

CHRONIC DIARRHEA IN CATS

BASICS

OVERVIEW

- A change in the frequency, consistency, and volume of bowel movement (feces) for more than 3 weeks or with a pattern of episodic recurrence
- Can be either small bowel (small intestine) or large bowel (large intestine or colon) diarrhea

SIGNALMENT/DESCRIPTION of ANIMAL

- Cats

SIGNS/OBSERVED CHANGES in the ANIMAL

- Underlying disease process determines clinical signs

Small Bowel Diarrhea (involves the small intestines)

- Larger volume of bowel movement (feces) than normal
- Frequency of defecation is mild to moderately above normal (2 to 4 times per day)
- Weight loss
- Increased appetite (known as “polyphagia”) in cases with abnormal digestion or absorption of food (known as “maldigestion” or “malabsorption,” respectively) or increased levels of thyroid hormone (known as “hyperthyroidism”)
- May have black, tarry stools (due to the presence of digested blood; condition known as “melena”); no mucus or red blood in the bowel movement (presence of red blood in the bowel movement known as “hematochezia”)
- No evidence of painful defecation or straining to defecate (known as “tenesmus”) or difficulty in defecating (known as “dyschezia”)
- Vomiting is common

Large Bowel Diarrhea (involves the large intestines or colon)

- Smaller volume of bowel movement (feces) per defecation than normal
- Frequency of defecation significantly higher than normal (greater than 4 times per day)
- No weight loss
- Mucus or red blood in the bowel movement (hematochezia); no evidence of black, tarry stools (melena)
- Painful defecation or straining to defecate (tenesmus) and urgency to defecate
- Difficulty defecating (dyschezia) with rectal or lower colonic disease
- Vomiting in some cats

CAUSES

- Inflammatory bowel disease (“IBD”)—various types, including lymphoplasmacytic enterocolitis, granulomatous enteritis, eosinophilic enteritis/hypereosinophilic syndrome, and idiopathic inflammatory colitis
- Tumor or cancer—lymphoma, adenocarcinoma, mast cell tumor, and polyps
- Blockage or obstruction of the small or large intestines—tumor or cancer, foreign body, inflammatory bowel disease (IBD), folding of one segment of the intestine into another segment (known as “intussusception”), and abnormal narrowing of the intestines (known as a “stricture”)
- Metabolic disorders—increased levels of thyroid hormone (hyperthyroidism), kidney disease, liver disease, diabetes mellitus (“sugar diabetes”)
- Poisons
- Side effect of medications
- Parasites—*Giardia*, *Toxoplasma*, roundworms (*Toxocara cati*, *Toxascaris leonina*), *Cryptosporidium*, *Cystoisospora*, *Trichostrongylus axei*
- Bacterial infections—*Campylobacter*, *Salmonella*, *Yersinia*, and *Clostridium perfringens*
- Viral infections—feline leukemia virus (FeLV), feline immunodeficiency virus (FIV), and feline infectious peritonitis (FIP)
- Fungal diseases—histoplasmosis, aspergillosis
- Noninflammatory causes of abnormal absorption of food (malabsorption)—dilation of the lymphatic vessels (known as “lymphangiectasia”); condition in which a high number of bacteria are found in the upper small intestine (known as “small intestinal bacterial overgrowth”); diarrhea and other signs caused by absence of a long section of small intestine, usually because of surgical removal (condition known as “short-bowel syndrome”); and ulcers in the upper small intestines (known as “duodenal ulcers”)
- Abnormal digestion of food (maldigestion)—liver disease and syndrome caused by inadequate production and secretion of digestive enzymes by the pancreas (known as “exocrine pancreatic insufficiency”)
- Diet—dietary sensitivity, dietary indiscretion (that is, eating substances that should not be eaten), and diet changes
- Congenital (present at birth) anomalies—short colon; condition in which blood vessels allow blood to flow abnormally between the portal vein (vein that normally carries blood from the digestive organs to the liver) and the body circulation without first going through the liver (known as a “portosystemic shunt”)

RISK FACTORS

- Dietary changes and feeding poorly digestible or high-fat diet

TREATMENT

HEALTH CARE

- Often must be specific for the underlying cause to be successful
- When no definitive diagnosis is possible, treatment with dietary management and metronidazole sometimes results in clinical improvement
- Fluid therapy for dehydration
- Correct electrolyte (such as sodium, potassium, chloride) and acid–base imbalances

DIET

- A bland or hypoallergenic diet may be beneficial

SURGERY

- Biopsy of the stomach, small intestine, and/or large intestine
- Exploratory surgery of the abdomen and surgical biopsy

MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

- Medications vary, depending on underlying cause
- A therapeutic trial with fenbendazole or metronidazole often is used to rule out occult *Giardia* infection

FOLLOW-UP CARE

PATIENT MONITORING

- Fecal volume and character, frequency of defecation, and body weight

PREVENTIONS AND AVOIDANCE

- Depend on underlying cause

POSSIBLE COMPLICATIONS

- Dehydration
- Fluid build-up in the abdomen (known as “abdominal effusion”) with intestinal cancer (adenocarcinoma)

EXPECTED COURSE AND PROGNOSIS

- Depend on underlying cause
- Resolution usually occurs gradually with treatment; if diarrhea does not resolve, consider re-evaluating the diagnosis

