



Chronic diarrhoea guidelines for vets

These guidelines provide a suggested course of action, based on shelter medicine principles, for the diagnosis and management of chronic diarrhoea arising in cats that are in Cats Protection's care. When treating chronic diarrhoea in the rescue cat population, it is important to stabilise the condition to facilitate rehoming. The stress of repeated or invasive interventions should be minimised to protect cat welfare and to ensure prudent use of funds.

In the rescue environment acute diarrhoea is the most frequently encountered form of diarrhoea. Causes of acute diarrhoea include:

- stress
- dietary indiscretion
- diet change
- overfeeding
- infectious causes

Infectious diarrhoea may be the result of an existing infectious disease or a reactivated infectious disease due to stress-induced immunosuppression. Some of the infectious causes of diarrhoea are zoonotic, so particular attention to hygiene for these cats should be made with the implication of barrier nursing and appropriate infectious waste disposal where necessary. Please see our separate 'Acute diarrhoea guidelines for vets' document and our separate 'Advice for adopters' handout.

Diarrhoea which has lasted one month or more is considered chronic. Differentiation between large and small bowel diarrhoea is important as this will affect the approach to diagnosis and treatment. Differentiation is made based on information from the cat's carer regarding faecal characteristics, volume, frequency and related signs such as vomiting, weight loss, tenesmus and dyschezia.

Causes of chronic diarrhoea

Primary causes of intestinal disease

Infectious	Salmonella, campylobacter, giardia, tritrichomonas, cryptosporidium, toxoplasmosis, parvovirus, mycobacteria
Structural	Partial obstruction - intussusception, foreign object, neoplasia, congenital anomalies
Inflammatory	Lymphoplasmacytic, granulomatous (FIP), eosinophilic
Neoplastic	Lymphosarcoma, adenocarcinoma, leiomyoma, fibrosarcoma
Functional	Motility disorders, idiopathic

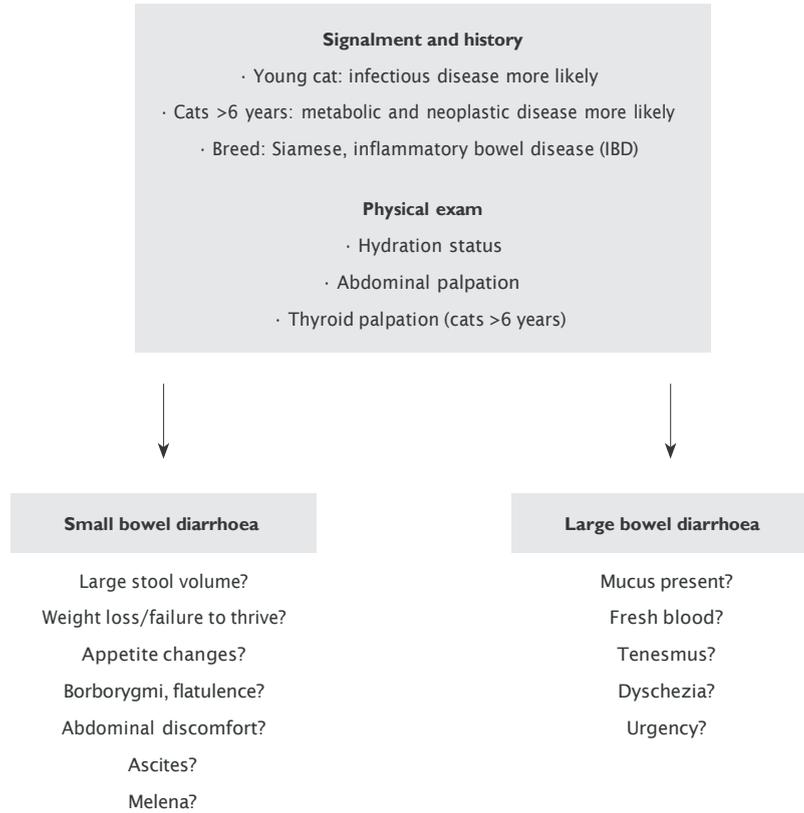


Secondary causes of intestinal disease

Infectious	Feline leukaemia virus (FeLV)/feline immunodeficiency virus (FIV), feline infectious peritonitis (FIP)
Metabolic	Hyperthyroidism, liver disease, kidney disease
Pancreatic disease	Acute/chronic pancreatitis, triaditis, exocrine pancreatitis disease
Dietary	Intolerance/allergy, drug reactions

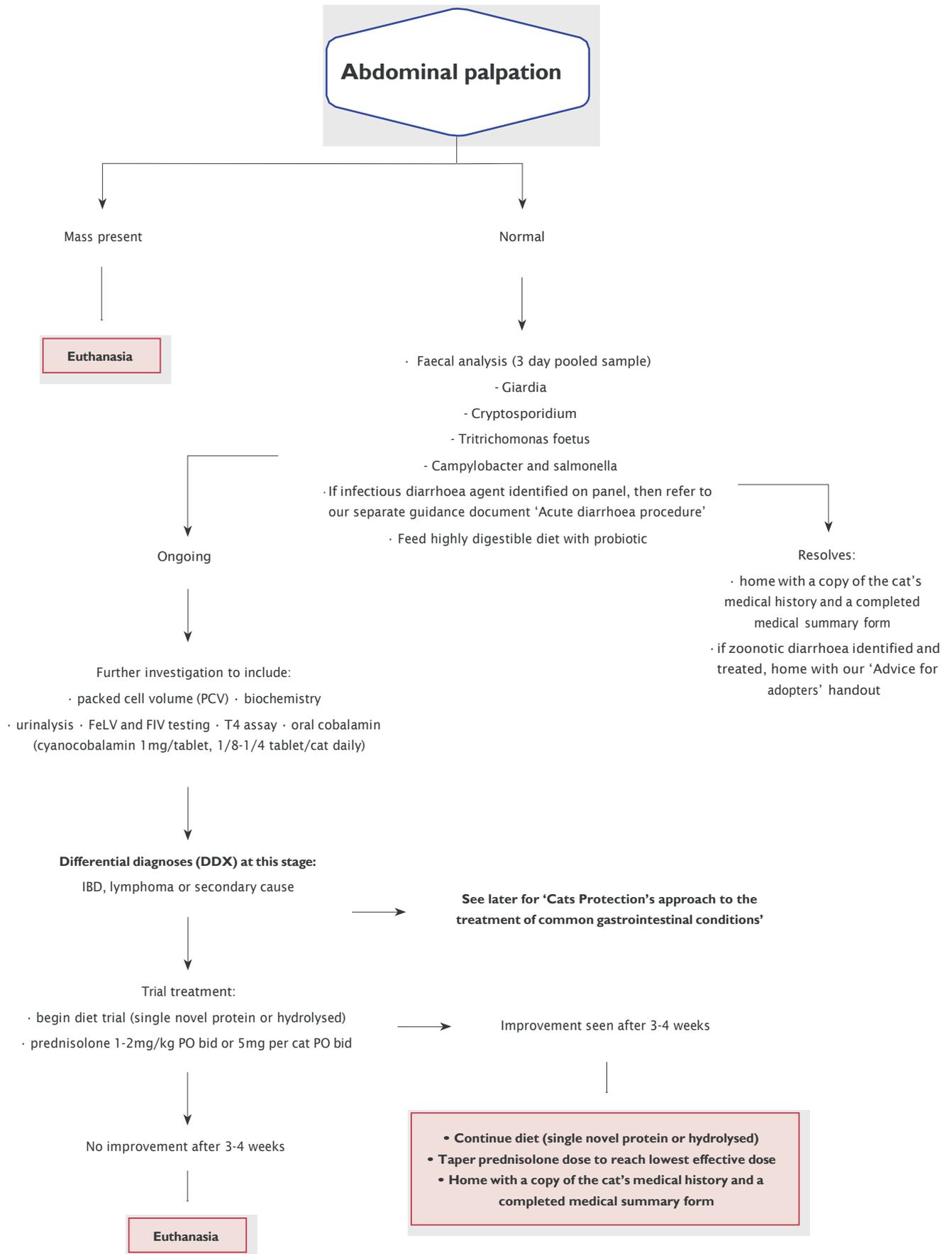


Cats Protection's flowchart for initial investigation of chronic diarrhoea





Cats Protection's flowchart for initial investigation of chronic diarrhoea





Cats Protection's approach to the treatment of common gastrointestinal conditions

1. Inflammatory bowel disease (IBD)

Diagnosis is based on exclusion of other causes of gastrointestinal inflammation such as parasites and by ruling out other likely causes of chronic diarrhoea based on signalment, physical exam and blood work. The role of gut biopsy and imaging is limited in a shelter setting, as knowing whether the cat has IBD or a low-grade lymphoma will not change the treatment plan or prognosis.

Cats should be placed on a novel protein or hydrolysed protein diet and treated with prednisolone at an initial dose of 1-2mg/kg PO bid (or 5mg per cat PO bid). Supportive care with oral cobalamin (cyanocobalamin 1mg/tablet, 1/8-1/4 tablet/cat daily) is also recommended. If after 3-4 weeks the response to treatment has been partial or absent, consider euthanasia. If the treatment has been successful in managing clinical signs, potential adopters should be given a copy of the cat's medical history and a completed medical summary form, indicating the likely frequency of ongoing care. They should be encouraged to speak to their vet about the likely cost of ongoing care.

2. Neoplasia

When a neoplastic process is strongly suspected (based on signalment, physical exam, blood work, lack of response to treatment and lack of identifiable infectious cause), euthanasia should be carried out.

3. Pancreatitis

The prognosis for cats with acute pancreatitis is guarded. Hepatic lipidosis, leukopaenia, dyspnoea, hypocalcaemia and hyperkalaemia are poor prognostic indicators and euthanasia should be considered.

If a diagnosis of pancreatic disease (chronic pancreatitis or exocrine pancreatic insufficiency) is suspected, please contact veterinary@cats.org.uk to discuss further testing.

Cats with chronic or recurrent pancreatitis that can be managed with supportive care may be homed once clinically stable. Potential adopters should be given a copy of the cat's medical history and a completed medical summary form, indicating the likely frequency and cost of ongoing care.

4. Triaditis

Triaditis (the presence of pancreatitis, IBD and cholangitis) can be managed with appropriate treatment. Cats with signs of acute pancreatitis and hypocalcaemia have a poorer prognosis and euthanasia must be considered. As with pancreatitis, histopathologic evaluation of the pancreas, liver and intestines is required for definitive diagnosis, however this is not recommended for cats in rescue care. Instead, a presumptive diagnosis is based on signalment, physical exam and blood work. Cats should show a positive response to treatment after 1-2 weeks of therapy. If response is partial or absent, euthanasia should be considered due to the likelihood of intractable disease.