

CASE REPORT: FELINE GINGIVOSTOMATITIS WITH CONJUNCTIVITIS IN DOMESTIC CAT**Laporan Kasus: Feline Gingivostomatitis disertai Konjungtivitis pada Kucing Domestik****Azzra Hafifa¹, Ida Ayu Dian Kusuma Dewi², Putu Ayu Sisyawati Putriningsih³**¹Professional Veterinary Doctor Program, Faculty of Veterinary Medicine, Udayana University, Jl. P.B. Sudirman, Denpasar, Bali 80234, Indonesia²Clinical Diagnostic Laboratory, Faculty of Veterinary Medicine, Udayana University, Jl. P.B. Sudirman, Denpasar, Bali 80234, Indonesia³Internal Medicine Laboratory, Faculty of Veterinary Medicine, Udayana University, Jl. P.B. Sudirman, Denpasar, Bali 80234, Indonesia

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DOI: <https://doi.org/10.24843/bulvet.2026.v18.i01.p10>**Abstract**

Feline gingivostomatitis syndrome (FGS) is a chronic inflammatory disease of the feline oral cavity that is multifactorial in nature and often accompanied by conjunctivitis as a complication. This condition can significantly reduce a cat's quality of life. The purpose of this report is to describe a case of FGS with conjunctivitis as a complication in a domestic cat, including anamnesis, clinical examination, supporting diagnostics, treatment provided, and evaluation of the treatment response. The method used was clinical observation of a 3-year-old female cat presenting with anorexia, hypersalivation, oral mucosal inflammation, ocular discharge, and nasal discharge. Examinations included a complete physical examination, complete blood count (CBC), rapid tests for Feline calicivirus (FCV) and Feline herpesvirus (FHV-1), as well as cytological examination of swabs from ocular discharge and gingiva. The results showed severe stomatitis with gingival ulceration, conjunctivitis with mucopurulent discharge, mild nasal discharge, anemia, thrombocytopenia, and lymphocytosis. Rapid tests for FCV and FHV-1 were negative. Treatment included Amoxiclav[®], Methylprednisolone, Kenalog in Orabase[®], topical Gentamicin, vitamin B12, and oral cavity cleansing with physiological saline solution. Evaluation on day 6 revealed clinical improvement, including increased appetite, reduced oral mucosal inflammation, disappearance of ocular and nasal discharge, and resolution of conjunctivitis. The conclusion of this case is that a combination therapy approach consisting of causative, symptomatic, and supportive treatments was effective in managing FGS with conjunctivitis as a complication. Long-term monitoring and routine vaccination are recommended to prevent recurrence.

Keywords: conjunctivitis, combination therapy, feline gingivostomatitis syndrome

Abstrak

Feline Gingivostomatitis Syndrome (FGS) merupakan penyakit inflamasi kronis pada rongga mulut kucing yang bersifat multifaktorial dan sering disertai konjungtivitis sebagai komplikasi. Kondisi ini dapat menurunkan kualitas hidup kucing secara signifikan. Tujuan penulisan laporan ini adalah mendeskripsikan kasus FGS dengan komplikasi konjungtivitis pada seekor kucing domestik, meliputi anamnesis, pemeriksaan klinis, pemeriksaan penunjang, terapi yang diberikan, serta evaluasi respon pengobatan. Metode yang digunakan adalah observasi klinis pada seekor kucing betina berusia 3 tahun dengan keluhan anoreksia, hipersalivasi, inflamasi mukosa oral, leleran mata, dan leleran hidung. Pemeriksaan dilakukan melalui pemeriksaan fisik, pemeriksaan darah lengkap (CBC), uji cepat *Feline calicivirus* (FCV) dan *Feline herpesvirus* (FHV-1), serta sitologi swab leleran mata dan gingiva. Hasil menunjukkan adanya stomatitis parah dengan ulserasi gingiva, konjungtivitis dengan sekret mukopurulen, leleran hidung ringan, anemia, trombositopenia, dan limfositosis. Uji cepat FCV dan FHV-1 menunjukkan hasil negatif. Terapi diberikan berupa Amoxiclav[®], Methylprednisolone, Kenalog in Orabase[®], Gentamicin topikal, vitamin B12, serta pembersihan rongga mulut dengan larutan NaCl fisiologis. Evaluasi hari ke-6 memperlihatkan perbaikan berupa peningkatan nafsu makan, berkurangnya inflamasi mukosa mulut, hilangnya leleran mata dan hidung, serta resolusi konjungtivitis. Simpulan dari kasus ini adalah pendekatan terapi kombinasi kausatif, simptomatis, dan suportif efektif dalam penanganan FGS dengan komplikasi konjungtivitis. Saran diberikan agar dilakukan pemantauan jangka panjang dan vaksinasi rutin untuk mencegah kekambuhan.

Kata kunci: konjungtivitis, terapi kombinasi, *Feline gingivostomatitis syndrome*

INTRODUCTION

Feline Gingivostomatitis Syndrome (FGS) is a chronic inflammatory disease of the oral cavity in cats, characterized by gingival inflammation, mucosal ulceration, halitosis, hypersalivation, anorexia, and weight loss (Pawitri, 2018). This condition is multifactorial in nature, involving viral infections such as Feline Calicivirus (FCV) and Feline Herpesvirus type 1 (FHV-1), secondary bacterial infections, and abnormal immune responses (Wei *et al.*, 2024). Gingivostomatitis is frequently accompanied by other conditions that may exacerbate the patient's clinical status, one of which is conjunctivitis (Gaskell *et al.*, 2007; Lestari *et al.*, 2020).

Conjunctivitis in cats is defined as inflammation of the conjunctiva, the mucous membrane lining the eyelids and covering the scleral surface. The main clinical manifestations include conjunctival hyperemia, edema, blepharospasm, serous to mucopurulent ocular discharge, and in some cases prolapse of the nictitating membrane (Marbun, 2022). This condition may be caused by viral infections such as FHV-1, bacterial agents including *Chlamydomphila felis* and *Mycoplasma spp.*, trauma, or environmental irritants. Conjunctivitis is typically unilateral in the early stages but may progress to bilateral involvement as the disease advances. When occurring concurrently with gingivostomatitis, this condition can markedly reduce a cat's comfort and quality of life (Gaskell *et al.*, 2007). Gingivostomatitis accompanied by conjunctivitis represents a clinically significant combination, as it may lead to systemic disturbances. Cats affected by this condition often experience anorexia, dehydration, weight loss, and immune dysfunction, which may predispose them to secondary infections (Andarini *et al.*, 2021).

The purpose of this case report is to comprehensively describe the anamnesis, clinical findings, diagnostic approach, management, and therapeutic evaluation of a domestic cat presenting with gingivostomatitis complicated by conjunctivitis. This report is expected to contribute to the existing veterinary literature by highlighting the complexity of such cases, given that the

concurrent occurrence of gingivostomatitis and conjunctivitis in cats remains relatively infrequently reported.

RESEARCH METHODS

Animal Ethics Approval

This study involved medical examinations of a live animal in the form of clinical evaluation, biological sample collection, and therapeutic interventions in a domestic cat diagnosed with feline gingivostomatitis complicated by conjunctivitis. All procedures were approved by the Animal Research Ethics Committee of the Faculty of Veterinary Medicine, Universitas Udayana. Written informed consent was obtained from the owner after a full explanation of the study objectives, examination procedures, potential risks, and therapeutic benefits. All interventions were conducted in accordance with animal welfare principles to minimize pain, stress, and discomfort throughout the study period.

Study Subject

A three-year-old female domestic cat weighing 2.4 kg, named Jeruk, was presented to the Internal Medicine Laboratory, Faculty of Veterinary Medicine, Universitas Udayana, Denpasar, Bali. The owner reported that over the previous week the cat had exhibited bilateral ocular and nasal discharge, accompanied by swelling of the oral mucosa and protrusion of the tongue. During the three days prior to examination, the clinical signs had worsened, with a marked decrease in appetite. The cat also showed difficulty chewing, hypersalivation, and had not received any treatment or routine vaccination since the onset of clinical signs. The animal was kept in a household yard environment and was typically fed homemade food such as rice and chicken, along with commercial wet food.

Study Design

This study employed a descriptive observational design in the form of a case report. Observations were conducted before, during, and after diagnostic and therapeutic interventions. The study sequence began with an initial clinical examination to identify lesion characteristics and the overall health status of the patient, followed by ancillary examinations including complete hematological analysis, cytological examination, and rapid viral testing. Based on the diagnostic findings, therapeutic management was administered according to the patient's clinical needs. Clinical progress was evaluated periodically up to day 6 to assess therapeutic response and treatment effectiveness.

Study Variables

The variables in this study included independent, dependent, and control variables. The independent variable was the administered therapy, consisting of antibiotics, anti-inflammatory agents, topical therapy, vitamins, and oral cavity cleansing. Dependent variables included changes in oral clinical conditions, such as the degree of inflammation, ulceration, and hypersalivation; changes in ocular conditions, including hyperemia, edema, and discharge; and the patient's general response, assessed through appetite and activity levels. Control variables included standardized clinical examination procedures, uniform sample collection techniques, and consistency in drug dosage and treatment schedules throughout the therapy period.

Data Collection Methods

Data collection was conducted in several stages. Clinical examination included assessment of Body Condition Score (BCS), hydration status, body temperature, respiratory rate, heart rate, capillary refill time (CRT), and evaluation of the oral mucosa, including the severity of stomatitis, presence of ulceration, hypersalivation, and conjunctival status. Hematological

examination was performed using EDTA-anticoagulated blood samples analyzed with an automated hematology analyzer to determine hemoglobin levels, hematocrit, erythrocyte count, total leukocyte count with differential, and platelet count. Rapid viral testing was conducted to detect FHV-1 and FCV using a commercial rapid test kit, following standard procedures with oropharyngeal swab sampling. Cytological examination of the gingiva and conjunctiva was performed using Diff-Quick staining, and the slides were examined under 1000× magnification to identify inflammatory cell types and the presence of bacteria.

Data Analysis

Data were analyzed descriptively to evaluate the effectiveness of the therapy. Changes in oral and ocular clinical conditions were compared between day 1 and day 6 examinations to assess improvements in inflammation, ulceration, hypersalivation, hyperemia, edema, and discharge. The patient's general condition, including appetite and activity, was also evaluated to assess systemic status. Hematological findings were used as supporting data to identify potential infection or other physiological alterations. Clinical progression was documented photographically and compared with baseline findings to determine the patient's response to the administered therapy.

RESULTS AND DISCUSSION

Results

Physical examination revealed that the patient was in a generally weak condition, with a Body Condition Score (BCS) of 4/9 (Shoveller *et al.*, 2014), a body temperature of 38 °C, respiratory rate of 30 breaths/min, heart rate of 140 beats/min, and a capillary refill time (CRT) of < 2 seconds. A summary of the patient's physiological parameters is presented in Table 1, indicating that most vital signs were within normal ranges.

Oral examination demonstrated mucosal inflammation accompanied by hypersalivation and stomatitis involving the oral mucosa and tongue. In addition, there was loss of most premolar and molar teeth, marked plaque accumulation, and gingival ulceration. Ocular examination revealed mucopurulent conjunctivitis with prolapse of the nictitating membrane in the left eye, as well as mild serous nasal discharge, suggesting involvement of the upper respiratory tract (Figure 1).

Ancillary examination using a complete blood count (CBC) revealed anemia (HGB 8.1 g/dL; HCT 27.7%), lymphocytosis (LYM# $8.46 \times 10^3/\mu\text{L}$; LYM% 85.2%), decreased granulocytes (GRA# $0.8 \times 10^3/\mu\text{L}$), and thrombocytopenia (PLT $90 \times 10^3/\mu\text{L}$). These findings, summarized in Table 2, indicate a chronic inflammatory process with increased platelet consumption in inflamed tissues. Rapid tests for Feline calicivirus (FCV) and Feline herpesvirus-1 (FHV-1) yielded negative results (Figure 2a). Cytological examination of the conjunctiva showed neutrophil predominance (Figure 2b), indicating acute inflammation. Gingival swab cytology did not reveal significant inflammatory cells, suggesting that inflammation was more pronounced in the subepithelial tissues.

Based on the clinical and laboratory findings, the patient was diagnosed with feline gingivostomatitis accompanied by conjunctivitis, with a *fausta* prognosis.

Therapy was administered using a causal, symptomatic, and supportive approach. The patient received Amoxiclav[®] at a dose of 15 mg/kg body weight orally every 12 hours for 7 days as a systemic antibiotic; Genoint[®] 0.3% (gentamicin) ophthalmic ointment once daily for ocular infection; methylprednisolone at 2 mg/kg body weight orally every 24 hours for 4 days as a systemic anti-inflammatory agent; and Kenalog in Orabase[®] 0.1% applied twice daily after feeding for oral lesions. Vitamin B12 (Biodin[®]) at 0.2 mg/kg body weight was administered

intramuscularly every 24 hours, and routine oral cleansing with physiological NaCl solution was performed. Evaluation on day 6 demonstrated significant improvement, including reduced hypersalivation, resolution of conjunctivitis, disappearance of nasal discharge, decreased gingival inflammation, and reduced plaque accumulation (Figure 3).

Discussion

Clinical examination in this case revealed a combination of oral lesions, including gingival ulceration and stomatitis, along with ocular abnormalities in the form of conjunctivitis with mucopurulent discharge. Mild nasal discharge was also observed, indicating secondary involvement of the upper respiratory tract. This combination of oral, ocular, and nasal manifestations supports the notion that the condition was not solely triggered by local factors within the oral cavity but was also influenced by an abnormal systemic immune response. These findings are consistent with previous reports (Winer *et al.*, 2016; Sturgeon *et al.*, 2020), which describe Feline Gingivostomatitis Syndrome (FGS) as frequently occurring alongside other infectious diseases and presenting as a complex clinical syndrome involving multiple mucosal tissues, including the eyes and upper respiratory tract.

The hematological findings in this patient included anemia, thrombocytopenia, and lymphocytosis. Such a profile is commonly observed in chronic inflammatory conditions and persistent infections. Lymphocytosis in cats with chronic stomatitis reflects excessive activation of CD8+ T cells, which can exacerbate destruction of the oral mucosa (Lee *et al.*, 2020). Thrombocytopenia may result from chronic inflammation leading to increased platelet consumption within inflamed tissues (Quimby, 2021). These hematological abnormalities are consistent with the patient's clinical presentation, which included severe mucosal ulceration, hypersalivation, and prolonged ocular and nasal discharge prior to examination.

Although rapid tests for FCV and FHV-1 were negative, viral involvement cannot be completely excluded. FGS is a multifactorial disease influenced by several factors, including dental plaque, oral microbiota, and immunological predisposition (Arzi *et al.*, 2020). An abnormal immune response to dental plaque antigens is considered a key trigger for excessive mucosal inflammation (Caifa, 2013). Even thin plaque accumulation on teeth may provoke an exaggerated immune response, leading to persistent and progressive inflammation. This is particularly relevant given the patient's history of frequent consumption of wet food and homemade diets. Continuous feeding of wet food without adequate dental care accelerates plaque accumulation, thereby increasing the risk of FGS. Differential diagnoses considered included FCV-associated stomatitis, FHV-1 infection, *Chlamydophila felis*, *Mycoplasma* spp. infection, and chronic periodontal disease. These conditions were ruled out based on diagnostic test results, cytology, lesion distribution, and clinical patterns.

The immunopathogenesis of FGS is characterized by activation of cytotoxic T cells (CD8+) and the release of proinflammatory cytokines such as IL-1 β , IL-6, and TNF- α . This immune activation not only damages oral tissues but may also affect other mucosal surfaces through the mucosal immune axis. Therefore, the coexistence of gingivostomatitis, conjunctivitis, and mild nasal discharge in this case is consistent with interconnected mucosal immune responses. The mild nasal discharge likely resulted from secondary inflammation of the upper respiratory mucosa, which is commonly observed in FGS patients with excessive systemic immune activation.

The therapeutic approach in this case combined causal, symptomatic, and supportive strategies. Systemic antibiotics such as Amoxiclav[®] were selected due to their superior efficacy compared to amoxicillin alone, as many oral bacteria in cats are capable of producing β -lactamase enzymes. The presence of clavulanic acid as a β -lactamase inhibitor protects the β -lactam ring

of amoxicillin, maintaining antimicrobial activity and allowing effective control of secondary infections. Topical gentamicin was used to address bacterial infection associated with conjunctivitis.

This strategy employed two antibiotics with different targets (systemic and local) to more effectively reduce the infectious burden. Anti-inflammatory therapy was administered both systemically (methylprednisolone) to suppress generalized inflammation and topically (Kenalog in Orabase[®]) to alleviate pain and local inflammation in oral ulcerative lesions. The combined use of systemic and topical anti-inflammatory agents aimed to provide a dual effect by reducing systemic inflammatory responses while accelerating local wound healing. Vitamin B12 supplementation supported immune function and improved the patient's general condition, while routine oral cleansing with physiological NaCl solution helped reduce debris accumulation and local inflammation.

In addition to medical therapy, premolar and molar extraction may be considered, as it has been reported to facilitate recovery in up to 50% of cases (Tutt, 2016; Verstraete *et al.*, 2017). However, such intervention is typically recommended for refractory cases that do not respond to initial medical management. Other reported therapeutic alternatives include immunosuppressive agents (such as cyclosporine and azathioprine), interferon therapy, and hydrolyzed protein diets (Chang, 2015; Caifa, 2013).

The patient's clinical response after six days of therapy demonstrated significant improvement, including increased appetite, reduced ocular and nasal discharge, resolution of conjunctivitis, and decreased oral mucosal inflammation. These findings indicate the effectiveness of the combined causal-symptomatic-supportive therapeutic approach in managing FGS with extra-oral mucosal involvement. Anamnesis data further highlighted patient-specific risk factors, including lack of routine vaccination, frequent consumption of homemade and wet food, and maintenance in an open environment with high pathogen exposure. These factors increase the risk of immune dysregulation and chronic infection, ultimately contributing to the development of FGS. The prognosis in this case was considered favorable, in agreement with previous reports (Arzi *et al.*, 2020; Sturgeon *et al.*, 2020), which indicate that early diagnosis and aggressive therapy significantly improve recovery rates compared with chronic cases lacking consistent treatment.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This case of Feline Gingivostomatitis (FGS) complicated by conjunctivitis in a domestic cat demonstrates that the disease is complex, involving abnormal immune responses and secondary infections that exacerbate clinical manifestations. Combination therapy consisting of antibiotics, corticosteroid anti-inflammatory agents, vitamin B12 supplementation, and routine oral cavity cleansing using physiological solutions resulted in significant clinical improvement within six days. These findings confirm that a therapeutic approach integrating causal, symptomatic, and supportive treatments is an effective strategy for managing FGS with concurrent conjunctivitis.

Recommendations

Long-term monitoring and routine vaccination against Feline calicivirus (FCV) and Feline herpesvirus-1 (FHV-1) are recommended to reduce the risk of recurrence, given the chronic and multifactorial nature of FGS. Regular oral hygiene care, including plaque control and the provision of diets that support dental health, is also essential for maintaining optimal oral health in cats. In refractory cases, further interventions such as premolar and molar tooth extraction or

the use of immunomodulatory therapies may be considered.

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Tables

Table 1. Results of the Physical Examination of the Case Animal

Examination Parameter	Result	Reference Range	Remark
Heart rate	140 beats/min	140–220 beats/min	Normal
Pulse rate	138 beats/min	140–220 beats/min	Normal
Respiratory rate	30 breaths/min	20–30 breaths/min	Normal
Body temperature	38 °C	37.5–39.2 °C	Normal
Capillary refill time (CRT)	< 2 s	< 2 s	Normal

Table 2. Complete Blood Count (CBC) Results

Parameter	Result	Unit	Reference Range	Remark
WBC	9.93	×10 ³ /μL	5.5–19.5	Normal
LYM#	8.46	×10 ³ /μL	0.8–7.0	Increased
GRA#	0.80	×10 ³ /μL	2.1–15.0	Decreased
LYM%	85.2	%	12–45	Increased
GRA%	9.6	%	35–85	Decreased
Hemoglobin (HGB)	8.1	g/dL	9.3–15.3	Decreased
Mean corpuscular hemoglobin concentration (MCHC)	29.1	g/dL	30–38	Decreased
Red cell distribution width–CV (RDW-CV)	12.8	%	14–18	Decreased
Red cell distribution width–SD (RDW-SD)	30.5	fL	35–56	Decreased
Hematocrit (HCT)	27.7	%	28–49	Decreased
Platelet count (PLT)	90	×10 ³ /μL	100–514	Decreased
Plateletcrit (PCT)	0.071	%	0.1–0.5	Decreased

Figures

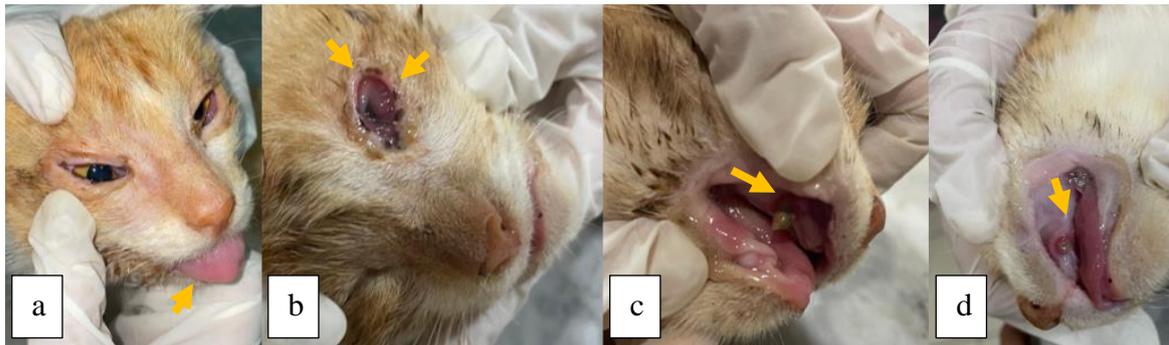


Figure 1. (a) Clinical appearance of the patient showing tongue protrusion; (b) conjunctivitis with mucopurulent discharge and mild serous nasal discharge, accompanied by prolapse of the nictitating membrane in the left eye; (c) oral examination revealing loss of most teeth (premolars and molars) with plaque accumulation on the remaining teeth; and (d) ulceration of the left gingiva associated with hypersalivation.

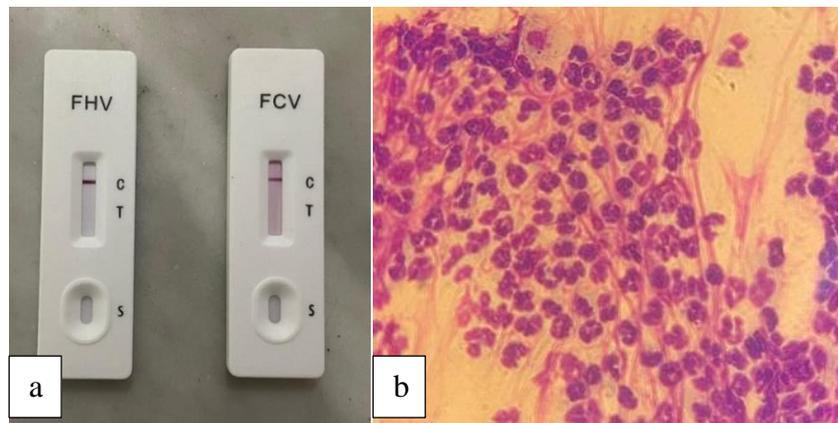


Figure 2. (a) Rapid test results for Feline calicivirus (FCV) and Feline herpesvirus (FHV-1) showing negative findings; (b) cytological examination of the ocular discharge swab revealing polymorphonuclear cells with finely granular purple cytoplasm (neutrophils) (100x magnification).

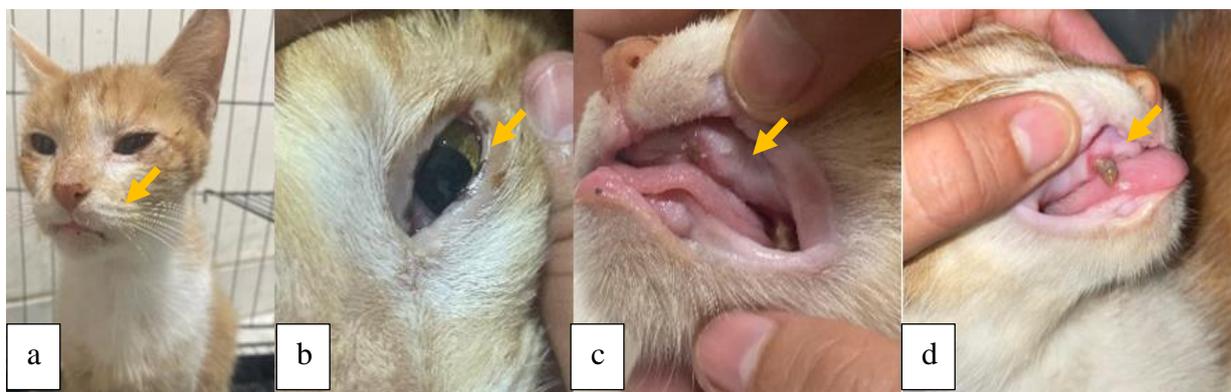


Figure 3. Clinical condition of the patient after 6 days of therapy: (a) reduced hypersalivation with no tongue protrusion and absence of nasal discharge; (b) improvement of conjunctivitis with decreased mucopurulent secretion; (c) reduced oral inflammation with decreased gingival inflammation; and (d) reduced plaque accumulation on the teeth.