CASE PRESENTATION

A 2-year-old, castrated, domestic shorthaired indoor/outdoor cat presented to a Florida emergency clinic. The primary complaint was flaccid paralysis of the hindlimbs, which rapidly progressed to flaccid quadriplegia within 30 minutes. During close examination, two puncture wounds associated with minimal swelling and very minimal discharge were detected on the lateral left cubital joint (see picture).

1. What is the most likely diagnosis?
2. What is the prognosis for affected cats?

(See page 628 for answers and explanations.)
1. The diagnostic differentials for a cat with acute flaccid ascending paralysis include botulism, thiamine deficiency, tick paralysis, organophosphate toxicosis, and coral snake envenomation. Thiamine deficiency and organophosphate toxicosis would not be expected to progress this rapidly. Although tick paralysis is common in American dogs, cats appear to be resistant; in Australia, tick paralysis would be more likely. After the punctures on the cat’s elbow were found, coral snake envenomation was diagnosed (and confirmed when the owner returned home and found a dead coral snake in the backyard).

2. The prognosis for cats with coral snake envenomation is fair to good with appropriate supportive care. In contrast to dogs, most cats with coral snake bites survive, even without antivenin treatment.

REFERENCES