


The background features abstract, flowing waves in shades of red, orange, and yellow, creating a dynamic and modern aesthetic. The waves are layered and semi-transparent, giving a sense of movement and depth.

GASTROINTESTINAL DISEASES OF CATS

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- 
- Signalment and History
 - Characterizing Diarrhea
 - Differential Diagnoses
(Extragastrintestinal vs Gastrointestinal)
 - Physical Exam
 - Diagnostic Tests
 - Select Treatments

SIGNALMENT AND HISTORY

- Age
- Inside only vs outside access
- Diet
 - Cat food?
 - Any change in diet?
 - When was it last purchased?
 - Access to any people food?
 - Any predation?
 - Any exposure to toxins (chemicals or plants)?
 - Any habit of chewing/swallowing foreign objects?
- Vomiting only, diarrhea only, or both
- Characterize vomit and/or diarrhea
- How long? Frequency? Any change over time?
- Any other cats (or other pets) showing similar signs?



CHARACTERIZING DIARRHEA

- Acute (<3 weeks)
- Non-serious
- Small Bowel
- For acute, non-serious diarrhea-treat with symptomatic care
- Chronic (>3 weeks)
- Serious (>10% loss of body weight, 3-5% dehydration, hemorrhagic diarrhea, electrolyte disturbances, T>104 F)
- Large Bowel

SELECT TREATMENTS

- Treatment trial for acute, non-serious vomiting/diarrhea
 - Fenbendazole (nematodes and Giardia) 25 mg/kg po SID for 5 day, repeat in 2-3 weeks
 - Metronidazole (anerobic antimicrobial, antiprotozoal, some anti-inflammatory benefit) 25 mg/kg/day (for diarrhea)
 - Highly digestible diet
 - Antiemetic (if needed)- maropitant 2 mg/kg SID
 - Anti-diarrheal agent (if needed)- loperamide 0.08-0.16 mg/kg PO BID



SMALL BOWEL VERSUS LARGE BOWEL BOWEL DIARRRHEA

Parameter

Frequency

Volume

Blood

Mucus

Straining

Urgency

Weight Loss

Small Bowel

2-3 times normal

Increased

Melena

Absent

Absent

Normal or Increased

Common

Large Bowel

>5 times normal

Normal or Decreased

Frank

+/- Present

Present

Increased

Occasional



SMALL BOWEL VERSUS LARGE BOWEL DIARRRHEA

Parameter	Small Bowel	Large Bowel
Borborygmus	Yes	No
Flatulence	Yes	No
Vomiting	Yes	Infrequently
Appetite	Variable	Unaffected
Albumin	Normal to decreased	Normal
Globulin	Normal to decreased	Normal
Cholesterol	Normal to decreased	Normal

DIFFERENTIAL DIAGNOSIS (EXTRAGASTROINTESTINAL)

- Renal Failure
- Hyperthyroidism
- Hepatic disease
- Pancreatitis
- Complicated Diabetes
- Neoplasia
- FIV/FeLV related disease

DIFFERENTIAL DIAGNOSIS (GASTROINTESTINAL)

Vomiting

- Parasites
- Food allergy or intolerance
- Inflammatory Bowel Disease (IBD)
- Intestinal lymphoma (small cell vs large cell) or other GI neoplasia
- Toxins
- Helicobacter
- Obstruction (foreign body, neoplasia, intussusception, stricture)
- Constipation

Diarrhea

- Parasites
- Food allergy or intolerance
- Inflammatory Bowel Disease (IBD)
- Intestinal lymphoma (small cell vs large cell), or other GI neoplasia
- Toxins
- Salmonella, Campylobacter
- Feline Panleukopenia (FPV)
- Exocrine Pancreatic Insufficiency (EPI)

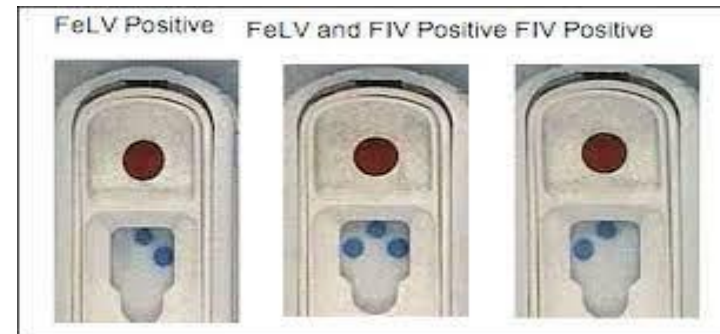
PHYSICAL EXAM

- Look under the tongue for a string (foreign body as cause of vomiting)
- Palpate thyroid
- Palpate for intestinal thickness, mass, or foreign body



DIAGNOSTIC TESTS (EXTRAGASTROINTESTINAL)

- FIV/FeLV test
- Complete Blood Count (CBC)
- Chemistry Panel with T4
- Spec fPL
- Urinalysis
- Ultrasound
- Radiographs

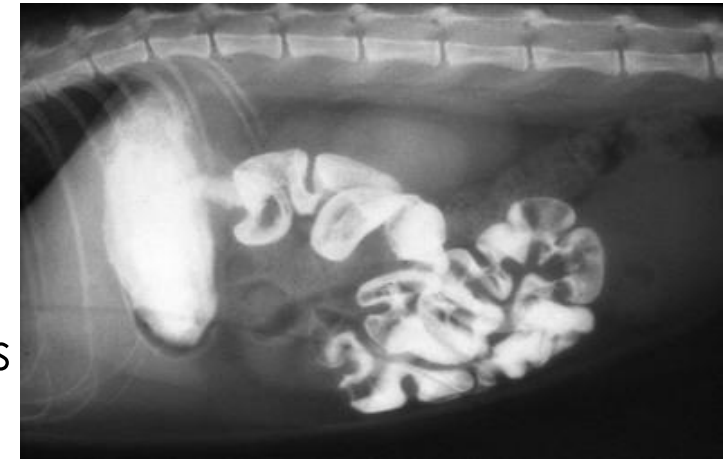


EXPECTED RESULTS

- Renal Failure (decreased USG, increased SDMA, CR, BUN, electrolyte disorders, anemia)
- Hyperthyroidism (increased total T4, ALT, ALP)
- Hepatic disease (hyperbilirubinemia, decreased BUN, increased ALT, ALT and GGT, bilirubinuria)
- Pancreatitis (Increased fPL, ALT, ALP, leukocytosis, anemia, changes on ultrasound)
- Complicated Diabetes (glucosemia, glucosuria, ketonuria, electrolyte disorders)
- Neoplasia- palpation, radiographs, ultrasound
- FIV/FeLV related disease (FeLV antigen positive or FIV antibody positive)

DIAGNOSTIC TESTS (GASTROINTESTINAL)

- Fecal (roundworms, hookworms, whipworms, coccidia)
- Cryptosporidium/Giardia
- Fecal culture (Salmonella, Campylobacter)
- FPV antigen test (and CBC- leukopenia)
- Elimination diet trial for food allergy (hydrolyzed vs novel protein)
- GI Panel (TLI, cobalamin, folate)
- Radiographs (+/- barium contrast) for foreign body or larger masses
- Ultrasound (intestinal thickness, gastrointestinal nodules/masse)
- Endoscope for suspected gastric foreign body (+/- removal) or gastric biopsy (Helicobacter)
- Gastrointestinal biopsies for IBD and lymphoma, Helicobacter (other neoplasia)
 - Endoscopic- partial thickness
 - Surgical- full thickness



SELECT TREATMENTS

- ALWAYS DEWORM!
- Hookworms, roundworms, physaloptera
 - Fenbendazole 25 mg/kg PO for 3 days, repeat in 2-3 weeks
 - Pyrantel pamoate 20 mg/kg PO, repeat in 2-3 weeks
- Coccidia- sulfadimethoxine 50 mg/kg PO SID for 2-3 weeks
- Cryptosporidium- tylosin 20-40 mg/kg PO BID



SELECT TREATMENTS

- Giardia- fenbendazole 25 mg/kg PO SID for 5 days or metronidazole 25 mg/kg PO SID for 5 days
- Salmonella, Campylobacter- enrofloxacin 5 mg/kg PO SID for 7-10 days,
- Helicobacter (treat for 3 weeks)
 - Antacid- famotidine 0.5 mg/kg PO BID
 - And any two of the following- amoxicillin (20 mg/kg PO BID), bismuth subsalicylate (5 mg/kg PO BID), doxycycline (5 mg/kg PO BID), metronidazole (12.5 mg/kg PO BID)



SELECT TREATMENTS

- Feline Panleukopenia
 - Isolate
 - IV fluids
 - Broad spectrum antibiotic (amoxicillin/clavulanic acid)
 - Highly digestible diet



SELECT TREATMENTS

- Food allergy- hydrolyzed or novel protein diet and NOTHING else



- Exocrine pancreatic insufficiency (rare)- pancreatic enzymes and cobalamin if needed
- Foreign body- endoscopic or surgical removal (cut string under tongue if present)



SELECT TREATMENTS

- IBD
 - Novel protein diet or hydrolyzed protein diet
 - Prednisolone
 - 1-3 mg/kg/day to begin (may need subcutaneous dexamethasone if not being absorbed)
 - Once clinical signs improve, taper every 3-4 weeks
 - Maintain at lowest effective dose
 - Cobalamin supplementation if needed- 250 mcg SC weekly for 6 weeks (then retest)



SELECT TREATMENTS

- Intestinal small cell lymphoma
 - Cyclophosphamide 25 mg tablet PO every 3 weeks- check CBC (can cause myelosuppression) prior to each dose for 3 times and then every 4-6 months
 - Prednisolone 5mg- ½ tablet PO every other day
 - Cobalamin supplementation if needed – 250 mcg SC weekly for 6 weeks (then retest)



The background features several overlapping, flowing, ribbon-like shapes in shades of red, orange, and yellow. These shapes curve and sweep across the frame, creating a sense of motion and energy. The colors transition from deep red on the left to bright yellow on the right, with orange and light orange in between. The overall effect is a vibrant, abstract composition.

QUESTIONS?