

Ming

Adopted from SHELTER in February 2015. 11lbs when found in November 2014. Was told around 2-3 years old.

Before diabetes diagnosis, ~18 lbs.

Dr. S at Hospital #2 thinks Ming is ~10 years old. Dr. R at Hospital #3 thinks Ming is ~8 years old.

After diabetes, Ming is ~ 16 lbs.

How we know Ming isn't feeling well:

- Drinking water
- Loafing in front of his water bowl with his head hovering over the water
- Hiding in my sister's room
- Not following me around
- NEW sign?: Blood is pink/creamy when taking BG readings

At home before Ming is hospitalized for a pancreatitis episode:

- The following happens within a couple of hours
- Excessive vomiting. 15+ times within an hour or so (Usually will vomit first in front of the litter box and first few will be food and the rest will be clear white foam)
- Sometimes will eat meal and then the excessive vomiting will start
- Loafing at water bowl
- Increased thirst
- Seeking water in the washroom sinks
- Not going downstairs
- Hiding in sister's room
- No appetite

When I started home testing in the middle of September, I started recording in a Google Spreadsheet:

<https://tinyurl.com/y9gfqozf>

2015 - 2017

VET VISITS (from memory)

- Seen at Hospital #1 by Dr. P and Dr. G
- 1st vet visit after adoption: Ear mites - resolved
- Coughing - x-rays taken. Was told heart was slightly enlarged. Prescribed l-lysine and pred. Would continue to go in for two or three more x-rays when he would be coughing. Accepted that coughing might just be something Ming does.
- Coughs a few times a week. Used quite dusty litter from Costco. Changed litter in early 2018 to Dr. Elsey's. Recently changed litter to World's Best Cat Litter (Ming only used it once when he came home on October 13).
- Twice (or more) would go for vomiting and inappetence and prescribed appetite stimulants and blood tests would come negative for pancreatitis
- Dental done at one point with Dr. G
- All vaccinations done
- Changed to Hospital #2 because Dr. P and Dr. G sold the clinic

DIET

- Fancy Feast pates (avoided gluten so no gravy), Nature's Variety Instincts, Weruva, Cats in the Kitchen
 - Mostly preferred FF. Picky.
- Tried Raw with plain chicken, frozen commercial raw, and freeze dried raw
 - Most success with freeze dried raw but would sometimes not eat
- Ate upwards of 12 oz a day (four 3oz cans a day)

2017-2018

VET VISITS: all in records but summarized below for your convenience

Hospital #2

- Vomiting episodes:
 - November 9, 2017
 - November 13, 2017
 - August 25, 2018 - vomiting but no pancreatitis - hospitalized
- Diabetes diagnosis: March 3, 2017
- Pancreatitis episodes:
 - March 3, 2018 - diabetes diagnosis and ultrasound performed
 - April 20, 2018 - no hospitalization (suspected pancreatitis)
 - May 31, 2018 - hospitalized and ultrasound
 - June 28, 2018 - would go for SQ fluids every day and syringe feeding at home (rebound)
 - August 7, 2018 - hospitalized

Hospital #3

- Vomiting episodes:
 - September 21 - vomiting in AM but ate. Gave cerenia and bupe before heading to Hospital #3. Fear of another pancreatitis episode. Dr. W assessed but did not run any tests or administer medication because he was eating at the hospital.
- Pancreatitis, asthma:
 - We did notice him drinking water a week before his hospitalization at Hospital #3.
 - October 12: Came home in PM to find vomit around the house. Counted at least 15 times. Did not see him vomit. No appetite. Gave 4.6 units of PZI, bupe, and cerenia at home. BG was good throughout the night. Lowest at 10 mmols/L.
 - October 13: Brought to Hospital #3. Gave 4.4 units of PZI in case of hypo and no food.
 - ** There is some confusion whether Ming was given 4.6 units of PZI with u-100 syringe or not since he almost went hypo during October 13 in the PM.
 - October 15: Brought home to see if Ming will eat. At the hospital, Ming was lethargic and did not react to seeing me. Ate a few treats after coming home but went into DEEP sleep and had heavy breathing for a few hours. UR x2 and BM x1. Dr. C prescribed 2 units of PZI but I opted to give 4 units because BG was high and I did not feel comfortable giving so little. Saw moderate ketones at 12 am. Gave bupe and cerenia shortly after PZI dose. I suspected he had a fever since he was very warm. Had temp of 40 C at the vet the next morning. Dr. C gave humulin and put him on dextrose.
 - October 15-18: BG would remain in high 20s. No PZI given. Ketones present every night.

- October 18+: Started giving PZI in larger doses each cycle. BGs looking better. Started pred and was also given steroids injection.
- October 21: Stopped pred because about to see specialist and BGs were better.
- October 22: PM cycle lasted longer than 12 hours. Was at an unshootable number during AMPS (8mmols/L)

INSULIN DOSES

March 2018 to August 2018: increased from 1 unit PZI to 6 units via fructosamine tests

Inquired with Dr. S about home testing BGs but he advised against them.

Learned how to do BG readings in September 2018. Did Glucose Curve on September 17, 2018 with Alpha Trak Ultra 2. Saw that 6 units made Ming go hypo. Reduced to 4 units. Dr. R agreed and recommended keeping 4 units for 2 weeks and then doing another curve.

Noticed Ming's urine output decreased with 4 units. Instead of 3-5 large pees a day, it became 2-3 reasonably sized pees.

September 17-October 12: adjusted insulin doses at home because felt that doses were not responding well to 4 units only. 4.6 units was a good number.

Dr. R said that pink creamy blood is a good indication that pancreatitis is about to appear and I had noticed pink creamy blood during BGs for a few weeks before hospitalization. I'm not sure when it started exactly. He had had high lipase in his blood before and Dr. S said it was because of diet and I thought perhaps it was because he was on raw now. Shortly after the blood test, he had another pancreatitis episode.

DIET

Dr. S recommended DM food only twice a day and no snacks. I did not agree but would mix DM food with Ming's normal food (FF, freeze dried raw, other wet foods). No longer fed any carb treats like temptations. Would give Ming rehydrated freeze dried raw as snacks throughout the day because he would beg and would not finish all his food in one sitting. Tried to keep carb content to a minimum.

After August 7 hospitalization, fed canned DM exclusively. Gaining weight. Stools large and dark.

Dr. R said it was okay to feed Ming snacks and okay to transition Ming to raw after two weeks. By end of September, Ming was eating freeze dried and frozen raw. Pork and turkey flavour from Primal brand. Sometimes would feed FF when he was being picky/not eating right away or fear of hypo.

Questions and Concerns

1. Can Ming have a more aggressive treatment plan when he has another pancreatitis episode? What are the pros and cons of a more aggressive treatment plan?
 - My honest thoughts: I am not comfortable with a slow or cautious plan when addressing his pancreatitis. He has had pancreatitis so many times. He eats very well and a lot when he is feeling good so when he is only eating a little, I still think

it's not good enough.

2. I have been consulting with other owners with diabetic cats online. What I've learned from them when adjusting doses:
 - Hold a new dose for at least THREE 12 hour cycles
 - Increase by increments of 0.25 or 0.2 units
 - Every cat is different, of course!

This is what I have been doing prior to Ming being hospitalized. I understand Dr. R and Dr. C recommended holding new doses for at least 2 weeks to allow the body to adjust. Could the frequently changing doses have "awakened" Ming's pancreatitis? But I also feel that 2 weeks is a little long to hold if I'm seeing his BGs are not at a good number (6-12mmols/L). Although, I might not have had much success with his doses because his pancreatitis was probably already awake. I suspect his first vomiting episode on September 21 was probably when his pancreatitis woke up.

3. Would Lantus or another depot insulin be good option to try?
4. High protein levels and bacteria in his urine and high lipase levels in his blood: When Ming came in initially on October 13, Dr. W mentioned these high levels that might be related to diet (this was before we confirmed he had pancreatitis). Dr. R said high lipase is because of his pancreatitis. Could the high protein in his urine also be because of his uncontrolled diabetes? What about the bacteria?
5. Does his diet need to be revisited? I understand multiple doctors have different opinions about diet. I am not a huge fan of DM because it made his poop so large and dark and he would eat almost 3 large cans of it everyday. But that might be because of his uncontrolled diabetes. I understand carb content needs to be as low as possible for diabetic cats and it's why I was happy Ming started to eat raw food on his own. His stools were significantly smaller and less frequent.
6. Ming vomits and refluxes often in front of his litter box. Multiple vets mentioned it might be because he is constipated. Is this asthma related? Or does he have possible digestive issues/constipation? We noticed his stool had some blood on it on October 21 as well.