mike Vousden | As per Treasurer |
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| TBC Show Manager – Kathy Wilkinson | As per Chairman |
| TBC Delegate to GCCF Council - Substitute Delegate – | Julia Craig-McFeely Kathy Wilkinson |
| Club Representatives on the TBAC | Julia Craig-McFeely, Linda Vousden, Mike Vousden, Kathy Wilkinson and ? |
| Committee Members | Mrs Ann Hazelden Mrs Jacqueline Leah Miss Esther Anstice |

TONKINESE BREED CLUB WEB SITE

- Kitten List & Stud List
- Downloadable forms and useful documents, Club publications etc.
- Breeders' cats re-homing page
- The rescue & welfare page for lost and found Tonkinese.
- Members 'For Sale' page, for any cat-related items you wish to sell (equipment, furniture, artworks, books, magazines, craftwork, cat houses etc.)
- The Tonkinese BAC page
- Etc.

If you link to the TBC site please check the address, there are still members who have the wrong address. The TBC web site is www.tonkinese.info



Hon.Sec's Report - *Linda Vousden*

Hi Folks,

I do hope you are all well and enjoying the rather unpredictable summer weather and enjoying the football tennis – well, where do I start? It seems an age since the last Tonkinfo, I suppose it's because with the last issue we changed the issue dates by a couple of months. We've certainly seen plenty of Tonk activity since December!

Our first back to back show with the Tonkinese Cat Club in May was a great success. Both Clubs had good entries and it seems we've also both made a small profit from the show for a change. A huge proportion of the success is solely due the immense amount of hard work by Kathy (Wilkinson) to get both the TCC and our TBC shows up and running for us.

It was wonderful, after so many years, to see our BCR (solid) and CPP (pointed) Tonks finally competing in their own shows. The standard of Tonks on the bench was excellent, and all of the Assessment cats won their Merits. The Best In Show cats deserved their places and a special mention has to go to Chris & Jo Richards's legendary girl GrCh & IGrPr Tonkaholics Isla Tanika, she's won many Best In Shows in the past but on 24th May she surpassed herself and won Overall BIS at both the TBC and TCC shows. At almost 13 years old she is a credit to the breed clearly demonstrates that Tonks are born to be shown. Visit the TBC web site to see pictures of all of the cats at the show, courtesy of Miriam Haas.

On a personal note I'd like to say thank you to all who allowed me to handle their beautiful cats at the show, this was my first engagement as a Probationer Judge and I had a lovely time!

There is news of the BCR & CPP progress and what we need from you to help it along – which you'll read in the TBAC News section.

Keep well and warm, just cuddle a Tonk!

Cheers, Linda

TBAC News - Breed Changes and Progress Information

If you have any queries about the following please contact Linda Vousden

- We are getting ever closer to being able to apply for Championship status for the BCR and CPP Tonks. **Please remember to send in your Merit & side-class wins** via the link on the TBC web site www.tonkinese.info/please-add-my-cats-merit

In order to apply for the promotions we have to provide a list of cats registered in these coat-patterns – I have already set-up a form for breeders to complete and I ask that all breeders please send in details of their registered BCR and CPP cats & kittens - <http://www.tonkinese.info/bcrcpp-promotion> (the page can be found under the web site's 'Kittens, Breeding SOPs etc.' tab).

- The Tonkinese BAC is going to apply for acceptance of the Cinnamon and Fawn colours in Tonkinese. Our BCRs and CPPs are now accepted and there are now Siamese in these colour on the Full register, so the time is right to allow the colours into the Tonkinese breed. It will mean the introduction of some new blood-lines, it will mean some more confusion in correctly identifying colours – particularly the Caramel/Lilac/Fawn group. However the 2013/14 Tonk Registration and Breeding Program requirements will go a long way to help overcome such problems, have you read the Breeding Program yet? Once the colours are accepted they will have the same show status as the other colours i.e. according to their coat-pattern. We have already drawn up a SOP and Registration Policy amendments to cater for them.
- You may have had problems getting your kittens correctly registered recently – one of the difficulties is that the GCCF database was not set-up with the full EMS breed code for TCR (mink) Tonks, it wouldn't accept the coat-pattern extension '32'. We have had this corrected. Please ensure that you now use the full EMS breed code on your registration applications, if you aren't sure what they are you'll find them on the web site to see or print off: <http://www.tonkinese.info/tonkinese-ems-breed-numbers>

KITTENS

Advertise yours on our club web site, it's free!

With 2,000 to 3,000 hits per month more Tonk kittens are sold via the web site than any other medium.

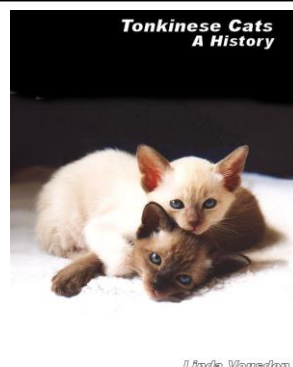
NOTE: All listing requests must now be submitted on the form that you'll find on the kitten list page

If you want to know more about the history of the Tonkinese, or the Tonkinese Breed Club, you need

"Tonkinese Cats – A History"

only available from

www.catartplus.com



More Committee Member Thumbnails:

VALERIE CHAPPLE (TBC Welfare Officer)

I live in Haslemere, Surrey and I have worked in my family business, also ran two businesses of my own.

During the 1970s I bred Siamese Cats under the guidance of Mary Dunhill. I bought my first Tonk in 2001, and as well as breeding Tonkinese, I also show them.

I run the TBC welfare and have done so for over 10 years. My previous experience in welfare is that I worked for 10 years as a volunteer at CPL doing home visits ,fostering all breeds and working in the office up to five days a week.

ESTHER ANSTICE

Lives in London with a moggy called Beauty, and has one Turkish Van who lives on a dairy farm in Canada.

Esther was introduced to the Tonkinese breed by a friend and breeder, and enjoys watching her friend's cats grow from kitten to adulthood at every available opportunity.

Welfare Report

Not much to report. I have two Tonks waiting to go to their new home. I have had them since the end of May. They were very disturbed when they came in and I have spent a lot of time calming them down.

I have another pair coming in when the arrangements have been made.

We do have people waiting to give homes but they are not always suitable for the cats that need homes.

Please all you cat owners remember to give your cats flea treatments especially if they are going to boarding catteries. The season is upon us.

Don't forget to keep the water bowls topped up.

I was told an amazing story this morning when a 14 year old Burmese came to board. He had suffered with blocked sinuses. After two Basel wash outs and a lot of antibiotics, the vet decided to drill a hole in the cat's skull and drain the sinuses. He is a new cat - shiny coat, very alert, and looks 10 years younger.

Val Chapple

Tonkinese BC Annual Awards

Announced each year at the Club's AGM, for current Members' achievements in the previous year

| AWARD | ACHIEVED DURING 2013 BY |
|--|---|
| Most successful adult male | Not Claimed |
| Most successful adult female | GC Fecheldee Sadieshade (C&V Macey) |
| Most successful neuter | Phabbays Pure Crystal (S Martin & P Kearnan) |
| Most successful kitten | Tonkyway Suli Goldendragon (R Miller) |
| Most successful Brown, Blue, Chocolate or Lilac | UK IGC Yokota Lucie Lockett (R Millward) |
| Most successful Brown. | Hylily Mushu Goldendragon (R Miller) |
| Most successful Blue | Tonkaholics Bufalobil Cody (N Richards) |
| Most successful Chocolate (series) | Ch Tonkaholics Wondering Star (C & J Richards) |
| Most successful Lilac | UK IGC Yokota Lucie Lockett (R Millward) |
| Most successful Red adult | Not Claimed |
| Most successful Red adult, kitten or neuter | Tarjjika Simply Red (C & J Richards) |
| Most successful Cream adult, kitten or neuter | Not Claimed |
| Most successful Tortie | GC Fecheldee Sadieshade (C & V Macey) |
| Most successful Caramel or Apricot (series) | GC Fecheldee Daisy May (C & V Macey) |
| Most successful Tabby adult, male | Not Claimed |
| Most successful Tabby adult, female | Not Claimed |
| Most successful Tabby neuter | GP Chinktonks Chiku (M Haas) |
| Most successful Tabby kitten male | Not Claimed |
| Most successful Tabby kitten female | Tonkyway Suli Goldendragon (R Miller) |
| Most successful Brown Tabby adult, kitten or neuter | Not Claimed |
| Most successful Tonkinese BCR (Ped or HHP) | Not Claimed |
| Most Successful Tonkinese TCR (Ped or HHP) | IGrPr & GMC Tonkaholics Serendipity (K Wilkinson) |
| Most Successful Tonkinese CPP (Ped or HHP) | GMC Levi (Chinktonks Giocosio) (M Haas) |
| Most successful HHP Adult Neuter | GMC Serendipity (K Wilkinson) |
| Most Successful HHP Kitten | Not Claimed |
| Most Successful HHP Male | GMC Levi (M Haas) |
| Most Successful HHP Female | GMC Serendipity (K Wilkinson) |
| The Tonk most often on exhibition | Not Claimed |
| Most successful exhibitor (joining the Club within last 2 years) | R Miller |
| Member who has shown most Tonks in the year | C & V Macey |

A Little Help For Your Elderly Cat – also suitable for other medium-sized pets.

Mike & Linda Vousden

We now have a number of elderly cats living with us and the favourite spots that they used to reach so easily (such as the shelf over the boiler, or even just the sofa) are becoming difficult to reach. At present Pharoah is our main concern. After giving many years of service to the Tonk gene pool he was neutered and came indoors to live with the rest of us. At the grand age of 17 he's now a little unsteady. We looked for ideas to help him – boxes, little tables, higher tables in steps, but they were all unattractive and not ideal for use. We tried ramps but quickly dismissed them because it was much more of a strain for him than the steps. We looked at steps for children, kitchen steps, steps for dogs etc. but none of them were either gradual enough, high enough or narrow enough to avoid blocking access to other areas.

In the end Mike built the ideal set of cat steps – now Pharoah can easily reach his favourite cosy place above the boiler, and a shorter version is perfect for getting on to the sofa. Pharoah is such a happy chap again that we thought you might like to see 'The Pharoah's Steps' in case you could copy or adapt them for your own cats. As you can see in the photo they are modelled by Ehawee, Mandu and Nimue.

When building our next steps we think we'll add an interior shelf, an extension of the third step down. If you do build a set of such steps I'd love to see how you get on.

Dimensions: Timber lengths of 14cm wide and 2cm deep

2 Upright Pieces - Length 69cm

2 Diagonal Pieces - Length 74cm - cut at a 45 degree angle to meet the upright and the floor.

1 Platform - 25cm (back & front) x 22cm sides.

4 Steps - cut to fit, and supported on plastic shelf blocks.

Uprights and Diagonals joined together by wooden supporting pieces on the insides at the top, as seen in the photo.



Tia's story

Tia came to join me a few years ago with her baby son Solomon. She had been one of Christine's girls, but she was very reluctantly rehomed as she had taken a fancy to attacking poor gentle Annie, the family German Shorthaired pointer – reducing her to a nervous wreck. My family have subsequently been joined by Tia's grandchildren, Ra and Siri.

Tia has been a very healthy, active but greedy girl! She has always eaten as though she was starved, and despite the fact that she has fresh wet food put down 3 times a day, and dry food permanently on offer. This has led to her frequently being sick through sheer gluttony.

Monday 12 April 2010 when I arrived home from work, my husband Cliff, told me one of the cats had been sick. He didn't know which one it was and it didn't contain food – it was just liquid. Not knowing which cat it was, all I could do was watch. None of the cats were displaying any signs of feeling poorly.

Later that night Tia was sick. The sick was a pool of watery substance but it had a tinge of an orangey colour to it. I looked and thought it looked as though it had blood in it, but Cliff didn't agree and thought it was possibly coloured by whatever it was that had made her sick. Tia was still looking bright, but was quiet. I decided that night to take her to bed with me (they are usually all shut in the rest of the house at night otherwise Mummy doesn't get any sleep at all!).

She laid very quietly on the bed until about 5.00am when she got up to be sick again. When I cleaned it up, I was certain there were tiny specks of blood in it. I made an emergency call and met the vet Kate Chitty at the surgery. Just before leaving the house Tia visited the litter tray and spent a penny.

I told Kate that I was by now very concerned and thought she may have eaten something which had caused a blockage in her gut. Tia has an unfortunate habit of seeking out small pieces of wire and plastic (forcing open my husband's tool box sometimes to get them out) but usually she tends to bring the prize to Mummy telling me what a clever girl she has been to find this lovely object. Kate initially agreed it was likely and said she would keep Tia there and do an X-ray.

Kate called me a little later to say that the X-ray showed no metal object in the stomach but what it had highlighted was an area of gas caught in the intestine at the point where the small and large intestine met. She said she would X-ray again in about an hour to see if there had been any movement and if not – might have to consider operating to find out what was going on. She thought it was possible that a foreign object was blocking it, but obviously not showing on the x-ray.

The next x-rays showed no improvement and she decided to operate. On opening her up, she discovered that a piece of the gut was not working as it should do. The gut moves independently moving waste along until it gets into the large colon and eventually it passes out as faecal matter. Most of the gut was moving normally but this one small piece was only moving at 25-30% of the rate it should be moving at. This was preventing food getting any further – hence the sickness.

She could see no other blockages or any abnormalities. The x-rays did not show abnormal amounts of faecal matter build up in the large colon.

When I went to see Kate she explained this to me and felt it might be something called mega colon which is apparently quite common in cats and rabbits. I had never heard of it. There is a human drug which has been proven effective in cats called Cisipride but it is banned as it has caused fatalities in humans, but not so for cats. Kate said she had a source in Poland and could obtain the drug via the internet for Tia. As luck would have it, they had a rabbit in the practice that also suffered with this problem and had some in stock ready for immediate use.

The drugs are used to get the gut moving again. Tia's prognosis was not good and if the drugs failed, the only other alternative was to remove the ineffective piece of intestine but this would be a last resort as, a possible side effect of this radical surgery, could be faecal incontinence. The worst of this was that it wasn't known what caused the problem in the first place and even if resolved, whether it would reoccur.

As Tia was a fat cat, at the time of the surgery, she inserted a feeding tube in her neck and said she would keep Tia in, feed her via the tube, medicate her with Cisipride and put her on a drip and see what

happened. The reason for the feeding tube was that if she didn't eat, the fat around her liver would break down and destroy her liver.

Kate told me that Tia had looked really well when we had brought her in, her eyes were bright and she had no temperature, which meant we had caught this really early. The fact that she is a house cat, meant that I could observe the changes almost as they happened and that gave her a better chance than most cats with this condition. Usually, they only arrive at the surgery when they have lost so much weight and are already very poorly.

Cliff and I went to visit my poor girl with tubes hanging out of her and broke our hearts. Even so she purred as we fussed over her.

Overnight she ripped out her drip and trashed the pen, but Kate wasn't overly concerned. She had spent a penny and had even eaten a little bit by mouth – (she could still eat with the tube in) which was really encouraging. They had given her feed via the tube and so far so good - hadn't been sick.

Over the next couple of days they continued to feed her via the tube (and showed me how to do this too). She had managed to keep everything down. Kate said she was becoming more cat like – ie she didn't want to be there - which was encouraging, so on Thursday night she was sent home with me. I was to feed and medicate via the feeding tube, and try to encourage her to eat normally because as soon as she was eating properly, her feeding tube could be removed.

What I hadn't been prepared for was World War 3 that broke out when she came home. Bless her - she was so pleased to be back, and visited each litter tray in turn to spend a penny – she had obviously been saving it up! but the other cats decided she had grown horns and stank. They hissed and spat at her and then turned on each other.

I don't honestly know what was worse. The upset over Tia, or their reaction to her and each other.

The first night I spent in the front room with Tia – keeping an eye on her to make sure she didn't rip her stomach tube out, and tempting her with fresh fish, prawns, chicken and the jelly off normal cat food. She was eating tiny amounts of each provided I put it directly in front of her mouth. I left Solly and Siri in the room with us so that I could keep an eye on them, and Ra I left to go to bed with Cliff. Ra was definitely the worst. He was inconsolable and even if **we** stroked him, he growled. He however never attempted to attack and I feel most of it was just him mouthing off every conceivable disgusting insult he could think of.

During the night Siri crept into the cat bed with Solly and slept there. I at least felt happier about that. It didn't stop them growling at each other for the next couple of days when they met each other around the door, but at least I was 80% certain they were not going to kill each other.

Ra was a different kettle of fish, and it took several days of patient handling until I could reintroduce all of them and that I am sure was because deep down he really missed them. I still occasionally had to break up staring matches before they turned into anything else, but a week later and the boys were all sleeping together again.

Incidentally Feliway doesn't work with Tonks – please don't waste your money trying it. I did try Zylkene – which I received recommendations from Christine about. Based on cat milk, this did seem to have some effect on Ra.

Gradually Tia improved and the feeding tube was able to be removed and all returned to normal.

Subsequently, Tia still has recurrences of this problem, however now I know what to look out for (she becomes quiet, is sick – white and frothy with no food in it - and sometimes hides away – which is very unusual for her), I have a stock of Cisipride in the house and immediately start medicating. Sometimes however she is also constantly being sick so I cannot get the drug in her system This means I have to take her to the vets once a day for up to a week for anti sickness injections.

Once the injection starts to work, I can get the Cisipride into her and then she usually starts to eat. This gets her gut moving and nature takes its usual course and she starts to improve dramatically.

What I have never been able to do though, is work out what triggers the bout – although she usually manages to plan it out well so that Mummy has to go to the vets over Christmas, Easter and the Bank Holidays with the mega emergency vet bills. Whether it is the change of routine around these days or

something else – I haven't been able to establish. Her food is now restricted to a limited selection, of Felix and James Wellbeloved biscuits and the only other extras are fresh fish and chicken when she is poorly.

Sharon Sears

Early Diagnosis Of Chronic Kidney Disease

**Sarah M. A. Caney BVSc PhD DSAM(Feline) MRCVS RCVS
Specialist in Feline Medicine**

Background

Chronic kidney disease (CKD, previously termed chronic renal failure) is one of the most common causes of illness in older cats and is estimated to affect more than 30% of cats over the age of 10 years.

Unfortunately a diagnosis of this illness is often only made when the disease is relatively advanced. Symptoms - what vets refer to as 'clinical signs' – usually only become apparent once at least 75% of the functional kidney tissue has been lost. Diagnosis at an earlier stage is an advantage to the patient and owner, allowing earlier treatment and check-ups which help to prolong life and improve quality of life. For example feeding a special diet designed for cats with kidney problems has been proven to prolong lifespan by 2-3 times compared to feeding normal cat food. Controlling blood phosphate levels through special diets and the use of oral phosphate binders (substances added to the food) is also known to be extremely important in helping cats with kidney disease to live a longer and healthier life.

How can an earlier diagnosis of kidney disease be made?

Diagnosing CKD before the appearance of clinical signs is a challenge. To make an earlier diagnosis, attention should be taken to:

(i) Assess 'at risk' patients more frequently.

Since older cats are more vulnerable to developing CKD, these patients should be targeted for assessment. The author recommends that vets and owners follow the International Cat Care's Wellcat guidelines which provide age appropriate recommendations for care. These guidelines recommend:

- Cats of all ages should be assessed at a veterinary practice at least once a year and their weight recorded in addition to a general physical examination and discussion of appropriate preventative health care
- In addition to this:
 - 'Mature' cats – those aged ≥ 7 years - should have their blood pressure (BP) checked once a year and a urine check (urinalysis) performed.
 - 'Senior' cats – those aged ≥ 11 years - should have blood tests done once a year. Consideration should be given to increasing the frequency of BP and urinalysis check-ups to every 6 months in these cats.
 - 'Geriatric' cats – those aged ≥ 15 years - should be assessed at a veterinary practice every 6 months at which time a clinical examination, weight check, BP and urinalysis should be performed. Blood tests should continue to be done annually unless there is any clinical indication to increase the frequency of these.

(ii) Observation for clinical signs.

Cats are very good at hiding signs of illness and typically will adapt their lifestyle to compensate for any problems. Clues of CKD may be very subtle and difficult to spot. Attention should be paid to looking for any

reduction in appetite, increased thirst, increased volume of urine produced each day (for example passing normal amounts of urine more frequently), weight loss and lethargy. Many owners of cats with CKD report that their cat seems 'out of sorts', a bit 'down' or 'depressed'.

(iii) Bodyweight assessment:
weight loss is a valuable, although non-specific, indicator of ill health. For cats over the age of 11 years, weight checks every 3-6 months are justified.

Figure 1



The author finds it helpful to calculate percentage weight loss. Translating percentage weight changes into 'human' values can also be helpful when judging the significance. For example a 10% weight loss (eg a cat that previously weighed 4kg now weighing 3.6kg) equates to a ten stone person losing one stone in weight. Unless that person is on a weight loss regime, this degree of weight loss is extremely concerning. More than 5% weight loss (eg a cat that previously weighed 4kg now weighing 3.8kg) is considered significant and warrants further investigation.

(iv) Urine screening:
cats with significant kidney disease lose the ability to produce concentrated urine. Instead, the urine they produce is more watery (more dilute). Collection of a urine sample with the cat at home is straightforward - assessment of urine concentration is quick, easy, inexpensive and can be done in the absence of the cat.

A number of special urine collection kits exist for collection of 'free catch' samples and most veterinary practices stock these. These kits contain a supply of non-absorbent litter which can be added to a clean, empty litter tray. The cat is confined in one room with the special litter tray. Once the cat has urinated, the urine can be collected using a syringe or pipette as in Figure 2.

Figure 2



It is important that the sample is collected as soon as possible after urination. Free catch samples are acceptable for initial assessment of kidney function. For example the refractometer test which determines the concentration of the urine is not affected by the method of collection. Free catch samples are not suitable for bacterial culture as they will be contaminated by bacteria in the litter tray and on the cat's paws.

Urine should be analysed as quickly as possible although many of the parameters that veterinarians will be most interested in are not critically affected by storage for up to 24 hours.

Urine concentration is assessed using a refractometer which measures the urine specific gravity (USG). Water has a specific gravity of 1.000. Normal cats usually produce urine with a specific gravity of at least 1.040. The lower the specific gravity, the more dilute the urine is. Kidney disease reduces a cat's ability to produce concentrated urine and the specific gravity falls to less than 1.035. In severe cases of kidney disease, the urine specific gravity can be as low as 1.015. It is important to bear in mind that other illnesses can affect the specific gravity mimicking CKD – these include diabetes mellitus and hyperthyroidism. If a USG result < 1.035 is found, blood testing for kidney disease is warranted.

In those cats where kidney disease is confirmed, further blood and urine tests (eg blood phosphate levels, checking for bacterial infection of the urine and urine protein measurement) are helpful to further characterise the severity of disease and identify complications.

(v) Blood screening:

Many cats in early kidney disease show few or no clinical signs. Cats with CKD have increased blood levels of urea and creatinine (referred to as 'azotaemia') and less concentrated (more dilute) urine. It is essential to test both blood and urine samples since there are other causes of azotaemia (such as dehydration which is common in sick cats) which need to be ruled out. Blood screening allows the identification of azotaemia in addition to looking for complications associated with kidney disease such as high blood phosphate levels and anaemia.

(vi) Additional recommendations for older cats:

blood pressure measurement is to be encouraged in all older cats since high blood pressure (systemic hypertension) is a common entity in these patients. The author follows the icatcare.org Wellcat guidelines which recommend BP checks at least once a year in all cats aged 7 years and older.

Figure 3



Cats with kidney disease are especially vulnerable to developing systemic hypertension - at least 20% of patients suffer from this potentially life-threatening complication. Clinical signs referable to systemic hypertension which an owner might notice would include blindness and visual problems and behavioural/neurological signs such as dementia and seizures. However systemic hypertension is often referred to as a 'silent killer' as there may be no obvious signs of this from an owner perspective. Fortunately systemic hypertension is generally very straightforward to treat with appropriate medication.

Conclusions

Early diagnosis of CKD is a challenge but is worthwhile in facilitating early and effective interventions such as phosphate restriction and prompt treatment of complications such as high blood pressure and bacterial urinary tract infections. Treatment interventions not only improve quality of life, but in some examples such as controlling phosphate levels have the ability to increase lifespan.

Further reading

'Caring for a cat with chronic kidney disease by Dr Sarah Caney. Available through www.vetprofessionals.com and a variety of online bookstores

Free downloads including articles and videos are available on the Cat Professional website (http://www.vetprofessionals.com/catprofessional/free_downloads.html) on a number of relevant topics:

Tribute Page:

Grand Premier Mymystic Mischa – 22 February 1996 – 26 June 2014



Mischa was a gentle giant of a cat. He was a bit of a hooligan when younger – taking advantage of his size to do naughty things, but was a truly lovely cat.

He was shown for several years, but did not enjoy the show scene as much as his brothers Bruno and Nimrod did, so got to stay home. He was Best In Show Neuter twice at our own club show.

When we had new kittens and the other 'grownup' cats were hissing and growling at the babies, Mischa would be in with the little one, washing them and letting them kick him – as in the photo below with Whispurr. Nimrod is looking on in disgust at his brother playing with the new kitten.



Mischa had a few health problems from about age 11 - liver about 7 years ago but recovered from that, about 3 years ago he developed asthma and we had fun and games trying to get him to use the Aerokat (he would literally hold his breath! Devil!), and then, as expected really in an older cat, he developed chronic kidney disease and went on to medication for that a couple of years ago.

At the beginning of this year he was diagnosed with pancreatitis, and had been under close surveillance for this. He was a firm favourite at our vets – whenever he was in there for tests or latterly for treatments, all the nurses and receptionists would go and make a fuss of him whenever they could – he shouted for attention and that was the only way to keep him quiet.

Sadly the recent hot weather caused him to deteriorate and we had to say goodbye to him. The Gentle Giant is missed by the other cats and ourselves.

Kathy Wilkinson

Nine Ailurophobic Descriptions of Felines

Even adamant ailurophiles must admit that these are apt descriptions.

- Cat:
1. A lap-warmer with a built-in buzzer.
 2. A four footed allergen.
 3. A small, four-legged, fur-bearing extortionist.
 4. A small, furry lap fungus.
 5. A treat-seeking missile.
 6. A wildlife control expert impersonator.
 7. One who sleeps in old, empty pizza boxes.
 8. A hair relocation expert.
 9. An un-programmable animal.

A Cat Fanciers Guide to Shakespeare

"To be or not to be, that is the question."
(Shall we breed this season?)

"Me thought I heard a voice cry, "Sleep no more ..."
(Queen in season in same house with active stud)

"What fools these mortals be"
(They just bought their 3rd kitten)

"Out, out damned spot!"
(They are cleaning up another hairball)

"What light through yonder window breaks?"
(Up all night kittening)

"Much ado about nothing"
(False pregnancy)

"Assume a virtue if you have it not"
(Be a good loser)

"Play such fantastic tricks before high heaven as make the angels weep"
(On seeing some odd judging-or clever grooming)

"Small curs are not regarded when they grin"
(Unless they have a big-name exhibitor)

"Like a fountain with an hundred spouts"
(Spraying stud)

"Young gentlemen, your spirits are too bold for your years"
(class of Bengal kittens)

"And I do wish your honours may increase"
(Best-in-show next time!)

Visit a new web site www.CatArtPlus.com
for interesting artwork and books – much of it featuring Tonkinese.

Snippets

Next Time You Complain About How Much Your Cat Is Costing To Feed (and we all do at one time or another) think about the owners of Freddy, a Great Dane born in 2013. Although still only a youngster Freddy is heading to be the largest of his breed on record, currently standing 7 foot 1 inch on his hind legs – he costs around £75 per week to feed. Oh and he's also eaten/destroyed 14 sofas!

The Biggest Domestic Moggy This Year – Catasaurus Rex aka Pickles. At 40 inches long and weighing in at 21 lbs, the cat rescued by a Boston couple is not fat just huge. If you don't believe me visit this link: <http://www.dailymail.co.uk/news/article-2559310/Meet-Pickles-three-foot-rescue-cat-weighing-21-pounds-doesnt-realise-size.html>



Pickles – the biggest cat!

Tara The Cat Saves Boy From Dog Attack In California – Footage caught on local CCTV in May this year shows four year old Jeremy playing in front of his house when a neighbour's dog attacked him for no apparent reason, causing terrible injuries to the boy's leg. Jeremy's mother was watering a tree at the time and saw Tara fly past and launch herself at the dog. Jeremy's parents took Tara in six years before, when she followed them home from the park one day - they say that Tara has earned salmon for life. Tara has become such a hero (and internet viral, (<http://www.bbc.co.uk/news/world-us-canada-27407932>) that she was asked to 'throw' the first ball at the local Little League Baseball match!

Kent Aspinnall Foundation Sets Up Wildcat Breeding Base

A wildcat breeding centre is being created on the island of Carna off the west coast of Scotland by conservationists from the Kent-based Aspinnall Foundation. Pure Scottish wildcats, now believed to number no more than 35 in the wild, will breed in the centre before being reintroduced to their natural habitats. The charity said the species had become critically endangered because of mass cross-breeding with domestic cats which had gone feral in the wild.

Wildcats from the British Wildlife Centre near Lingfield in Surrey, believed to be part domestic cat, have been DNA tested this year to establish their level of hybridisation, and will be taking part in the breeding program to re-establish the genetically true Wildcats. If you'd like to see the Wildcats (as well as Otters, Foxes, Hedgehogs, Red Squirrels – i.e more British wildlife) check out the web site for details - <http://www.britishwildlifecentre.co.uk>

London's first Cat Café

If you are in London why not investigate Lady Dinah's Cat Emporium in Shoreditch, East London. This is a Victorian-inspired tea room with a choice of hot drinks, snacks and cakes – plus a special added extra – there are 11 resident cats to make a fuss of!

Read about this in the April 2014 issue of Your Cat magazine – or go visit!! The owner worked with the International Cat Care (formerly the Feline Advisory Bureau) to ensure the highest standard of care for the cats.