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## Call for Abstracts – Virtual 2021 ISFM World Feline Congress

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Abstracts should be of relevance to feline clinical practice are invited and may include:

- Original research
- Case series
- Case reports

Abstracts should present novel information (or highly unusual case material) that has not been previously published, but ISFM is willing to consider abstracts that have already been presented (in abstract form) at a previous conference\*.

All submitted abstracts will be reviewed, and those accepted will go forward to be presented as a PDF poster in the virtual poster session of the ISFM World Feline Congress. The presenting author will be expected to attend the congress and log in to the online congress platform regularly throughout the days of the congress to answer any questions from the delegates about their poster. Presenters will also have the opportunity to provide a 10-minute presentation about their poster, or take part in a recorded Q&A session about their poster with a member of the ISFM team, to appear online as part of the congress. Further details and instructions will be provided at the point of abstract acceptance, but both would be recorded via Zoom. If the presenter opts for a Q&A session, the questions would be sent to the presenter in advance of the Q&A recording session.

Abstracts accepted for the ISFM World Feline Congress will also be published in an issue of the *Journal of Feline Medicine and Surgery (JFMS)*. The process of submitting an abstract for consideration will be taken as confirmation that all authors have approved the abstract and are willing for it to be published in *JFMS*.

The presenter of an accepted abstract will receive a complimentary place at the virtual congress.

**Deadline for submission of abstracts: MARCH 31, 2021**

\*with the exception of the AAFP conference as those abstracts are already published in *JFMS*

### ***Instructions: Preparation, submission and presentation (see example below)***

- Abstracts should be a concise summary of the final poster.
- They must be formatted in Times New Roman, 11 point, and black font.
- They must be submitted in Microsoft Word format, and prepared for a single sheet of A4 size paper with 6 cm margins top and bottom, and 4 cm margins on the left and right.
- They must be single spaced with each paragraph indented by four spaces.
- They must be in English.
- If space permits, a table, graph or photographic image may be included, but references should not be included.
- Standard abbreviations may be used for common terms only.
- Note that presenters may want to limit their submission to 250 words if they plan to publish their data as a full length manuscript somewhere other than *JFMS* in the future.
- The body of the abstract must be constructed as follows:
  - **Title:** This should be short and informative, and typed in upper case.
  - **Author(s):** These should be listed with full first name, middle initial and last name. The name of the presenting author should be underlined. No degrees or professional titles should be included.
  - **Institution/address:** This should appear immediately below the author(s) and include both city and country. If there is no institute, just include the city and country. If there is more than one address, superscript numbers should be used for authors and institutes. Do not include postcodes or zip codes.

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- **Abstract Body:** The abstract text should be appropriately structured but subheadings should not be included. Generic names of drugs should be used.
  - To submit an abstract, please email it in the above format to: [abi.tansley@icatcare.org](mailto:abi.tansley@icatcare.org).

**Please note:** Strict compliance with the above specifications is imperative – any abstract that does not comply will not be accepted for review.

### ***Poster presentation of accepted abstracts***

Poster presentations will be displayed as part of the virtual poster booth on the online congress platform. Posters should be A4 in size and supplied as a PDF.

The poster design should be clear and concise, with the title, author(s) and institute(s) displayed prominently at the top. The layout of the poster should include clear headings (eg, Introduction, Materials and Methods, Results, Conclusions/Discussion), and should also include a Summary/Abstract. The use of colour illustrations and graphics is encouraged.

### **Sample poster layout**



## Sample abstract

### THYROID FUNCTION IN THE CAT ASSESSED BY THE THYROTROPHIN RELEASING HORMONE RESPONSE TEST AND THE THYROTROPHIN STIMULATION TEST

Andrew H Sparkes<sup>1</sup>, Boyd R Jones<sup>1</sup>, Timothy J Gruffydd-Jones<sup>1</sup>,  
Michael J Walker<sup>2</sup>

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Changes in total T4, free T4 and total T3 were measured in 13 cats after the intravenous injection of varying doses of TSH (0.5 U/cat n = 6; 1 U/cat n = 8; 1 U/kg body weight, n = 7) or of TRH (100 mcg/cat, n = 10).

All three doses of TSH resulted in a significant ( $P < 0.05$ ) rise in T4, free T4 and T3 levels, with the mean peak in hormone concentrations occurring 6–8 h post-injection. The three doses of TSH all appeared to produce maximal stimulation of thyroid hormone secretion. The mean percentage increase in hormone concentrations at 7 h following the three doses of TSH ranged from 167–198% for T4, 240–365% for free T4 and 73–116% for T3.

Following administration of TRH there was also a significant ( $P < 0.05$ ) rise in T4 and free T4. The mean peak in T4 and free T4 levels occurred at 4 h, and mean increases in hormone levels at this time were 92% for T4 and 198% for free T4. The administration of TRH produced little change in T3 levels.

| Administered | Evaluated  | Basal      | Post-injection | % increase |
|--------------|------------|------------|----------------|------------|
| TRH 100µg    | T4 nM      | 22.0 ± 3.4 | 42.1 ± 8.1     | 92 ± 27    |
|              | Free T4 pM | 8.8 ± 3.0  | 24.7 ± 7.3     | 198 ± 77   |
|              | T3 nM      | 0.7 ± 0.1  | 0.8 ± 0.2      | 18 ± 22    |
| TSH 1U       | T4 nM      | 28.5 ± 5.6 | 82.8 ± 17.3    | 198 ± 82   |
|              | Free T4 pM | 11.0 ± 3.0 | 48.8 ± 12.6    | 365 ± 129  |
|              | T3 nM      | 0.6 ± 0.2  | 1.1 ± 0.3      | 116 ± 108  |

TSH administration resulted in a significantly higher ( $P < 0.05$ ) percentage peak increase in T4, free T4 and T3 levels at all three dosages than did TRH, and may therefore be preferable to TRH for assessing thyroid function in cats.