# Key Factors in Managing Feline Primary Hyperaldosteronism

## Presentation
- Hypokalemia, frequently under 3 mEq/L, which may not respond well to supplementation.
- Systemic hypertension that may be difficult to control.
- Serum sodium concentrations are usually normal.
- Plasma aldosterone levels are elevated.
- Abdominal ultrasound or other imaging may show adrenal mass.

## Therapeutic Recommendations
- Control hypertension.
- Supplement potassium.
- Use aldosterone receptor blocker.
- Consider surgical removal of the adrenal tumor.

## Diagnostic Red Flags for Hyperaldosteronism
- Hypokalemia with no obvious cause, which may not respond well to supplementation.
- Hypophosphatemia +/- metabolic alkalosis despite azotemia.
- Hypertension that is difficult to control with standard doses of medications.
- Hypertension without concurrent cardiac or thyroid disease.

## Take-Home Messages for Practice Team Members
- Signs of PHA can be subtle in the early stages.
- Blood pressure measurement should be a standard of care for adult cats at least annually, and any time a middle-age to older cat presents with nonspecific clinical signs.

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PHA, primary hyperaldosteronism.