Meningoencephalitis of Unknown Origin (MUO) in cats: bibliographic study and immunohistochemical reevaluation of suspected cases

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## **Objectives**

- Bibliographic study of MUO in cats.
- Reevaluation of suspected cases from the UPMiC.
- Conclusions on the diagnosis of MUO in cats.

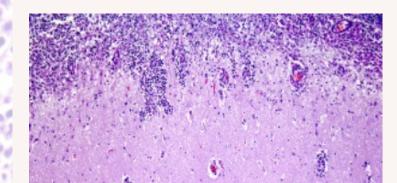
## **Materials and Methods**

Infectious agent	Antibody	
Feline coronavirus	Coronavirus (FIPv3-70) sc65653, QUIMIGEN	
Porcine herpesvirus type I	1C11 IRTA-CReSA	
Morbillivirus virus	CDV-NP, VMRD	
Prion protein	Prion Protein Monoclonal Antibody – Sha31	

Table 1: Infectious agents tested and their respective antibodies used.

# Discussion

Case	Previous tests	IHQ Feline coronavirus
1	IHQ Feline coronavirus-	-
2	No information available	-
	Serology: • Feline coronavirus –	



Results

Non-purulent leptomeningeal infiltrates and perivascular cufs in the cerebral cortex of a

3	• Feline herpesvirus –	+
	• Toxoplasma gondii –	
	IHQ Feline coronavirus +	
4	No information available	+
5	<ul> <li>Serology:</li> <li>Toxoplasma gondii –</li> <li>Feline immunodeficiency virus –</li> <li>Feline coronavirus –</li> <li>IHQ Feline coronavirus +</li> </ul>	+
6	No information available	-
7	No information available	-
8	<ul> <li>PCR Feline coronavirus –</li> <li>Serology: <ul> <li>Toxoplasma gondii –</li> <li>Bartonella henselae</li> <li>Feline leukaemia virus –</li> <li>Feline immunodeficiency virus –</li> </ul> </li> </ul>	-
9	No information available	-
10	No information available	-
11	PCR feline coronavirus + Pandy test +	+

### MUO cat. *H&E*

63.6 % of the cases were of an unknown origin (MUO). In the 36.3 % cases remaining the underlying aetiology was determined.

Leptomeningeal infiltrates containing immune positive FIP virus structures. *IHQ* 

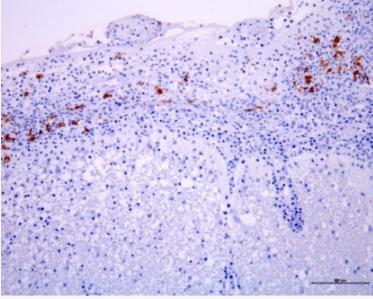


Table 2: IHQ results and comparison with previous tests.

#### Conclusions

- Further studies of MUO in cats must be carried out in order to acquire a deeper knowledge, perform an accurate diagnosis and find a possible treatment for this disease.
- The aetiology remained undetermined in 54.5 % of the cases studied. The aforementioned cases could be considered MUO.
- Ante mortem tests to discard infectious agents must be conducted using reliable techniques to avoid false diagnosis.
- It is of the utmost importance to possess a wide range of antibodies against many infectious agents so that these can be ruled out and enable the diagnosis of MUO.