

Chronic Diarrhea in Cats

DRIP 2

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History



Importance can't be underscored enough!

Utilize your credentialed technician/nursing staff

Develop a standard questionnaire

Distribute prior to consultation

So as we work through these patients, I can't underscore enough the importance of a thorough history. My nurses, when I'm working on the clinic floor, know all the questions that I like to ask. And I do have my credentialed technician and nursing staff go through an extensive history with the owners, and they report that back to me before I go into the room.

I think this is an important step to utilize your credentialed staff because they get additional information, you review it before you go into the consultation room whenever possible, and that may trigger some additional questions or it may help you clarify, but it shortens your time spent on history because your nurse has already done that for you. And now you can just do follow up.

Depending on your schedule, it may be more beneficial for you and your team to develop a standard questionnaire that your nursing staff can use, and maybe you even distribute that questionnaire to owners prior to the consultation.

So, if one of your client service representatives schedules a cat and the family reports that chronic diarrhea is the reason they're coming in with their cat, maybe that pet owner automatically receives via text or via email this standard questionnaire that they bring in or can submit to you and your nursing staff can review it.

They ask some additional follow up questions, report to you, you ask more follow-up questions. The point is this history needs to be very extensive so that we're developing logical diagnostic differentials, that we are being logical with our recommendations for both testing and potential therapies.

Questions

Duration?

Continuous or intermittent? How long between episodes?

Current and previous diets?

Temporal association?

Exposure to toxins/foreign objects?

Current medications / supplements / nutraceuticals?

Any vomiting? If yes, describe frequency, character, etc.

Previous therapies? Did anything help?

Appreciable inciting factors?

Indoor vs. outdoor?

Travel history?

Appetite changes?

Previous medical / surgical history?



Some of the questions that I feel are meaningfully important-- how long has the cat been having diarrhea, and is every bowel movement diarrheic or is the diarrhea intermittent? If it's intermittent, how long between episodes of diarrhea? Is it every other? Is it I have a bout of diarrhea every two weeks? What is the duration of time between episodes?

Diets, anything that triggers it. Is there a temporal association with the diarrhea, meaning they always have diarrhea two hours after eating? Could the patient be exposed to toxins or foreign objects? What medicines are they on? And let me put a plug-in to always ask medications, supplements, and nutraceuticals.

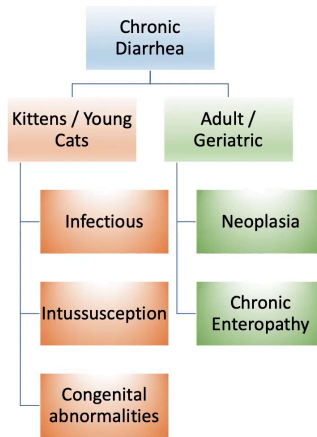
Why? Because a lot of us, when we say medications, we're incorporating supplements and nutraceuticals into that category, into that one big umbrella term, but a lot of owners don't do that. They don't consider some of the supplements and nutraceuticals medications because it didn't require a prescription. So always ask medications, supplements, nutraceuticals.

Is the cat vomiting? You and I both know that concurrent vomiting is fairly common with a lot of the primary GI and secondary GI diseases we just reviewed. And so if there is vomiting, we have all the fun questions that we need to ask about vomiting-- frequency, character. Is it really vomiting, or does it sound more like regurgitation?

I really like to know what therapies have been tried. Obviously, a lot of my patients are referred for this problem. So many of them have had things done before. Various therapies have been tried. And I always want to know, did anything help? Now, I know nothing, if they're getting to see me, helped permanently, but I do want to know, did anything help temporarily?

So, asking that type of question is important. Are they indoor or outdoor? Where have they traveled? Appetite changes? Those are all common historical questions that hopefully we're all used to asking, but it's really important to ask those questions.

Signalment



I really pay attention to signalment to help me prioritize diagnostic testing.

So, for example, in a kitten or in a young cat, I'm more concerned about infectious agents, maybe a sliding interception or congenital abnormalities. Versus in my adult population, in my geriatric population, I'm most concerned about neoplasia and chronic enteropathies. And so, we're always going to recommend a thorough diagnostic investigation, but if we're dealing with a geriatric patient and families have limited funds, I'm going to prioritize screening for neoplasia and looking for chronic enteropathy changes over infectious disease testing, with the exception of retroviral status.

I'm probably not going to be advocating for toxo testing, a fecal PCR, for example. So I really do pay attention to signalment to help me prioritize testing, especially with families who have limited financial resources.

Table #1: General characteristics of small bowel and large bowel diarrhea

	<i>Small bowel</i>	<i>Large bowel</i>
<i>Color</i>	Variable	Normal
<i>Melena</i>	Common	No
<i>Hematochezia</i>	No	Common
<i>Weight loss</i>	Common	Rare
<i>Mucus</i>	Rare	Common
<i>Fat</i>	Occasionally	No
<i>Tenesmus</i>	Rare	Common
<i>Undigested food</i>	Occasionally	Uncommon
<i>Volume</i>	Normal-to-large volume	Normal-to-small volume
<i>Consistency</i>	Variable, often watery	Variable
<i>Frequency</i>	2-3x/day	>3x/day
<i>Urgency</i>	Uncommon	Common

I hope everybody is used to asking the various questions to help one distinguish small bowel from large bowel diarrhea. If not, it's really important to start doing that because the diagnostic differentials for small bowel disease are quite different in many respects than for large bowel disease.

And so, in the interest of being respectful and logical with owner finances and our diagnostic recommendations, sometimes making this distinguishing between small bowel and large bowel can really help us prioritize. So, I have this chart here for you. I always remember John Randolph, back in veterinary school at Cornell, would always say, there is no such thing as diarrhea. There's only small bowel, large bowel, and mixed bowel diarrhea.

So, hopefully you're doing this. If not, here's a chart and I hope you will start asking these questions to help us differentiate for your patients.