



This case report demonstrates the successful use of PURINA® PRO PLAN® VETERINARY DIETS Feline EN S_T/Ox Gastrointestinal in the management of a diet-responsive enteropathy in a young cat

Félikit, a cat with chronic diarrhoea

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Case history

Félikit had been adopted as a stray 3 months earlier. After his adoption, a screening test for retroviruses (FIV/FelV) was carried out, with negative results. A broad-spectrum wormer based on praziquantel (Milbemax™) was given on two occasions, with a one-month interval. He was fed dry food purchased at a supermarket. His appetite and general condition were completely normal. Félikit's faeces were very soft and greenish (Figure 2). No specific treatment for diarrhoea had been undertaken.

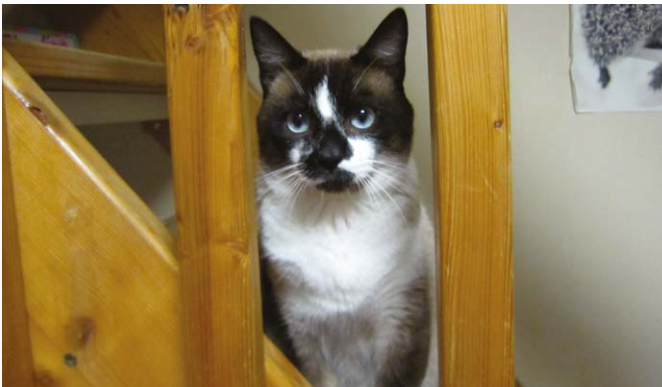


Figure 1: Félikit, a 2-year-old castrated male cat, presented with diarrhoea, which had been a problem since he was adopted.

Clinical examination

The general clinical examination was unremarkable. Félikit's overall body condition was normal, with pink mucous membranes and normal rectal temperature. The abdomen was relaxed on palpation, and the intestinal lining appeared to be of normal thickness and feel. The mesenteric lymph nodes could not be palpated.

Differential diagnosis

Given Félikit's young age and the absence of any general signs, a diet-responsive enteropathy was suspected as the most likely diagnosis. A parasitic cause seemed less likely because of the worming undertaken, although certain agents can be resistant to the protocol used

(e.g. coccidiosis and trichomoniasis). Metabolic causes (hyperthyroidism, renal failure, etc.) were ruled out at this stage because of Félikit's young age and the absence of general signs. Likewise, exocrine pancreatic insufficiency is sufficiently rare in cats not to have been initially considered. An immunosuppressant-responsive enteropathy (formerly called chronic inflammatory bowel disease) would only be considered once dietary and parasitic hypotheses had been ruled out. A developing tumour seemed unlikely.

Additional examinations

Faecal analysis for cysts and helminths was undertaken. Likewise, a PCR test for *Tritrichomonas foeti* was performed. These tests failed to reveal any infectious pathogens. In parallel, the regular supermarket diet was gradually replaced with a premium adult maintenance diet, and a follow-up appointment was scheduled for one month later. Medication based on metronidazole and spiramycin (Stomorgyl™) was also prescribed for this period.

Follow-up

The follow-up appointment held one month after the new diet and antibiotics were introduced showed overall disappointing progress (Figure 3). Although the faeces were somewhat firmer, they were still quite soft and greenish. Félikit's general state of health remained unaffected.

A blood sample was taken in order to check the serum levels of total proteins, albumin and cobalamin. Concentrations were within the normal range.

Before considering carrying out any biopsies of the digestive tract, another change in diet was tried. The premium maintenance diet was replaced with PURINA® PRO PLAN® VETERINARY DIETS Feline EN S_T/Ox Gastrointestinal, which contains a limited number of protein sources in order to reduce the antigenic load in the intestine, and a prebiotic to improve the balance of intestinal microflora and digestibility. The transition was made over a short 5-day period.

Another follow-up appointment was held one month after the start of the new diet. This time the improvement was significant. The faeces were well-formed and normal in colour. The observed improvement took place over the first 8 days following the change in diet (Figure 4).



Figure 2: Faeces very soft and green at presentation (D0).



Figure 3: Faeces soft and green after 4 weeks of antibiotics and maintenance diet (D30).



Figure 4: Faeces well-formed and normal in colour after 4 weeks of Feline EN St/Ox Gastrointestinal prescription diet (D60).

Discussion

The current classification of chronic feline enteropathies is essentially based on a clinical approach:

1. **Infectious enteropathies:** Any parasites, some viruses and some bacteria can cause chronic diarrhoea.
2. **Diet-responsive enteropathies:** This group includes all enteropathies originating from food allergies or food intolerance. Their diagnosis hinges on the disappearance of clinical signs following a change in diet. The change can be relatively straightforward and consists in simply replacing the current diet with a higher-quality one (replacing a supermarket's own brand food with a premium diet OR replacing a premium diet with one especially formulated for gastrointestinal problems (PURINA® PRO PLAN® VETERINARY DIETS Feline EN St/Ox Gastrointestinal) OR replacing a gastrointestinal diet with a hypoallergenic one (PURINA® PRO PLAN® VETERINARY DIETS Feline HA St/Ox Hypoallergenic).

Clinically, two basic factors should be taken into account in order to consider a diet-responsive enteropathy: the affected animals are most often young and the condition has no effect on general health. It is essential to try dietary modification before considering an immunosuppressant-responsive enteropathy. In this regard, changes in diet should be approached (and implemented) as diagnostic steps in their own right. A lack of improvement should not be seen as a failure, but as providing important diagnostic information.

3. **Antibiotic-responsive enteropathies:** These enteropathies are not as well documented in cats as they are in dogs.
4. **Exudative enteropathies:** These are much rarer in cats. They are often secondary to a significant (suppurative) inflammation or to diffuse tumour infiltration.
5. **Tumour-based enteropathies:** These are fairly common in elderly cats. They must be ruled out before considering immunosuppressive treatment. Imaging procedures (in particular abdominal ultrasounds) and biopsies of the digestive tract are therefore necessary.

6. **Immunosuppressant-responsive enteropathies** (formerly called chronic inflammatory bowel disease): These are considered for any enteropathy for which infectious, dietary and tumour-related causes have been ruled out. This diagnosis is made only after faecal analysis, anti-parasitic treatment and various dietary changes have been tried and biopsies of the digestive tract have made it possible to rule out a tumour as the underlying cause.

What is the correct diagnostic approach to chronic diarrhoea in cats?

