I met Alison when she brought her newly “adopted” young cat in for an initial examination several years ago. Ezra, a feral street rescue that Alison was keeping as an outdoor cat, was thin, almost emaciated, with a scruffy long-haired coat saturated with copious quantities of flea dirt. We opened a can of cat food for him, and he ate hungrily. Satiated, he started to purr and groom simultaneously. I felt satisfied, thinking that he would be an amazing little pet with routine deworming, flea and tick prevention, and TLC.

But then my technician brought me some test results—Ezra was FIV positive and loaded with roundworms, hookworms, and tapeworms. Clearly, this would be a bit more complicated but he was clinically healthy, so I was hopeful.

I made eye contact with Alison
For the first time during the appointment I truly looked at Alison. She was thin and wan, with sallow skin and dry, cracked lips. She wore a warm sweater and wool hat despite the mild September weather. Her eyes, though, were sparkling and engaged. I explained Ezra’s challenges and watched Alison’s face progressively fall throughout the conversation. In tears, she explained that she’d recently been diagnosed with a rare form of gastrointestinal cancer. The prognosis was good pending multimodal therapy. But Ezra had been a real solace through the diagnosis.

I had some strong concerns about Alison’s ability to keep an outdoor cat, given her pending therapy, and mentioned them to her. She was devastated, and I didn’t quite know what to do. I asked for the names of her physician, oncologist, and therapist and obtained permission from her to discuss her case with these professionals. I had never done this before and wasn’t sure how to start, so I simply picked up the phone.

Together, we devised a plan
What happened next was amazing. I spoke with Alison’s therapist, who completely understood and endorsed the emotional importance of Ezra in Alison’s life. I next spoke with her oncologist and was thrilled to hear that she likewise endorsed the bond between Alison and Ezra. She also advised me about Alison’s immunologic deficits while undergoing chemotherapy.

But when I contacted Alison’s primary care physician, he expressed deep concern about the health risks of having an outdoor cat. Alison’s oncologist, primary care physician, and I had a phone meeting to discuss the potential pathogens encountered with an outdoor cat and devise a behavior modification plan that would transition Ezra to life as an indoor cat. We also discussed lifestyle precautions Alison would have to take both during and after chemotherapy.

Ezra was tested for a panel of zoonotic and other pathogens, neutered, dewormed with a broad-spectrum product, and received a topical flea and tick preventative, with monthly parasite treatment. His nails were clipped short during routine DVM visits. He received all vaccinations and was transitioned to an indoor-only existence with lots of environmental enrichment. Today, Ezra and Alison are thriving—together.

One Health at its best
To me, this is One Health at its absolute best—health care professionals working together to advance the health of the family unit, both human and pet.

This month, we proudly debut editorial copy that fosters collaborative work on key issues of importance to both physicians and veterinarians—interdisciplinary research, animal models for human disease, the human–animal bond, zoonotic disease, and more.

Look for the One Health Initiative logo highlighting capsules and articles chosen each month by our Editorial Team. We hope this coverage will embolden all our readers to take the rewarding path toward collaborative medicine.

http://www.onehealthinitiative.com/

Happy reading!

Indu Mani, DVM, DSc

P.S. See page 6 for more about the One Health Initiative.