



WELCOME TO THE WEBINAR

FIP: From Fatal to Treatable

Navigating Diagnosis and Treatment of Feline Infectious Peritonitis

Hosted by ClearPoint Pharmacy

Thank you for joining us today!

Housekeeping:

- This session is being recorded.
- Duration: 60 minutes, including Q&A.
- Please submit your questions anytime using the Chat box.
- For technical help: use the Zoom chat or email info@clearpointpharmacy.com



AGENDA & LEARNING OBJECTIVES

- FIP Overview
- Diagnosing FIP
- Antiviral Treatment Options
- Compounding Excellence: Standards, Access & Support
- Q&A + Wrap-Up

By the end of this session, attendees will be able to:

- Diagnose FIP using a combination of clinical signs and diagnostic tests.
- Recognize and apply the latest antiviral treatment options (dosages, routes, monitoring, safety).
- Identify proper indications for FIP antivirals and distinguish correct vs. incorrect use.



MEET OUR SPEAKERS

Dr. Samantha Evans, DVM, PhD, DACVP, DACVM

- Assistant Professor, Colorado State University
- Research focus: advancing diagnostics and therapeutics for infectious diseases, with a specialty in FIP.

Nicole Jacque

- Co-Founder, FIP Global CATS
- Advocate and board member in feline welfare and FIP research

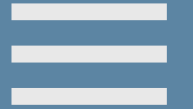
Dr. Robert Nashat, PharmD

- Pharmacist with 15+ years of experience; Owner, ClearPoint Pharmacy
- Operates multiple pharmacies across Canada, and specializes in sterile and non-sterile compounding

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How to Get Your RACE CE Credit



- **Step 1: Attend the Full Webinar**

Stay logged in for the full session (at least 50 minutes of a 60-min program).

- **Step 2: Verification**

Attendance is tracked through log-in/log-out times and Q&A.

- **Step 3: Certificate of Completion**

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FIP: From Fatal to Treatable

Navigating Diagnosis and Treatment of
Feline Infectious Peritonitis



Disclaimer and Disclosure



FINANCIAL DISCLOSURE:

Evans and Jacque: I have delivered many webinars and lectures with honorarium on FIP diagnosis and treatment, including lectures sponsored by compounding pharmacies.

Current research support: EveryCat, Morris Animal Foundation, Best Friends Animal Society, Stokes Pharmacy (supplying GS-441524 tablets).

UNLABELED/UNAPPROVED USES DISCLOSURE:

We will discuss off-label and unlicensed use of antiviral medications, including GS-441524, Remdesivir, molnupiravir, EIDD-1931, GC376, and Paxlovid.

About Us



Samantha J.M. Evans, DVM, PhD, DACVP, DACVM

Colorado State University



Dr. Evans's work centers around advancing diagnostic and therapeutic approaches for infectious diseases, including a specialized focus on Feline Infectious Peritonitis (FIP).

She currently serves as an Assistant Professor of Veterinary Clinical Pathology at Colorado State University.

Nicole Jacque

Co-Founder of FIP Global CATS



In addition to her work as a Software Engineering Manager, Nicole is an active advocate for Feline Infectious Peritonitis (FIP) research and treatment.

She co-founded FIP Global C.A.T.S. and serves on the boards of several animal welfare organizations.

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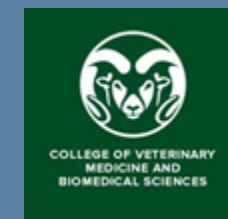


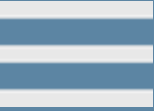
Agenda



- 
- FIP Overview
 - Diagnosing FIP
 - Antiviral Treatment for FIP

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FIP Overview

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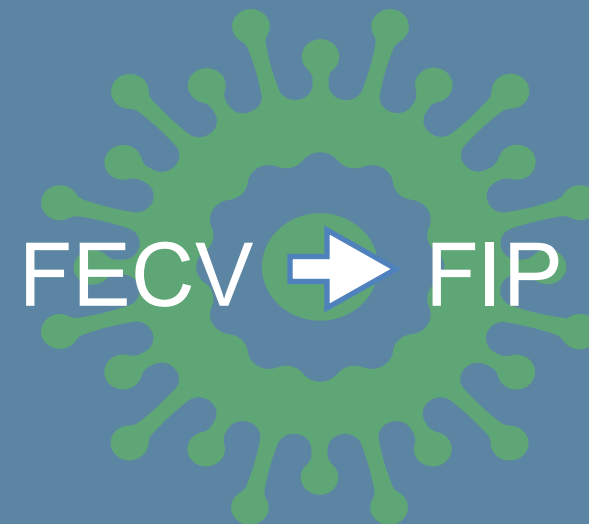
FIP Overview



FIPV arises from enteric FCoV when it mutates such that it can replicate efficiently within monocytes and macrophages.

Effusive (“wet”) FIP

No cell-mediated immunity
Inflammatory Response



No FIP

Strong cell-mediated immunity

Non-effusive (“Dry”) FIP

Weak cell-mediated immunity
Inflammatory Response

FIP Overview



Wide (non-exclusive) range of presentations:

- **Effusive:** protein-rich effusions
- **Non-effusive:** granulomatous

Can affect cats of any age

- Most common in young cats (<2 years old)

Uniformly fatal without treatment



Feline Enteric Coronavirus (FECV) vs Feline Infectious Peritonitis (FIPV)



FECV

- Typically harmless and infection is unnoticed — but nearly ubiquitous
- Can be shed in feces for weeks, months — or even longer
- Extremely contagious
- Immunity
 - Transient and slow to develop
 - Recurrent infection is common
- Difficult to eliminate in multi-cat households
 - Viable on surfaces for 7 weeks (dry conditions)

FIP

- Mutation from FECV
- No horizontal transmission*
- Unique mutation in each cat
- FECV → FIPV in ~11% of cats
 - Only 1:10 to 1:30 actually develop FIP
- Fatal without treatment

Don't treat FECV with antivirals!

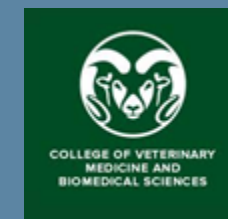
- Will not work!
Difficult/impossible to maintain FECV free state
- Poor anti-microbial stewardship
- Will encourage anti-viral resistant strains in the wild





Diagnosing FIP

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Diagnosing FIP



Journal of Feline Medicine and Surgery (2022) 24, 905–933

SPECIAL ARTICLE

2022 AAFP/EveryCat Feline Infectious Peritonitis Diagnosis Guidelines



Clinical importance: Feline infectious peritonitis (FIP) is one of the most important infectious diseases and causes of death in cats; young cats less than 2 years of age are especially vulnerable. FIP is caused by a feline coronavirus (FCoV). It has been estimated that around 0.3% to 1.4% of feline deaths at veterinary institutions are caused by FIP.

Scope: This document has been developed by a Task Force of experts in feline clinical medicine as the 2022 AAFP/EveryCat Feline Infectious Peritonitis Diagnosis Guidelines to provide veterinarians with essential information to aid their ability to recognize cats presenting with FIP.

Testing and interpretation: Nearly every small animal veterinary practitioner will see cases. FIP can be challenging to diagnose owing to the lack of pathognomonic clinical signs or laboratory changes, especially when no effusion is present. A good understanding of each diagnostic test's sensitivity, specificity, predictive value, likelihood ratio and diagnostic accuracy is important when building a case for FIP. Before proceeding



Vicki Thayer
DVM, DABVP (Feline)
Co-Chair
Purrfect Practice P
Lebanon, OR, US

Susan Gogolski
DVM, DABVP



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Signalment



- Age
 - 70% of FIP cases occur in cats 1.5 years of age or less
- Breed
 - Pure-bred cats have 3x greater incidence due to genetic factors passed in bloodlines.
- Origin
 - Cats from crowded or stressful multi-cat environments (for example hoarding situations, crowded shelters) are more likely to develop FIP.
- History may include:
 - failure to thrive
 - recent stressful event (surgery, re-homing, vaccination, other illness)
 - weight loss



Common non-specific symptoms

- 
- Cyclical antibiotic-unresponsive fever
 - Lethargy
 - Anorexia
 - Weight loss
 - Jaundice
 - Lymphadenopathy
 - Pale mucus membranes
 - Scrotal enlargement/priapism
 - Vasculitis
 - Organomegaly
 - Uveitis
 - Ataxia

Biochemical and Hematologic Changes



- Anemia
- Neutrophilia
- Lymphopenia
- Hyperproteinemia (hyperglobulinemia)
- A/G ratio < 0.6
- Hyperbilirubinemia

Not all FIP cats will show all (or any) of these changes



Diagnosis: Effusive FIP



- Effusion can be
 - Abdominal
 - Pleural
 - Pericardial
- Characteristics of FIP Effusion:
 - Sticky/stringy
 - protein > 2.5 g/dl
 - low cellularity < 10,000/uL
 - Non-degenerative neutrophils, monocyte/macrophages, large foamy macrophages, lymphocytes



Diagnosis: Effusive FIP



- Fluid Diagnostic options
 - Cytology
 - RT-PCR
 - A/G ratio of fluid
 - Rivalta Test*
 - Measurement of protein with refractometer*
 - Cytology (Microscopic examination)*
 - Bacterial culture

* can be performed in-house!



Diagnosis: Non-effusive FIP

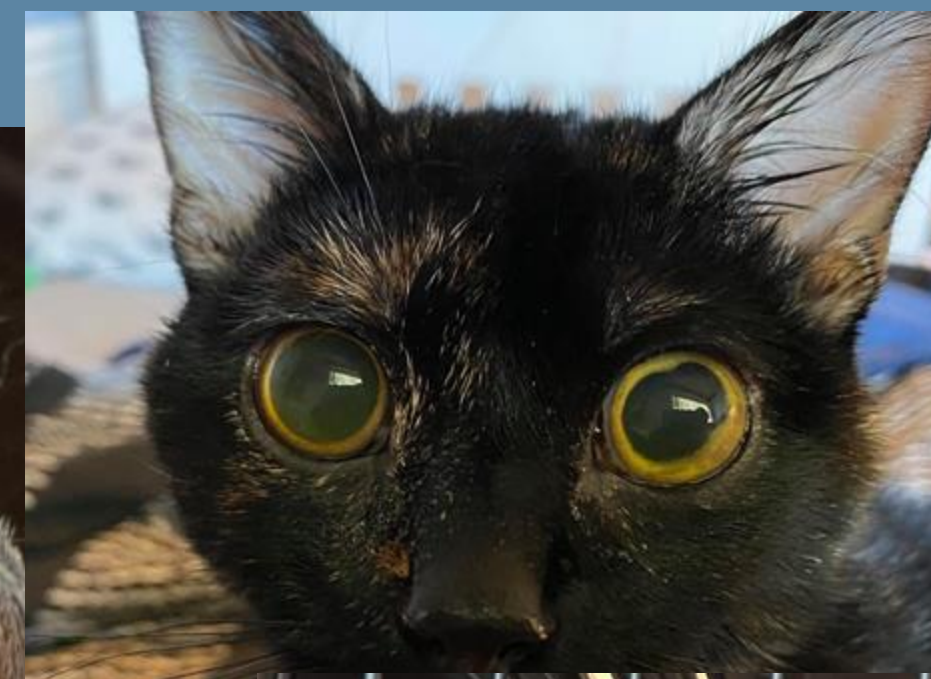
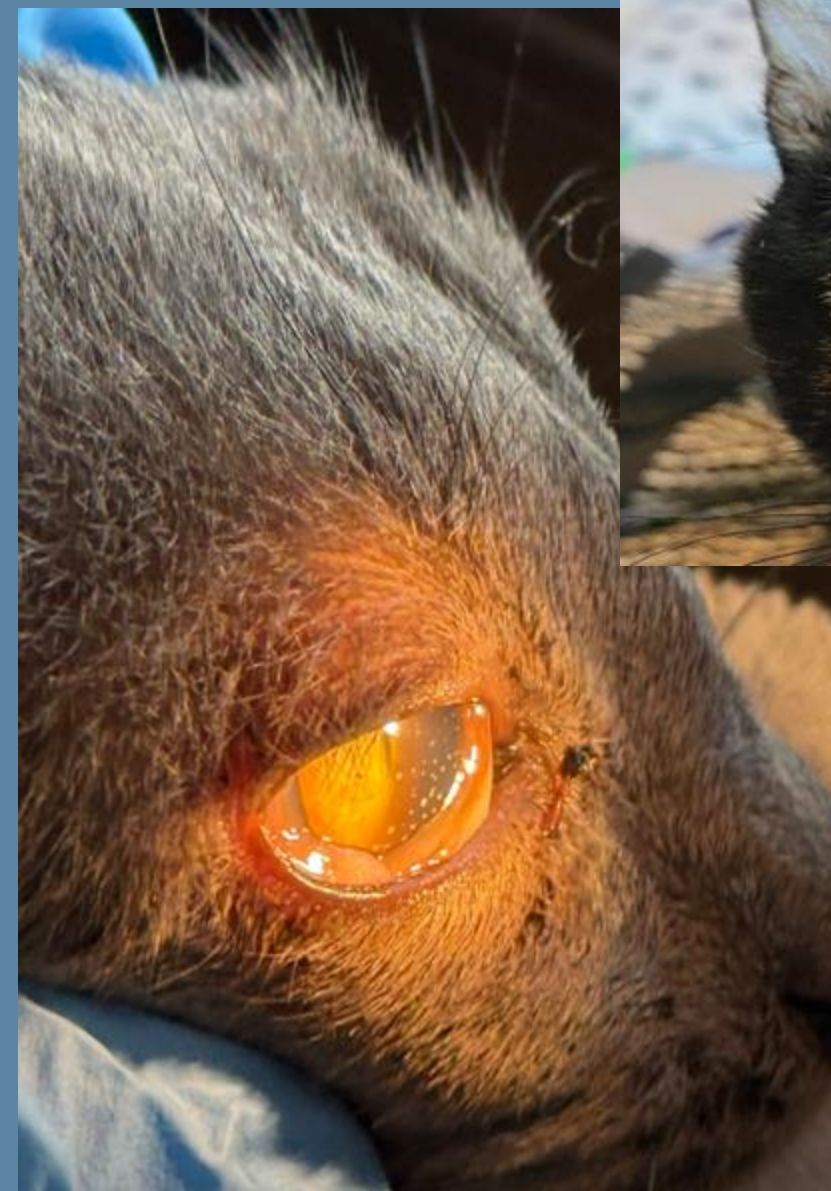


- Common findings
 - Organomegaly
 - Mesenteric lymphadenopathy
 - Pyogranulomatous lesions and masses
 - Vasculitis/phlebitis
- Diagnostics
 - Xray
 - Ultrasound
 - FNA
 - Biopsy
 - Diagnostic treatment trial

Diagnosis: Ocular FIP



- Common findings
- Anterior $\pm$ posterior uveitis/chorioretinitis
- Blindness
- hyphema
- perivascular cuffing
- keratic precipitates - pathognomonic!
- anisocoria
- change in iris color
- hypopyon



Diagnosis: Neurological FIP



- Common findings:
 - abnormal behavior/mentation
 - central vestibular signs (nystagmus, head tilt, circling, obtunded appearance, postural reaction deficits)
 - Tetra/paraparesis
 - ataxia
 - CNS Blindness
 - Seizures
 - anisocoria

The clock is ticking...



- Median survival time without treatment is 9 days



=



Ritz S, Egberink H, Hartmann K. Effect of feline interferon-omega on the survival time and quality of life of cats with feline infectious peritonitis. J Vet Intern Med. 2007;21(6):1193-1197. doi:10.1892/06-302.1

Diagnostic Treatment Trials



- Appropriate when:
 - Running out of diagnostic options
 - Available diagnostics inconclusive
 - Client cannot afford other diagnostic options
 - MRI, CSF tap, biopsy, FNA, etc
 - Urgent intervention is needed
- Pick appropriate time endpoints
 - 5-7 days is typically enough time to see significant clinical improvement
 - Note that bloodwork takes longer to normalize

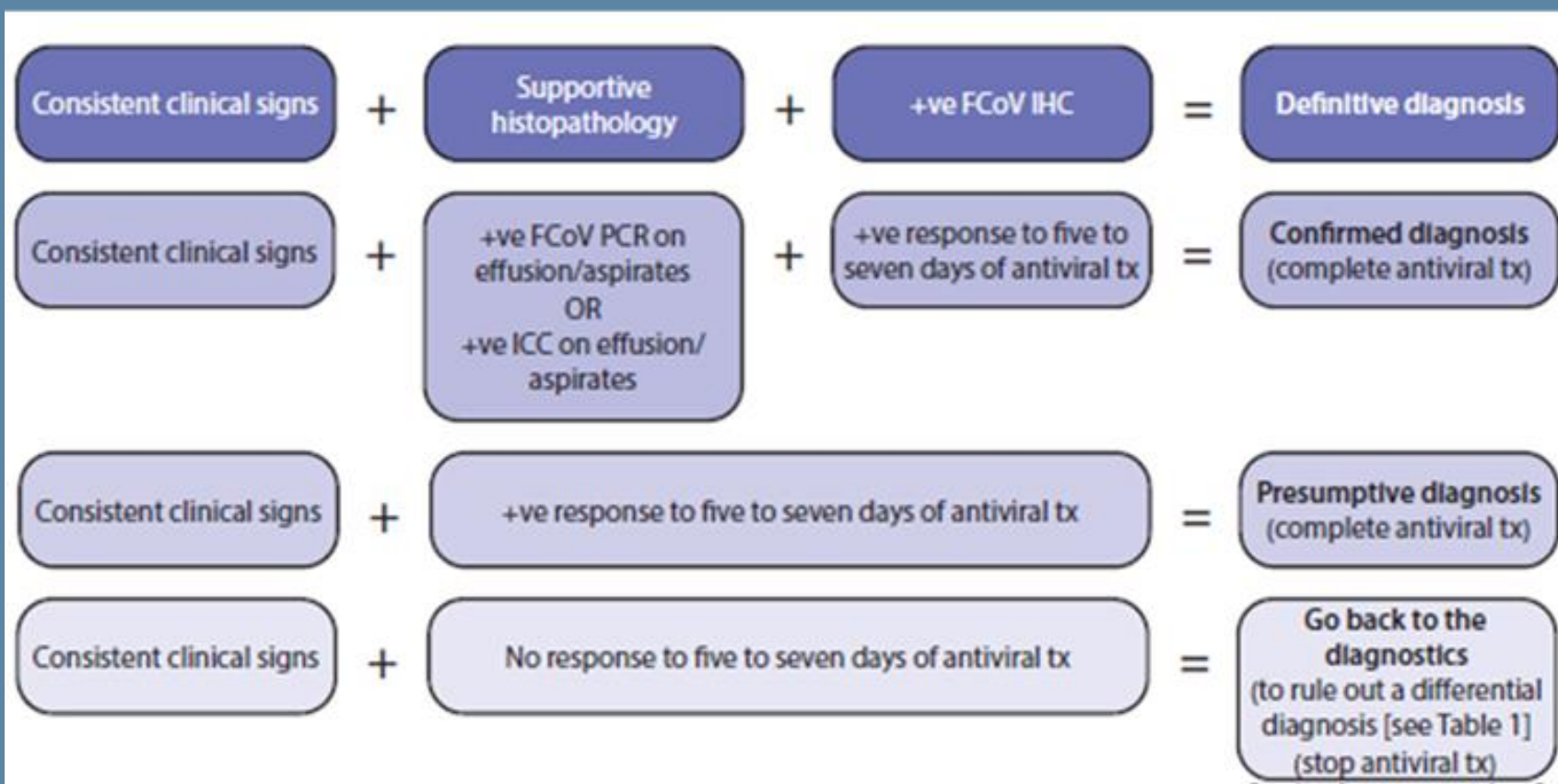
Tear 'N Share

Feline Infectious Peritonitis Diagnosis: A Practical Approach for Clinicians

By Petra Černá, PhD, DACVIM (SAIM), MANZCVS (Medicine of Cats), CertAVP (SAMF), MRCVS, AFHEA;
Sally Coggins, BVSc (Hons I), PhD, MANZCVS (Medicine of Cats); and Samantha Evans, DVM, PhD, DACVP, DACVM



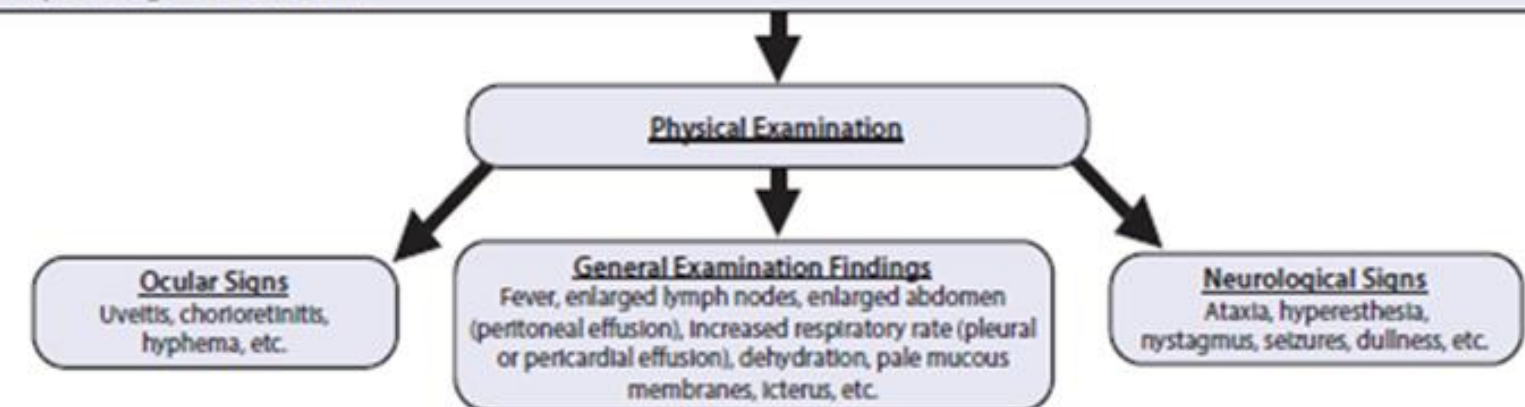
Feline Veterinary Medicine Association Magazine
Summer 2025



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FIP Diagnosis Algorithm

- Signalment and History**
- FIP is most common in cats < two years old but can develop at any age
 - FIP can affect cats of any breed but some pedigree cats (e.g., British Shorthair, Ragdoll, Maine Coon, and Sphynx) are more predisposed
 - Some cats can have a more acute onset of signs (e.g., effusive FIP), but a chronic history of weight loss, decreased appetite, and lethargy is also reported (e.g., non-effusive form)



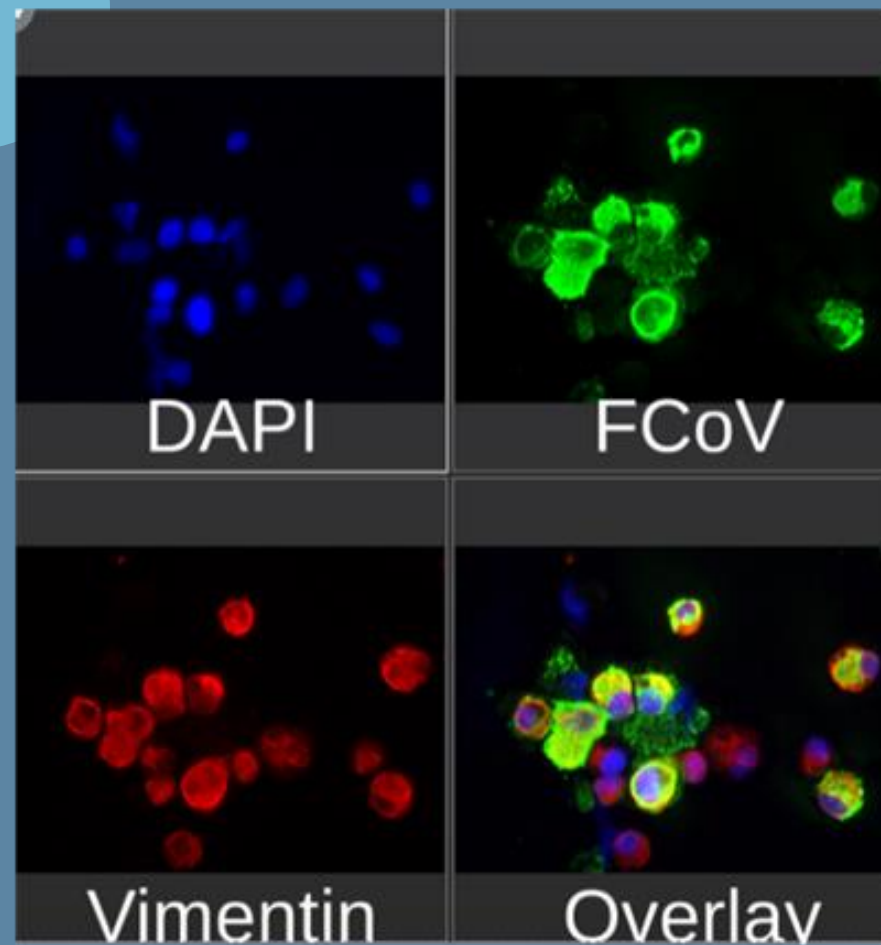
- Diagnostics**
- **Hematology**
 - Anemia – if moderate to severe, perform saline agglutination or Coombs test to rule out associative IMHA/PIMA
 - Neutrophilia (if neutropenia, investigate possible secondary bacterial infection or sepsis), lymphopenia
 - **Serum chemistry**
 - Hyperglobulinemia, hypoalbuminemia, low A/G (<0.4 = FIP likely)
 - Hyperbilirubinemia, increased liver enzymes
 - Electrolyte abnormalities
 - **POCUS** – screen for pleural, peritoneal, and pericardial effusion
 - **Fluid analysis**
 - High protein (>3.0 g/dl = FIP likely), low cellularity
 - **Abdominal ultrasound**
 - Enlarged lymph nodes; abnormal spleen, liver, and kidneys (medullary rim sign); mass lesions
 - **FNA and cytology**
 - Pyogranulomatous inflammation
 - **Histopathology** – if biopsy performed
 - **RT-PCR for coronavirus**
 - Fluid sample
 - Tissue FNA – mix with either a small amount of saline, EDTA-saline, or RNAlater if available
 - Tissue sample – fresh frozen is best, but technique can also be performed on fixed tissue samples
 - Blood – not usually recommended; negative result does not exclude FCoV
 - **Immunocytochemistry** – detects FCoV antigen in macrophages
 - Cytoцентрифугed slides (cytospins) of fluid if possible
 - FNA slides
 - Cell pellet from fluid or FNA tissue suspended in saline
 - **Immunohistochemistry** – detects FCoV antigen in macrophages in tissue

If FIP diagnosis is not confirmed with the tests above, refer to Table 1 to rule out differential diagnoses

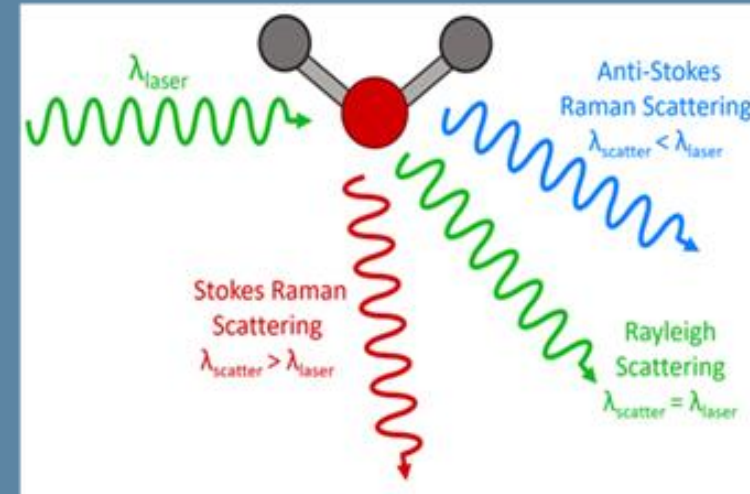
If cat is very sick or caregivers have financial constraints for additional tests, consider treatment trial with antivirals for five to seven days
IMPORTANT: Always recheck the cat in three to seven days. If no clinical response, perform additional tests as it is unlikely the cat has FIP

DO NOT CONTINUE antiviral therapy for > 1 week if NO CLINICAL RESPONSE, particularly if the FIP diagnosis was not confirmed

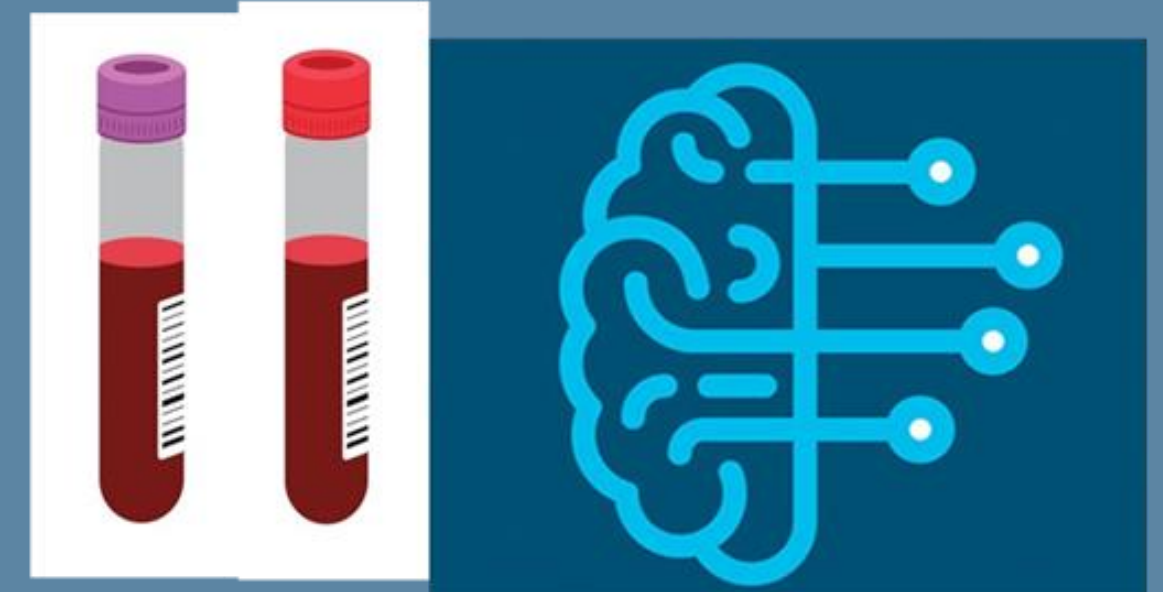
The Next FIP Revolution: New Diagnostic Options



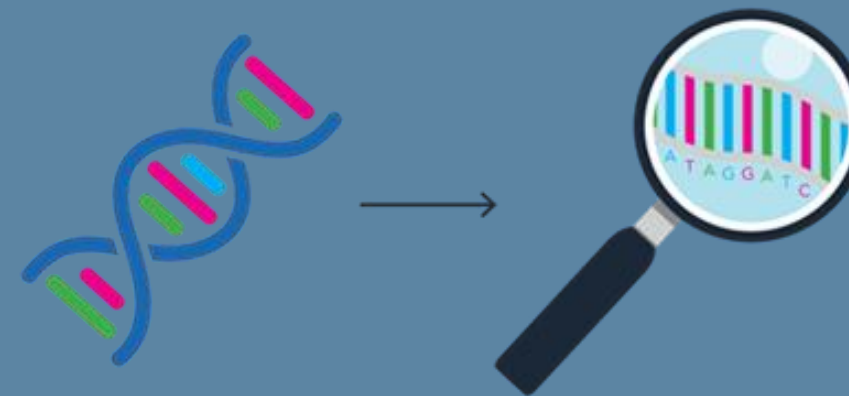
Multiplex Fluorescent
Immunocytochemistry



Raman Spectroscopy



CBC/Chem +
Machine Learning



Whole Virus Genome
Sequencing



Antiviral Treatment for FIP

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Treatment Options



- GS-441524
 - Compounded
 - Recommended first line treatment
- Molnupiravir
 - Compounded
 - Often used as rescue treatment, can be used as first line treatment if GS is not accessible
- Remdesivir
 - Off-label prescription of human COVID drug Veklury (Gilead Sciences Inc.)
 - Primarily used when oral treatment is not feasible
- Nirmatrelvir + Ritonavir (Paxlovid)
 - Off-label prescription of human COVID drug Paxlovid (Pfizer)
 - Primarily used as rescue treatment in conjunction with GS or Molnupiravir
- EIDD-1931
 - Compounded
 - Primarily used as rescue treatment



GS-441524/Remdesivir Efficacy



About 85%

DOI: 10.1111/jvim.16803

Journal of Veterinary Internal Medicine **ACVIM**
American College of Veterinary Internal Medicine

STANDARD ARTICLE

Outcomes of treatment of cats with feline infectious peritonitis using parenterally administered remdesivir without transition to orally administered GS-441524

Sally J. Coggins¹ | Jacqui M. Norris¹ | Richard Malik^{2,3} | Merran Govendir¹ | Evelyn J. Hall¹ | Benjamin Kimble¹ | Mary F. Thompson¹

86%

DOI: 10.1111/jvim.16804

Journal of Veterinary Internal Medicine **ACVIM**
American College of Veterinary Internal Medicine

STANDARD ARTICLE

Thirty-two cats with effusive or non-effusive feline infectious peritonitis treated with a combination of remdesivir and GS-441524

Jodie Green | Harriet Syme | Sarah Tayler

81.3%

Original Article

Retrospective study and outcome of 307 cats with feline infectious peritonitis treated with legally sourced veterinary compounded preparations of remdesivir and GS-441524 (2020–2022)

Samantha S Taylor^{1,2,3}, Sally Coggins⁴, Emi N Barker^{5,6}, Daniëlle Gunn-Moore⁷, Kamalan Jeevaratnam³, Jacqueline M Norris⁴, David Hughes⁸, Emily Stacey⁹, Laura MacFarlane¹⁰, Carolyn O'Brien¹¹, Rachel Korman¹², Gerard McLauchlan¹³, Xavier Salord Torres¹⁴, Aimee Taylor⁵, Jos Bongers¹⁵, Laura Espada Castro¹⁵, Max Foreman¹⁶, James McMurrough¹⁷, Bethany Thomas¹⁷, Emilie Royaux¹⁸, Isabel Calvo Saiz¹⁹, Guido Bertoldi¹⁹, Caroline Harlos²⁰, Megan Work²¹, Cameron Prior²¹, Stephanie Sorrell²², Richard Malik⁴ and Séverine Tasker^{2,6}

84.4%

GS-441524 Efficacy



- Actual prognosis depends on:
 - How quickly treatment is started after diagnosis
 - How stable patient is at time of starting treatment
 - Adherence to treatment protocol
 - Comorbidities
 - Quality supportive care

About 85%



DOI: 10.1111/jvim.16803

STANDARD ARTICLE

Journal of Veterinary Internal Medicine **ACVIM**
Open Access American College of
Veterinary Internal Medicine

Outcomes of treatment of cats with feline infectious peritonitis using parenterally administered remdesivir, with or without transition to orally administered GS-441524

Sally J. Coggins¹ | Jacqui M. Norris¹ | Richard Malik^{2,3} | Merran Govendir¹ |
Evelyn J. Hall¹ | Benjamin Kimble¹ | Mary F. Thompson¹

92% if survived first 48h treatment

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GS-441524 Treatment Protocol



Clinical Presentation	Oral GS-441524 Dose
no ocular or neurological symptoms (+/- effusion)	15 mg/kg q24h (or divided/split q12h)
Ocular symptoms (+/- effusion)	15-20 mg/kg q24h (or divided/split q12h)
Neurological symptoms (+/- effusion)	10 mg/kg q12h

- 12 weeks/84 days of treatment*
 - **Be sure to monitor weight and adjust dose**
- **Dose can be adjusted upwards based on response to treatment in 5-10 mg/kg intervals**
- Fasting (no food 1 hour before/after) with a small treat given along with medication is recommended
 - Facilitates administration
 - TDM data (unpublished) suggests better absorption with a small treat



Monitoring Treatment



Cats gain weight very quickly on treatment!

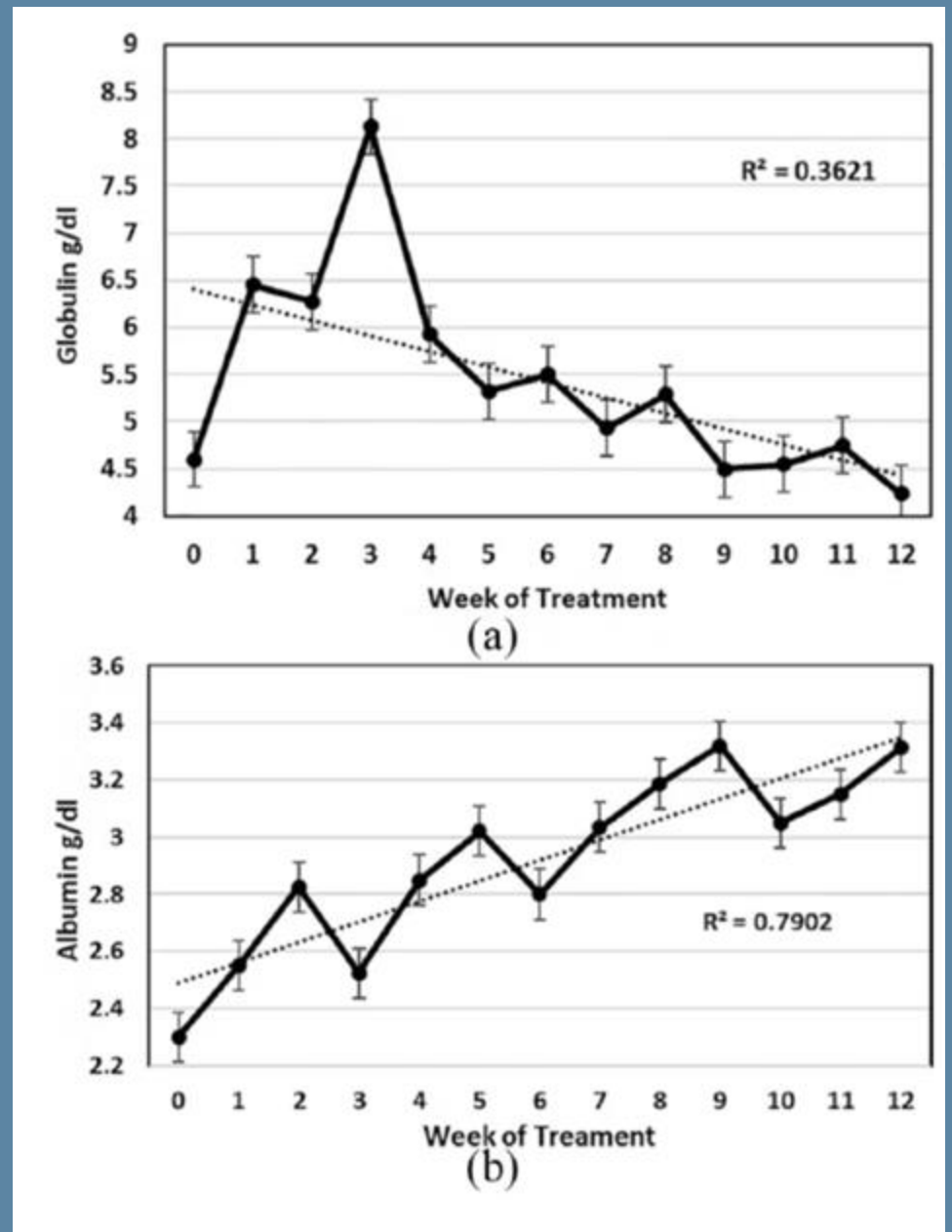
- Weighing cats weekly and adjusting the dose for weight gain is very important
 - Failure to do so is a common cause of treatment failure



Monitoring Treatment

General Recommendations:

- 48-72 hours: Verbal check-in with client to assess response to treatment
- 2 weeks: Verbal or in-clinic checkin to assess response to treatment
- 6 weeks: Clinical exam, CBC and Biochemistry panels
- 12 weeks (before stopping treatment): Clinical exam, CBC and Biochemistry panels
- 4 weeks post-treatment: Clinical exam, CBC and Biochemistry panels



Treatment Length



Article

Short Treatment of 42 Days with Oral GS-441524 Results in Equal Efficacy as the Recommended 84-Day Treatment in Cats Suffering from Feline Infectious Peritonitis with Effusion—A Prospective Randomized Controlled Study

Anna-M. Zuzzi-Krebitz ^{1,*} , Katharina Buchta ¹ , Michèle Bergmann ¹, Daniela Krentz ¹ , Katharina Zwicklbauer ¹ , Roswitha Dorsch ¹ , Gerhard Wess ¹, Andrea Fischer ¹, Kaspar Matiassek ², Anne Hönl ^{1,2} , Sonja Fiedler ², Laura Kolberg ³ , Regina Hofmann-Lehmann ⁴ , Marina L. Meli ⁴ , Andrea M. Spiri ⁴ , A. Katrin Helfer-Hungerbuehler ⁴, Sandra Felten ⁵, Yury Zablotski ¹ , Martin Alberer ³, Ulrich von Both ^{3,6} and Katrin Hartmann ¹

- Current recommendation is 12 weeks of anti-viral treatment
- Recent research suggests that shorter treatment durations may be possible for some cats:
 - effusive FIP
 - No data yet for other presentations of FIP
 - clinical, haematological and biochemical parameters normal within 28 days
 - No data for use of other antivirals

Rescue Therapy

- If a cat does not respond, shows signs of viral resistance, or has adverse effects you can switch antivirals (monotherapy)
 - Use the normal dosing protocol appropriate for that antiviral
- Antivirals can be combined
 - GS-441524/Paxlovid
 - Molnupiravir/Paxlovid
 - GS-441524/Molnupiravir



Article

Unlicensed Molnupiravir is an Effective Rescue Treatment Following Failure of Unlicensed GS-441524-like Therapy for Cats with Suspected Feline Infectious Peritonitis

Meagan Roy ¹, Nicole Jacque ², Wendy Novicoff ³, Emma Li ¹, Rosa Negash ¹ and Samantha J. M. Evans ^{1,*}



Article

An Optimized Bioassay for Screening Combined Anticoronaviral Compounds for Efficacy against Feline Infectious Peritonitis Virus with Pharmacokinetic Analyses of GS-441524, Remdesivir, and Molnupiravir in Cats

Sarah Cook ^{1,*}, Luke Wittenburg ², Victoria C. Yan ³ , Jacob H. Theil ⁴ , Diego Castillo ¹, Krystle L. Reagan ⁵ , Sonyia Williams ¹, Cong-Dat Pham ³, Chun Li ³, Florian L. Muller ⁶ and Brian G. Murphy ¹

Summary of FIP Antiviral use



Remdesivir & oral GS-441524 should be our first-line antivirals

(minimize subcutaneous administration of RDV/GS-441524 where possible)

Switch to Molnupiravir or EIDD-1931 if poor response to remdesivir / GS-441524

Or recurrent disease

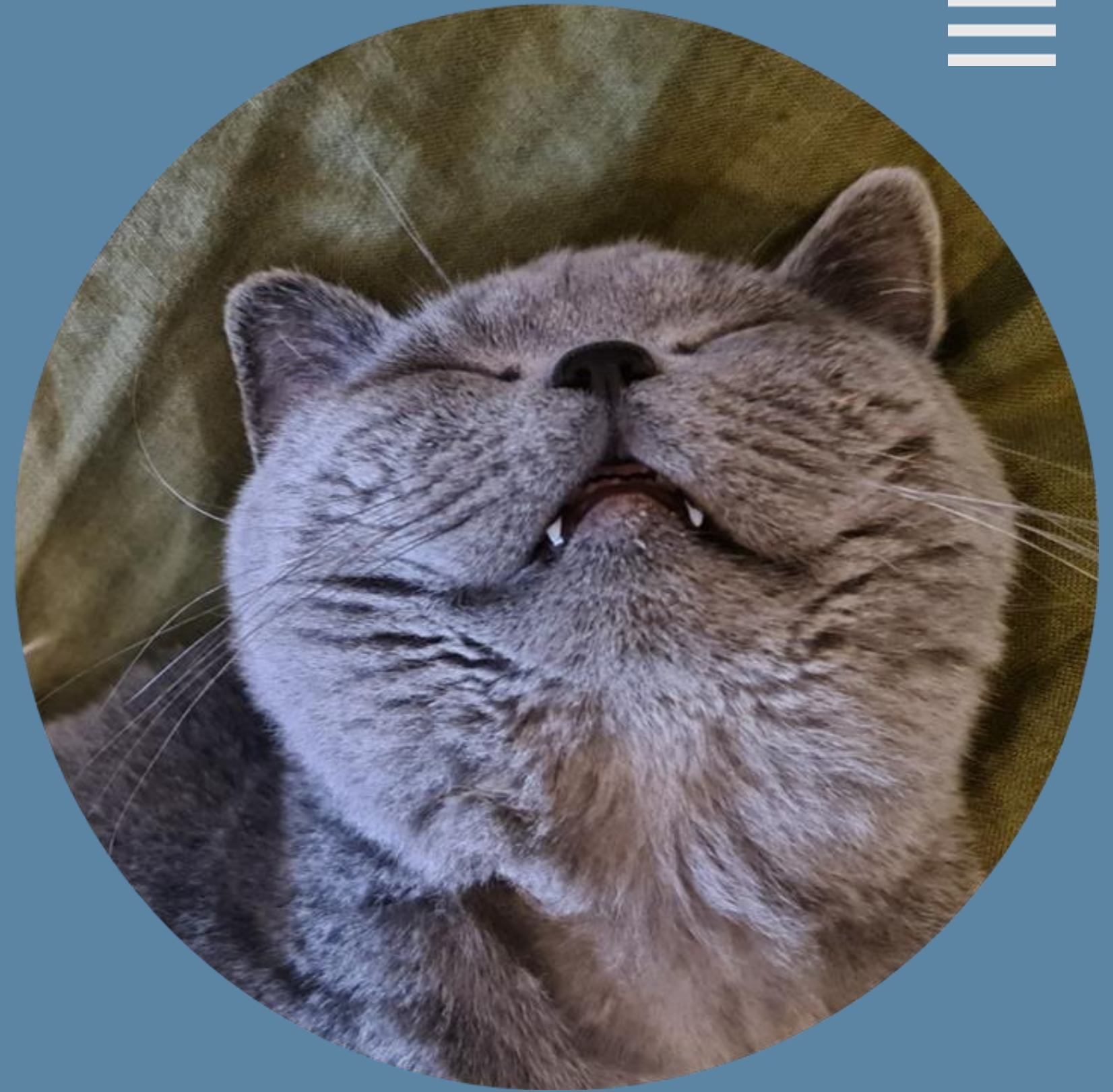
(or if remdesivir / GS-441524 are cost prohibitive)

Add in a protease inhibitor for refractory cases



Treatment of FIP will continue to evolve rapidly

ISCAID FIP Treatment
Guidelines are being developed!



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FAQ's



- Can DVM's treat FIP without help from social media?
- My patient has already started on XYZ treatment - can I switch to GS-441524?
- Can I use empiric therapy with GS-441524 to help diagnose FIP?
- Should I treat FECV-infected cats with GS-441524 to prevent FIP?
- What about all of the supplements and add-ons?
- Can I vaccinate/neuter?
- Do neurologic or severe cases of FIP need to be started on injectable drugs?

YES

YES

YES

NO!

NO!

YES

Ideally wait 2-3 months post treatment, but fine to do sooner if risk requires this

NO!

Should I still treat if retroviral positive?



animals

2021 MDPI

Article

Unlicensed GS-441524-Like Antiviral Therapy Can Be Effective for at-Home Treatment of Feline Infectious Peritonitis

Sarah Jones ¹, Wendy Novicoff ², Julie Nadeau ³ and Samantha Evans ^{1,*} 

¹ Department of Veterinary Biosciences, College of Veterinary Medicine, The Ohio State University, Columbus, OH 43210, USA; Sarahejones79@yahoo.com

² Departments of Orthopaedic Surgery and Public Health Sciences, School of Medicine, University of Virginia, Charlottesville, VA 22903, USA; wmn2v@virginia.edu

³ Hamilton Region Veterinary Emergency Clinic, Hamilton, ON L8P 4W3, Canada; julie.nadeau7@gmail.com

* Correspondence: evans.2608@osu.edu; Tel.: +1-614-292-9706

Yes!

Follow up study in progress (3yr survival)

$n = 393$ cats
17 were retroviral positive, 14 still alive

“Emerging evidence retroviral positive cats can still have a favourable response to treatment”

FIP treatment in FeLV+ cats

University of Florida/Austin Pets Alive (ISCAID Abstract)

- Survival rate of FeLV+ and non-FeLV+ cats nearly the same (about 74%) at about 3 months post treatment
- Survival rates diverged about 1 year post treatment (due to FeLV progression)
- No significant differences in response to treatment bloodwork markers
- Used black market drugs, varying dosage protocols





TRANSITIONING FROM SCIENCE TO PRACTICE

Thank you to Dr. Evans & Nicole for advancing our understanding of FIP diagnosis and treatment.

Next: ClearPoint Pharmacy perspective

- Quality & safety standards in compounding
- Pharmacist expertise & case support
- Ensuring access for veterinarians and families



QUALITY & SAFETY STANDARDS FOR COMPOUNDED VETERINARY PRODUCTS



QUALITY & SAFETY STANDARDS (COMPOUNDED GS-441524)



Compounded using high-quality ingredients from a Health Canada–approved Canadian GMP wholesaler



Certificate of Analysis (CoA) issued for the product confirming regulatory compliance



Voluntarily third-party tested for identity, purity, and potency



Potency validated for a 6-month Beyond-Use Date (BUD) to ensure stable, consistent results



Veterinary & Client Support (Compounded GS-441524)

Educational Resources

Dosing guides, treatment protocols, and client handouts, plus access to our Veterinary Portal for online ordering, success stories, blog updates, and resources for veterinarians and pet owners

Comprehensive FIP case tracking and follow-up

For every case we treat, we record the cat's gender, age, weight, and diagnosis (type of FIP). At the 2-week follow-up with the cat owner, we ensure they have an appointment booked with their veterinarian, document symptom progress, send an update to the veterinarian, and complete a final follow-up at the end of treatment to provide a full case summary.

Pharmacist qualified and educated on FIP treatment

Including dosing and guidelines, to answer all veterinarian and client questions, and a separate French-speaking pharmacist available for GS-441524 & FIP inquiries

AVAILABILITY & ACCESS



Available as oral
suspension and now
Tablets!



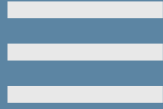
24-hour overnight
shipping anywhere in
Canada



Same-day GTA delivery
for orders before 2 PM



Free shipping on all
orders



INTRODUCING COMPOUNDED MOLNUPIRAVIR

First in Canada to offer compounded Molnupiravir.

Indication / Positioning

- Relapse cases after having been treated with an adequate dosage of GS-441524
- Refractory cases where cats do not respond as expected to GS-441524 and Cats that cannot be fasted with GS-441524

Quality & Safety

- Compounded with GMP-sourced ingredients (Health Canada-approved)
- CoA provided for the product

Educational Support

Dosing guides & protocols for vets and pet owners will be available Shortly but Our Clinical Pharmacist Should be able to answer any questions that you may have!



NEXT WEBINAR

Molnupiravir for the Treatment of Feline Infectious Peritonitis (FIP): Mechanism, Evidence, and Clinical Application



Wednesday, November 19 at 7:00 PM ET



RACE - CE Credit Hours: 1
(Approval Pending)



Dr. Sally Coggins

BVSc (Hons I), MANZCVS (Feline Medicine) | PhD
THE UNIVERSITY OF SYDNEY



Dr. Samantha Evans

DVM, PhD, DACVP | CSU

10 September, 2025 | Clearpoint Pharmacy



QUESTIONS?



GET IN TOUCH!

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THANK YOU

- Thank you to our speakers and all participants.
- Reminder: CE certificates will be emailed within 7-10 business days.
- Recording and slides will be shared with registered attendees.
- Stay connected: +289-635-2735 | www.clearpointpharmacy.com [For Veterinarians]
- **Future Webinar – November 19, 2025 @ 7PM EST**
*Molnupiravir for the Treatment of Feline Infectious Peritonitis (FIP):
Mechanism, Evidence, and Clinical Application*