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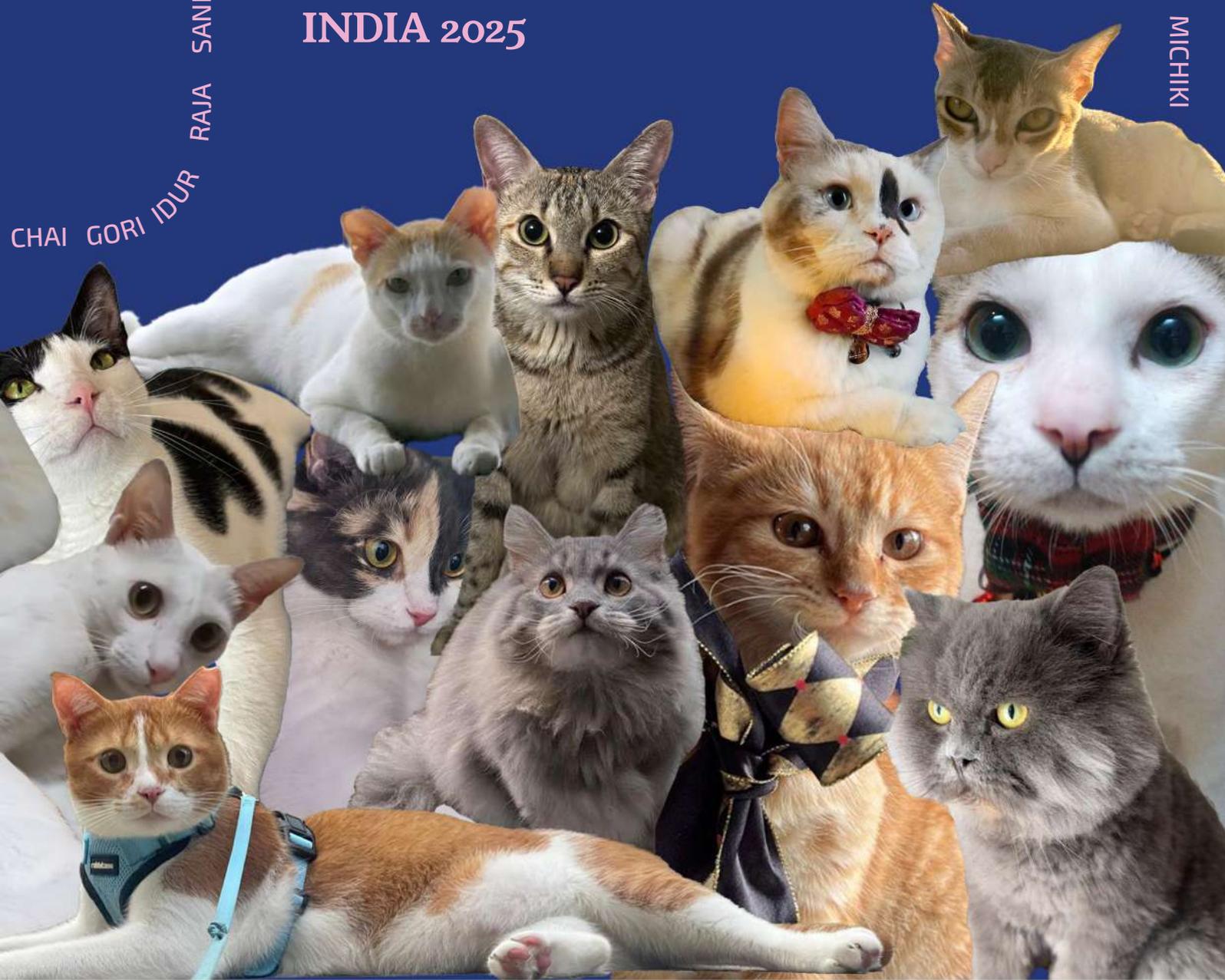
CROWY BISHOP NILOU GRAHAM SANDY RAJA

for Pet Parents & Veterinarians

# FIP TREATMENT GUIDE

INDIA 2025

CHAI GORI IDUR



# DISCLAIMER



*This guide is published by FSGI Foundation and FIP Warriors® India for educational purposes only.*

It is intended to support informed decision-making by pet parents and veterinary professionals, based on current global research and treatment protocols. We do not sell, promote, or endorse any antiviral products - licensed or unlicensed, and we are not affiliated with any manufacturer or supplier. All references to medications are provided for informational purposes only. Under Indian law, prescribing or selling unlicensed antivirals (such as GS-441524 or EIDD-1931) for commercial gain may be considered a violation of the Drugs and Cosmetics Act.

*However, use of unlicensed medication by a pet owner or caregiver, in their personal capacity, to save the life of their cat, is not illegal.*

Veterinarians can legally support such cases through diagnosis, monitoring, and general clinical care, and we strongly encourage them to do so.

*This guide is not a substitute for veterinary advice or legal counsel.*

*Digital illustrations in this document are utilised from [www.storyset.com](http://www.storyset.com).*

# PREFACE

Most of what India knows about FIP treatment has come from one source: BASMI. Over time, it was mistaken for the drug itself, when it's nothing more than an inferior - quality brand of unlicensed Chinese GS 441524. The protocols it spread were built around profit, not science.

*This guide is a RESET.*

Rooted in global research and through frontline experience, we are here to help caregivers and vets make informed, evidence-based choices. Not to sell. Not to promote.

*FIP is treatable- but only if we move beyond outdated, unproven protocols.*

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**NOTE:** Click on the link for more information, if you see this symbol.



# WHAT IS FIP?

## FELINE INFECTIOUS PERITONITIS

It is caused by a mutation of the *feline coronavirus (FCoV)*.

Most cats have FCoV at some point - it usually lives quietly in the intestines. But sometimes, the virus mutates inside the body and becomes pathogenic - triggering a strong inflammatory response. This is when it turns into FIP.

*Cats under two years old are most frequently affected by FIP.*

Until a few years ago, this disease was considered fatal. Now, it is treatable and curable. Thousands of cats around the world, including India, have survived and thrived after the correct treatment.



**Woody - India's first  
FIP survivor**

## FIP VACCINE

While a USDA-approved vaccine for FIP was developed nearly 40 years ago, it is not recommended due to low efficacy and the potential for antibody dependent enhancement (ADE), worsening the effects of the disease. In recent times, however, Assistant Professor Terza Brostoff and a team of UC Davis infectious disease and biomedical engineering professionals have successfully created an mRNA vaccine that targets structural protein inside the virus and does not cause ADE.

*This is currently in trial, and the clinical studies will take a few years to complete for the vaccine to be available for use.*

# TYPES OF FIP

FIP can affect different parts of the body and show up in different ways. Based on where the inflammation develops, veterinarians and researchers have described several clinical forms of the disease.

Broadly FIP can be categorised into two types - Effusive and Non Effusive. Effusive FIP shows fluid buildup. However, in more recent times, they have been subdivided into five categories to achieve more effective treatment.

## WET FIP



Cat with abdominal effusions

Usually beginning with a **high temperature, loss of appetite and lethargy**, cats with Wet FIP have **abdominal effusions** usually accompanied with an enlarged abdominal cavity - basically the **stomach appears** abnormally enlarged, rounded and **bloated**.

Sometimes **vomiting, diarrhea or jaundice** may emerge.

## DRY FIP

Often more difficult to diagnose, Dry FIP also tends to be more **chronic, progressing over a few weeks to months**. With no fluid accumulation, this form presents itself with some subtle symptoms like **fatigue and gradual weight loss**, later accompanied with additional signs depending on the organs affected; abdominal organs (such as **the liver, abdominal lymph nodes** [especially mesenteric lymph nodes], **kidney** [including renomegaly], **pancreas, spleen and/or gastrointestinal tract**).

**These signs can also be present in cats with effusions.**

## PLEURAL FIP



Showing similar symptoms of **lethargy, high temperature and loss of appetite** as Wet FIP, in Pleural FIP cats have **thoracic (chest) effusions** often accompanied with **breathing problems (dyspnea)**.

Sometimes **this can be confused with pneumonia** leading to **delayed diagnosis**.

*Clinical signs of FIP can change over time, creating an overlap of symptoms across the categories as the disease can evolve from one form to the other.*

*Hence repeated physical examinations are important to detect newly apparent forms of the disease.*

## OCULAR FIP



Ocular FIP in various forms

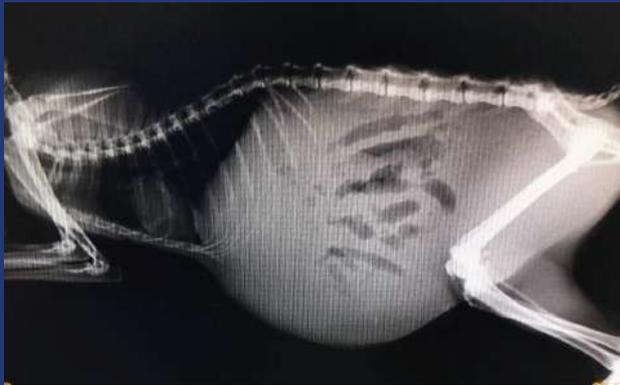
*When the virus manages to reach the eyes it's called Ocular FIP. Uveitis can affect the eyes, making them look cloudy, dilating the pupils and making them uneven, and changing the colour of the iris. Conjunctivitis and inflammation or bleeding in the anterior chamber are common too.*

## NEUROLOGICAL FIP

*When the virus crosses the blood-brain barrier, inflammation can enter the brain and spinal cord and cause a spectrum of progressive neurologic abnormalities. Signs of Neurological FIP include ataxia (uncoordinated movements), head tilt, unsteady walk, floor or wall licking, incontinence, postural reaction deficits, seizures, paralysis, personality changes and even dementia.*

# DIAGNOSIS

Cats with FIP often present with persistent fever that doesn't respond to antibiotics, ongoing weight loss, lethargy, and a distended belly. If fluid accumulates in the chest, breathing may become labored. In some cases, the eyes become cloudy or neurological signs such as wobbliness or tremors begin to appear.



An x ray of a cat with abdominal effusions



## Some key factors in blood work are:

PARAMETERS	WET FIP	DRY FIP
Hematocrit (HCT)	reduced	normal to reduced
Reticulosity	normal to reduced	normal to reduced
Neutrophils	increased	increased
Lymphocytes	reduced	normal to reduced
MCV	reduced	reduced
Total protein	normal to elevated	normal to elevated
Albumin	normal to reduced	normal to reduced
Globulins	increased	increased
Gammaglobulins	increased	increased
AG	reduced <0.5	reduced <0.5
Bilirubin	increased	normal to elevated
Acute phase proteins (SAA,AGP)	increased	increased

However, bloodwork can look *perfectly normal in ocular and neurological FIP* cases. In such cases, the diagnoses must rely heavily on *clinical signs, imaging and response to treatment.*

*Making a definitive diagnosis is challenging in India. The gold standard - immunohistochemistry on tissue biopsies or fluid is not widely available, and many cats are too fragile to undergo invasive procedures. As a result, most diagnoses are clinical, based on history, symptoms, lab values, imaging, and how the cat responds to treatment.*

## PCR TESTING



PCR testing remains one of the most dependable tools for confirmation. *A positive PCR result, especially on effusion or FNA from a lymph node is highly specific for FIP.*

However, a *negative result does not rule it out, especially in dry cases.* In India, PCR tests are often performed on blood samples, which are unreliable and may yield both false positives and false negatives. High-quality, free FIP-specific PCRs used abroad are not currently available here.

Recommended samples for PCR testing by FIP type:

Wet / Pleural FIP: Effusion  
Dry FIP: Fine needle aspirate of affected Mesenteric Lymph Nodes  
Ocular FIP: Aqueous humor  
Neurological FIP: Cerebrospinal fluid (via CSF tap)

## FLUID ANALYSIS



Fluid biochemistry and cytology can offer additional clues and help differentiate FIP from other causes of effusion.

For wet and pleural FIP, effusion collected from the abdomen or chest becomes critical for testing. Only a trained vet should perform fluid taps.

### IMPORTANT!

In abdominal cases, no more than *30% of the fluid should be removed at once. Removing any more can result in death.*

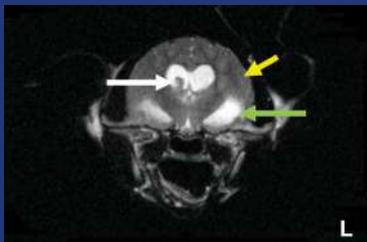
In the chest, if the cat is unable/ struggling to breathe, *the entire volume should be drained properly.*

## ULTRASOUND



Ultrasound is often a key tool. The presence of abdominal or thoracic fluid strongly supports a diagnosis of wet or pleural FIP. One of the earliest and most telling ultrasound signs seen is **mesenteric lymphadenopathy**. Other useful findings include hepatic and splenic changes, thickened intestinal walls with loss of layering, or peritoneal inflammation.

## MRI / CT SCAN



In cases with ocular or neurological involvement, advanced imaging like MRI or CT can provide further support for diagnosis. MRI is particularly useful in neuro FIP - findings may include meningeal enhancement, ventricular dilation, or brain edema. These findings are not exclusive to FIP, but when combined with clinical history and other markers, they strengthen the case. CT scans may reveal fluid accumulation, lymphadenopathy, or organ abnormalities not clearly visible on ultrasound.

## RIVALTA'S TEST



Rivalta's test is a simple, in-house test that can support FIP diagnosis. While it helps differentiate protein-rich effusions, it is not FIP-specific and both false positives and negatives are possible.

*If strong indicators are present and no other explanation fits, a diagnostic trial of antiviral treatment is justified. Many cats respond rapidly to antiviral treatment, and this response can itself confirm the diagnosis.*

For a detailed reference, see below for the diagnostic guidelines from ABCD vets.

<https://shorturl.at/MITEC>



# TREATMENT OPTIONS



## GS-441524

*GS-441524 is not legally available for veterinary use in India. Most caregivers access it through unregulated sources - making quality control hard. The risk of finding poor or fake brands is high.*

GS-441524, often called *GS*, is the most widely used and well-documented antiviral treatment for FIP. It works by *blocking viral replication, giving the body a chance to heal*. First used in clinical trials by Dr. Niels Pedersen and his team at UC Davis in 2018, *GS has since been used to treat and cure hundreds of thousands of cats around the world*. GS-441524 is the parent compound of Remdesivir - a prodrug developed for humans during the COVID-19 pandemic. Inside the body, Remdesivir breaks down at the cellular level to become GS-441524, which is the active antiviral that actually blocks viral replication. *While Remdesivir is legal and widely used in India, GS-441524 offers more targeted, direct action and better safety in feline patients, which is why it remains the primary treatment of choice for FIP.*

The standard treatment protocol involves *daily dosing for a minimum of 84 days*, using either injectable or oral GS. It is strongly recommended to begin treatment with *injectable GS for the first 2 to 4 weeks*, especially in critical, ocular, or neurological cases. This allows for faster stabilisation and better early outcomes.

*Oral GS* may be used after this initial phase but *requires a higher dose due to ~50% bioavailability*.

*Adequate dosing is absolutely critical*. It can range from 8 mg/kg to as high as 40 mg/kg in complex cases.

Below is the latest dosage guide for injectable GS-441524.

PARAMETERS	WET FIP
WET FIP	Minimum 8 mg/kg
DRY FIP	Minimum 8mg/kg
PLEURAL FIP	Minimum 10mg/kg
OCULAR FIP	Minimum 10mg/kg
NEUROLOGICAL FIP	Minimum 12mg/kg

*If the cat is in a critical condition, the full dose may be split and given every 12 hours until stability improves.*

Although at least **2 to 4 weeks of injectable GS is preferred at the beginning** to stabilize the cat quickly, **oral GS is also available** and widely used - typically at **double the injectable dose** due to reduced bioavailability (roughly 50%). **Dose adjustments must be made as the cat gains weight. But, if a cat loses weight during treatment - the dose must not be reduced.**

Weekly weighing is **non-negotiable**, and underdosing is one of the **most common causes of relapse. Always round up, not down.**

**Cats often show signs of improvement within 24 to 72 hours...fever resolves, appetite returns, and energy improves.** This early response is so consistent that it often confirms the diagnosis in itself. **Most GS today are compounded in China and accessed through global caregiver networks.** Although unregulated, many brands have been extensively field-tested by rescue groups and admins. **With correct diagnosis, proper dosing, and trusted support, FIP is not only treatable... it is curable.**

GS is generally very safe, with only **minor side effects in most cats.** These may include local injection site reactions (lumps, mild sores), soft stool or diarrhea, elevated liver enzymes, occasional appetite dips, or temporary skin irritation. **These issues are usually manageable and do not require stopping treatment.**

**A caregiver-verified brand list is available here:**  
<http://tiny.cc/GlobalGsBrandReference>

This is not a commercial list - it's based on reported outcomes. **If you are unsure, pause and check with your admin group.**

# REMDESIVIR

Remdesivir, also known as GS-5734, is an antiviral prodrug developed by Gilead Sciences. *Once administered, it is metabolized in the body into GS-441524, the active compound that directly blocks viral replication.* While originally designed for human use, Remdesivir has shown comparable effectiveness to GS-441524 in treating FIP and is legally available in India as a human drug. *It can be prescribed off-label by a licensed veterinarian.* Remdesivir is commonly used as a *first-line treatment*, especially in situations where GS is not readily available - where legal protection is preferred. *Treatment typically begins with intravenous administration during the initial critical phase and then transitions to subcutaneous injections that can be continued at home.* In some countries, the standard protocol now involves starting treatment with injectable Remdesivir and then switching to oral GS once the cat stabilizes.

**Below is the current recommended dosing protocol for Remdesivir:**

PARAMETERS	WET FIP
WET FIP	Minimum 15 mg/kg
DRY FIP	Minimum 15mg/kg
PLEURAL FIP	Minimum 20mg/kg
OCULAR FIP	Minimum 20mg/kg
NEUROLOGICAL FIP	Minimum 24 mg/kg

Like GS, Remdesivir requires a *minimum 84-day course*.

*Doses must be adjusted weekly based on weight gain and clinical response.*

Remdesivir is generally well tolerated. *Side effects are similar to those of GS* and may include mild injection site reactions, diarrhea, or elevated liver enzymes. *In rare cases, pleural effusion has been reported, particularly when ascitic fluid is also present.* There is also some evidence suggesting *potential kidney toxicity in older or already compromised cats, so regular monitoring is advised.* Because Remdesivir is a regulated human drug with high purity, it remains a *fantastic first-line option for FIP treatment in India...*especially when initiated early under veterinary guidance.

## EIDD

After GS/Remdesivir - *the most promising antiviral is Molnupiravir (EIDD 2801) and its prodrug EIDD 1931, developed by Merck. It works by introducing errors in the viral RNA, stopping the virus from replicating.*

*While extremely effective in some cases, EIDD also carries higher risk and is not considered a first-line treatment.*

The first clinical use of Molnupiravir for FIP was in 2021 by Dr. Richard Malik and his team at the University of Sydney. Since then, additional data has emerged, particularly in complex or relapsed FIP cases.

Both EIDD-2801 and EIDD-1931 have shown promise but with clear differences. *EIDD-2801 is less effective in ocular and neurological FIP, while EIDD-1931 seems to have better CNS penetration.* However, *EIDD-1931 is not legally available in India* and, like GS, is accessed through unregulated sources. *Molnupiravir, on the other hand, is approved for human COVID-19 treatment and can be prescribed off-label by a veterinarian.*

EIDD is most often used when:

- *A cat does not respond to GS*
- *There is a relapse, especially with neuro or ocular signs*
- *Combination therapy is needed alongside GS to prevent resistance*

Despite its effectiveness, EIDD comes with *serious cautions*. Its active ingredient, *N4-hydroxycytidine, is a known mutagen. This means it can damage genetic material* - and though short-term safety appears acceptable, the long-term toxicity profile is still unknown. It should *never be used in kittens, pregnant cats, or as a casual first-line drug.*

Treatment with EIDD requires *twice-daily dosing and strict timing:*

- *No fasting required* for EIDD when used alone
- Duration is a *minimum of 84 days, just like GS*
- Dosing typically *ranges from 10–15 mg/kg, twice daily*

*Please consult your admin group to calculate the correct dose based on your cat's weight and case type.*

*Early signs of EIDD-related toxicity may include: Low white blood cell count (monitor with bloodwork), floppy or drooping ears, broken or brittle whiskers, hair loss around the mouth. If any of these are observed, consult your vet or admin group immediately to reassess the dosage or protocol.*

*Due to its mutagenic potential, EIDD must be used with extreme care. It is not a substitute for GS, and should be reserved for rescue protocols, relapsed neuro/ocular FIP, or short-term combo use in hard-to-treat cases.*

## WARNING

*One brand of unlicensed EIDD-1931 has recently begun marketing false promises of a 30-day cure. This is not only unproven but extremely dangerous.*

*Misuse of antivirals like EIDD increases the risk of viral resistance and could jeopardize the effectiveness of future treatment.*

## GC376

GC376 is an antiviral developed by Kansas State University and now belongs to Anivive Life Sciences. It works differently from GS and may be useful in specific situations. *It is generally less effective, especially for neuro or ocular forms.* The first successful FIP treatment by Dr Pedersen was achieved with GC376 in 2016. Anivive is expected to release GC376 for veterinary use very soon.

Though not widely used today, it may be considered *in rescue settings, for combo protocols, or when GS is unavailable.* Some caregivers and vets use it in tandem with GS to tackle stubborn or resistant cases.

## NIRMATRELVIR

Nirmatrelvir (PF-07232133) is an antiviral by Pfizer which is very similar to GC376. This is a newer, still-experimental antiviral that's being studied in trials at institutions like UC Davis, Sydney University. It shows potential for use in advanced neuro cases or in cats who relapse after GS and EIDD. It is not recommended for general use and should only be considered under research supervision or in advanced guidance settings. *Do not attempt to use this drug without clear veterinary instruction.*

## VETIMMUNE PI

VetImmune PI (polyprenyl immunostimulant) is an immune-modulating drug that may *help in very early, mild dry FIP cases*. It *does not kill the virus* and is not curative on its own. Some early studies showed it could help stabilize dry FIP for a time, but most cats still needed GS later. PI is sometimes used when antivirals aren't available or as a supportive add-on, but it should never delay GS treatment. Its role is limited and case-specific. *Use only if advised by a vet or admin familiar with FIP.*

## MEFLOQUINE

Mefloquine is an antimalarial drug with immune-modulating and antiviral properties. In FIP, *it may be used as a supportive therapy in some chronic or resistant cases*. Mefloquine *does not cure FIP* and must never be used as a substitute for antivirals. Its use should be case-specific and *only under admin or veterinary supervision*.

*Mefloquine is dosed at 12 mg/kg every 72 hours.*

## STEM CELL THERAPY

Feline mesenchymal stem cells (MSCs) are lab-grown cells that can help repair tissues and regulate immune response. Still experimental, stem cell treatment is *now showing high potential, especially in relapsed or non-responsive FIP cases*. Two 2025 studies (UC Davis & Iran) reported improved outcomes using donor-derived MSCs one alongside antivirals, the other as monotherapy.

*This could be a great option in the near future* as access and protocols improve.

# HOW TO INJECT

Because we want the best experience for you and your kitty, a few things to know for injection time:

1. Pick a time that will be easiest for you to **inject every day** going forward (*within an hour or two*).

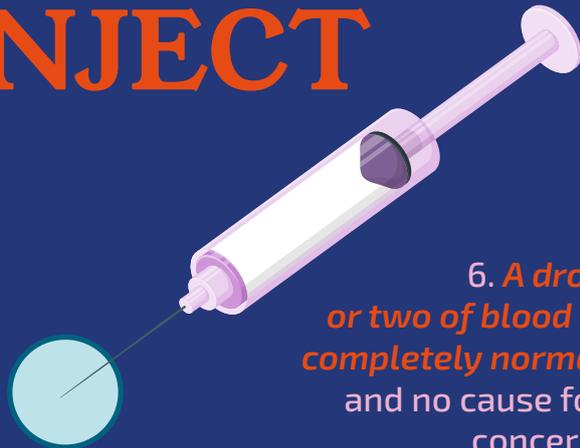
2. It is **best to have a vet or para-vet come home to inject**.

Taking your cat to the clinic everyday increases exposure of your already immunocompromised cat to other potential viruses and bacteria.

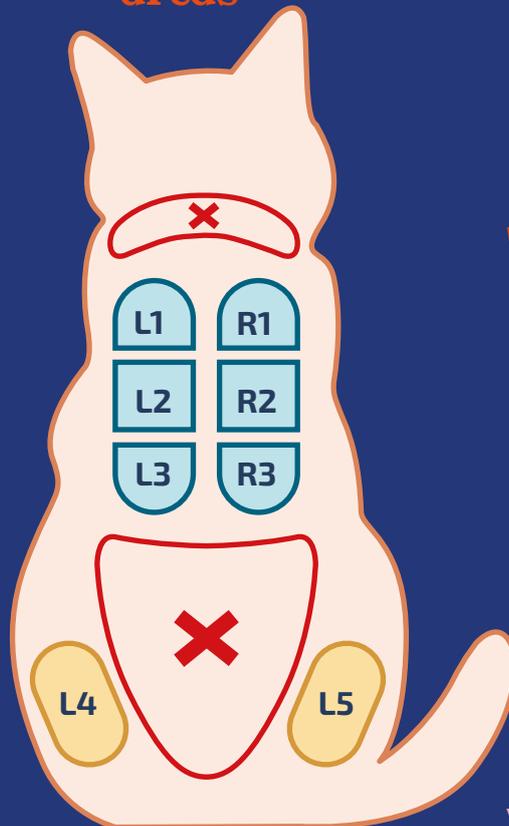
3. Because of the pH, **the solution stings**. For at least the first shot, **your cat will likely "protest"** once the meds begin to go in. **This is completely normal**.

4. Try **wrapping your cat in a towel to secure her** before you inject.

5. The shots are SUB-CUTANEOUS meaning "**just under the skin**".



**Inject in these areas**



**Do not inject in these areas**



**Use caution injecting in these areas**

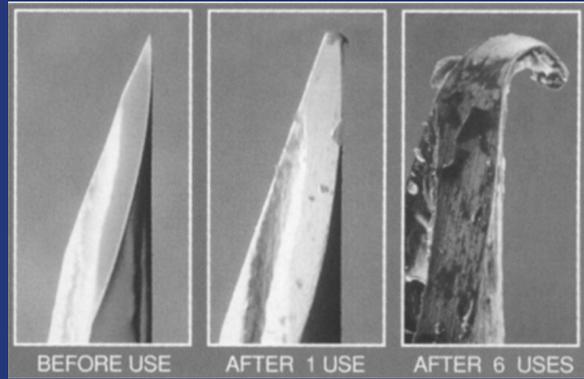
6. **A drop or two of blood is completely normal** and no cause for concern.

7. Some cats get **very tired** after their shot at the beginning of treatment - again, completely normal.

8. Occasionally the **fluid from the shot will migrate** down to the armpit, side or underside of the cat. When this happens, **it should absorb within 24 hours**.

9. **Each shot is a unique experience**. Some will sting and others may cause no reaction.

10. You can ask your vet for a prescription for **gabapentin** to give an hour or two before injection time. It **calms them down/reduces their anxiety and also helps with pain**.



Close up of the tip of the needle

*It is important to change needles after each injection, as the needle does not stay sharp after piercing the skin. Rotate injection sites daily so that your cat is not punctured in the same spot everyday.*

*PLEASE NOTE: GS Vials should be stored at room temperature and out of direct light such as in a cabinet or drawer.*

*Remdesivir, once reconstituted- must be kept in the refrigerator.*

In rare cases, some cats may *temporarily collapse* or pass out shortly after injection. *This is usually due to overstimulation of the vagus nerve - not the medication itself.* It typically happens during the first few injections, especially in stressed or very sensitive cats. *The episode usually lasts 5–10 minutes, and the cat recovers on their own without intervention.*

Stay calm, monitor closely, and inform your admin or vet.

*If unsure, pause and seek immediate support.*

## SOME HELPFUL LINKS:

How to get medication in a syringe -

<https://shorturl.at/YE33j>

Dr Pedersen demonstrates shots -

<https://shorturl.at/gavP0>

Shots and Purrito wrap -

<https://shorturl.at/v55zq>

Purrito Method -

<http://tiny.cc/purrito>



# HOW TO PILL

A few things to know when administering your cat oral GS or EIDD:

1. *Pick a time that will be easiest for you to administer the pill every day going forward (within an hour or two)*

2. *Pilling is not an option, if your cat has any GI issues like vomiting or soft stools/diarrhea.*

3. *Pills cannot be crushed or dissolved and have to be given whole or cut as per the provided markings.*

4. ORAL GS: If your cat's *dose is more than 30mg/kg (15mg/kg injectable equivalent)*, then please *split the dose to 12-hourly.*

EIDD: *Irrespective of dosage, EIDD is given 12-hourly*



5. ORAL GS: Cats should *fast 1 hour before and 1 hour after GS pills.*

EIDD: *No fasting required. If given together with GS then fast 1.5 hours before GS, give EIDD 30 minutes after GS and wait 1 hour after EIDD before feeding.*

Please note that a *small treat with pills is ok.* The operative word being small (ex. a little bit of creamy treat or a pill pocket.)

6. Although vomiting is not a side effect, *if your cat vomits within 0-1 hours after pills, give another full dose.* If the cat vomits *within 1-2 hours after pills, give another 1/2 dose.*

*Videos on how to give your cat a pill:*  
<https://m.youtube.com/watch?v=BTpjkihVQbs>



# IMPORTANT NOTES

## FEEDING AND CALORIE SUPPORT

*FIP treatment won't work if your cat is starving.* Even the best antivirals can't help a body without fuel. Food is medicine too. **Cats need around 200 to 250 kilocalories per day during treatment, sometimes more if they're recovering from weight loss.** If your cat is small, very sick, or just starting recovery, even 150–180 kcal is a good start.

**Use calorie-dense, easy-to-digest foods** like Royal Canin Recovery, Sheba pate, boiled chicken broth, or a gentle homemade blend. **Offer small portions frequently. Warm the food slightly, it boosts smell and encourages eating.**

If your cat won't eat, try finger-feeding or **spoon-feeding**. **Sometimes warming up wet food helps as well.** You can use an appetite stimulant like Mirtazapine/ Practin if prescribed.

If that still doesn't work, **syringe feeding** may be needed- go slow and give small volumes several times a day. **Never force-feed a cat who is too cold or too weak.** First stabilize, then feed. Monitor weight regularly. **If your cat's intake is low for more than a day or two, let your admin group or vet know asap.**

Food and hydration **are as crucial as** antiviral dosing for recovery.

## WEIGHT RECORD

*It is of utmost importance that a cat is continually weighed during the treatment period,* as most medication is based on this. You can use an inexpensive baby scale for this and maintain the record in kilograms.



*Underdosing increases the risk of relapse and resistance, and hence adjusting the medication dosage is key.*

## BLOODWORK RECORD

Repeat CBC and Biochem every 4 weeks, so your cat's progress can be monitored. If you're using EIDD, your group may recommend more frequent testing.



## NON NEGOTIABLE - TIME OF ADMINISTRATION

Whether oral treatment or injectable, the medication must be administered **within one hour of the same time every day**, if not the same time every day.

# SUPPORTIVE CARE

*Supportive care is not optional - it can be the difference between survival and system failure. Each cat is different - give only what's needed and reassess weekly. Over medicating doesn't help. The goal is to reduce burden, not complicate recovery.*

While GS or other antivirals fight the virus, the body still needs help recovering.

FIP puts strain on the liver, gut, appetite, and hydration status.

Nausea and appetite stimulants like *Ondansetron* or *Mirtazapine* may be needed early on.

Liver support supplements such as *SAMe*, *Silymarin* can be used based on bloodwork. *Subcutaneous fluids* may be required if the cat is *dehydrated* or refusing to drink.

*Probiotics* help maintain *gut health*, especially if there is diarrhea.

*Vitamin B12* can support cats with *chronic GI issues or anemia*.

Antibiotics may be prescribed for *secondary infections* but should not be used automatically. Antibiotics which are *well-tolerated* with GS: *Doxycycline*, *Amoxicillin*, *Penicillin*, *Augmentin*, *Clindamycin*, *Cephalexin*.

Fluid drainage procedures like *abdominocentesis* or *thoracocentesis* are done by a

*trained vet, only when absolutely necessary.*

## NEURO FIP SUPPORT

In cats with seizures, *anticonvulsants* like *Levetiracetam* may be introduced. It is generally well tolerated and preferred for neuro FIP cases.

Standard dose is *20 mg/kg* two to three times a day.

In more *severe cases*, the dose may be increased to *40-60 mg/kg*, depending on response and *under professional supervision*.

*Levetiracetam* can be combined with *Gabapentin* if additional control is needed.

*Phenobarbital* may also be used in *extreme cases* but requires *regular bloodwork* to monitor liver function.

*Some cats may require hospitalization during crises - for transfusions, oxygen, or hydration. These decisions should always be made case-by-case, with a vet familiar with FIP.*

## OBSERVATION PERIOD



*If you have completed the minimum 84 days treatment, congratulations!*

Your cat has now graduated and is entering the *observation period* - another 84 days where you monitor without giving antivirals.

This phase is just as important. You'll want to *continue tracking your cat's weight, appetite, playfulness, and behavior. Repeat bloodwork every four to six weeks.*

Many caregivers continue supportive meds like probiotics or liver supplements for a few more weeks which is fine.

*Avoid major stress during this period.* Postpone neutering, travel, or new pet introductions. Let the body settle.

*If nothing abnormal shows up during the 84-day observation period, your cat is considered cured.*

## RELAPSE

Relapse happens when symptoms return after completing treatment. It doesn't mean you failed- it just means the virus wasn't fully cleared. *Common causes include underdosing* (especially from failure to adjust for weight gain or due to injection leakage), stopping treatment too early, using poor-quality GS, or stress and secondary illness. *In rare cases, the virus may become partially resistant and require combination therapy.*

Signs of relapse may include a *return of fever, reduced appetite, bloated belly, or sudden neurological signs like tremors, pupil changes, or wobbliness. Bloodwork may or may not show changes.*

*Relapse often shows up in a different form.* A wet case might come back with neuro signs, or a dry case might return with fluid buildup.

*If you suspect relapse- don't wait.* Get updated bloodwork and restart treatment immediately. *Always switch to injectable GS to start with, even if you used oral earlier.*

Increase the dose by at least *+5 mg/kg over the previous protocol. If neurological signs are present, go straight to 15 mg/kg injectable.* In difficult or resistant cases, you may also need to add a second antiviral such as EIDD under expert guidance.

*The new treatment course is again 84 days.* Most cats bounce back if treatment is restarted correctly and without delay.

# THINGS TO AVOID

## STERILISATION

*Sterilisation (spay or neuter) should be not be done during 84 day observation period.*

Ideally, sterilisation should be done after the 84 day treatment and the subsequent 84 day observation period.

But if it must be done earlier, *the safest window is between weeks 8 and 10 of treatment.* What's important is that the cat receives at least two full weeks of GS post surgery - even if that means extending the treatment period beyond day 84.

*Never perform the procedure during observation.*

Always check bloodwork first and discuss timing with your vet or admin group.

## LYSINE

*LYSINE should NEVER be given to a cat with FCoV or FIP infection because it is antagonistic to arginine, which is essential for immune function. In addition, lysine may interfere with the action of GS-441524.*

## ANTIBIOTICS

Some antibiotics can cause *neuro side effects*, especially in cats with or suspected of having neuro FIP. *Fluoroquinolones cross the blood-brain barrier and can cause secondary neurological symptoms*, so their administration is *not recommended*: Baytril, Enrofloxacin (Enroxil), Zeniquin, Marbofloxacin (Marbocyl), Pradofloxacin (Veraflox), Orbifloxacin (Orbax). Cephalosporins (Convenia)

## FLEA TREATMENT

*Flea treatment is not recommended. Do not use Spot On or any flea/tick products while treating FIP.*

Comb your cat daily with a flea comb. You can make a mixture of water and apple cider vinegar (2:1) on a cloth and rub it on your cat daily. The solution will *repel fleas*.

## DEWORMING

*Routine deworming should be avoided during treatment.*

If needed it is relatively safe to use Fenbendazole and Praziquantel / Pyrantel Pamoate.

# EMERGENCY SIGNS

## WHEN TO ACT FAST!

Although most cats on treatment improve steadily, there are times when immediate medical help is needed.

If your cat suddenly shows **labored breathing, goes limp or collapses, has seizures, becomes severely dehydrated, or stops eating for more than two days**, you must act.

Other red flags include **pale or white gums, jaundice, high fevers that don't come down even with medication, or failure to urinate for over 24 hours**.

Hypothermia- where the **body temperature drops below 97°F** (especially if the cat feels cold to touch or is very weak.)

Watch for **cerebral edema** in neuro FIP - **sudden seizures, fixed pupils, or collapse may indicate brain swelling** - a rare but critical complication. Act fast and seek emergency vet care immediately.

These issues don't always mean the FIP is worsening. But they do mean the body is under stress, and secondary complications may be emerging.

**Don't wait for reassurance - get your cat to a vet or an emergency clinic immediately.**



## IMPORTANT LINKS

*Recommended resources to learn more about the science and treatment of FIP:*

*Dr. Niels Pedersen's FIP Research Archive:*

<https://shorturl.at/e5Z2E>

*UCDAVIS Resources*

<http://tiny.cc/ucresources>

*ABCD Vet's FIP Guideline:*

<https://shorturl.at/Bld9W>

*FIP Vet Guide:*

<https://www.fipvetguide.com>

*FVE (Federation of Veterinarians of Europe) Guide:*

<https://shorturl.at/d9mHn>

*DVM Vicky Vives on Neuro Fip*

<http://tiny.cc/Vickyvives>

***These sites offer detailed explanations, research and clinical advice.***

***For day-to-day support, stay in touch with your admin group - they have helped guide hundreds of recoveries and will walk you through each step.***

# ABOUT US

FIP Warriors® is the oldest and largest global support group for families dealing with FIP- with thousands of success stories across continents.

*FIP Warriors® India is the official India chapter, and the only verified group offering structured, real-time guidance to Indian pet parents navigating FIP.*

We are a mix of caregivers, researchers, and FIP - specialised vets who've been through it all - from wet and dry cases to complex neuro & relapses.

*FSGI Foundation is the only Indian nonprofit dedicated exclusively to FIP. Our job is simple: to help you save your cat. No waiting. No confusion. Just clear, science - backed support every step of the way. From your first blood report to your cat's cure certificate - we're here.*

We're a registered Section 8, ISO - certified research organisation working at the intersection of science, diagnostics, advocacy, and clinical support. We collaborate with global researchers, diagnostic labs, and frontline vets to bring cutting-edge FIP knowledge into Indian practice - through training, data, legal groundwork, and on-the-ground case support.

*There's no gatekeeping here. We believe science should save lives - not sit behind paywalls or egos.*

## WHAT WE OFFER

### *FIP Warriors® India (Support Network)*

- Real-time WhatsApp and Facebook based FIP case support
- Caregiver-led triage and treatment guidance
- Direct access to FIP-specialised vets and researchers
- Relapse planning and advanced case tracking
- Community groups for recovery, neuro, post-treatment, and more

### *FSGI Foundation (Research & Diagnostics)*

- Vet education and CPD-accredited training (coming soon)
- Online Consultation (India and abroad)
- Case documentation and data-driven protocol building
- Legal advocacy around unlicensed meds and vet malpractice
- Lab tie-ups for advanced diagnostics (India and abroad)
- Research publications, awareness campaigns, and vet-facing tools

## JOIN US



[www.facebook.com/groups/fipwarriorsindia](https://www.facebook.com/groups/fipwarriorsindia)



<https://tinyurl.com/fipwarriorsindiawhatsappgroup>



ORSON, OZZY, CHASE, FIONA, LINCOLN, NORUNN, SPOOKY, DROGON, KUZVA, COLLIN, BASIL, CHUCK, HENRY, MAX, OSWALD, TOOTHLESS, RAGNAR, WOLF, FENIX, BELLA, COFFEE, KENZO, MILO, SKIBBY, FIONA, JINDUI, ROMAN, ZACH, ALAYA, OLYMPE, LEO, NOEL, SOPHIA, WHISPER

CLEO, CHOEY, ASH, FIONA, STUART LITTLE, PAIGE, FLUFFY, TUCKER, ZARA, MUSHU, TOM, LEVI, SAVANNAH, BEAN, LONDON, POPPY, MAX, JOURNEY, SURRI, AVA, BOE, DEXTER, ELLA, ERIK, FIGGY, HEIDI, KYLO, LADYBUG, PRINCESS LILLA, WOLFE, BETTY, SOPHIE, MISTY, ALBERT, HARLEY, ELLA, TOSH, PADME

**They survived because a warrior fought for them.**

Inspired by the global fight against FIP - with gratitude to



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