Call for Abstracts –
2023 ISFM Feline Congress in Dublin

Abstracts 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, although 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 in poster format in person at the ISFM Congress in Dublin. A PDF of each poster will also appear on the online congress platform as part of the virtual aspect of the congress. The presenter will be expected to be present alongside their poster at breaks during the congress in Dublin in order to answer any questions from the delegates. Presenters will also have the opportunity to give a live presentation at the in-person congress about their poster (8-minute presentation, with 2 minutes for questions) – this aspect is optional.

Accepted abstracts will be published online in 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 50% discount on member rate registration for the in-person congress.

Deadline for submission of abstracts: 17 March 2023

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.
  - **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: hugh.tucker@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

Posters will be displayed both throughout the in-person congress and as a PDF on the online congress platform. Hard copy posters should measure no more than A0 size (841 mm x 1189 mm) and should be easily read from a distance of 1–2 m (generally using font sizes of 24 and above). It is the presenter's responsibility to print and bring their poster to the in-person congress. PDF posters should be A4 in size.

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, Discussion/Conclusions), 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[1], Boyd R Jones[1], Timothy J Gruffydd-Jones[1], Michael J Walker[2]

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[2]Serono Laboratories (UK), Welwyn Garden City, UK

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 increasein 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.