Clinical Approach to Chronic GI Disease in the Feline Patient

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Financial Disclosure

I am a full-time IDEXX; I do not believe that it will influence my presentation.

The information contained herein is intended to provide general guidance only. Diagnosis, treatment, and monitoring should be patient specific and is the responsibility of the veterinarian providing primary care.

Learning objectives

1. Define feline chronic enteropathy (CE)
2. Describe common clinical presentations
3. Formulate a systematic diagnostic approach to the feline patient with gastrointestinal signs
4. Examine how to integrate diagnostic results with clinical picture for feline patients with CE
5. Evaluate treatment strategies and long-term management plans in feline CE using case examples and literature review

Up to 20-30% of veterinary visits in companion animals are reported to be related to vomiting or diarrhea

Jergens AE, Heilmann, RM (2022) Canine Chronic Enteropathy – Current state of the art and emerging concepts. Front. Vet. Sci.

Impact of feline chronic enteropathy (CE) in veterinary medicine

1. Prevalence unknown; likely the most common cause of primary GI disease in cats
2. One of the most neglected chronic diseases of cats

Source: Feline IBD; TX vet foundation 2016, Erin Dresner DVM, MS, DABVP: https://www.tvmf.org/articles/feline-inflammatory-bowel-disease/#:~:text=Several%20individual%20diseases%20associated%20with,diagnose%20and%20treat%20your%20cat.

Definition of feline chronic enteropathy

Journal of Veterinary Internal Medicine Open Access

J Vet Intern Med. 2023 May 2;37(3):794–816. doi: 10.1111/jvim.16690

ACVIM consensus statement guidelines on diagnosing and distinguishing low-grade neoplastic from inflammatory lymphocytic chronic enteropathies in cats

Sina Marsilio [1,†,✉], Valerie Freiche [2,†], Eric Johnson [3], Chiara Leo [4], Anton W Langerak [5], Iain Peters [6], Mark R Ackermann [7,8]

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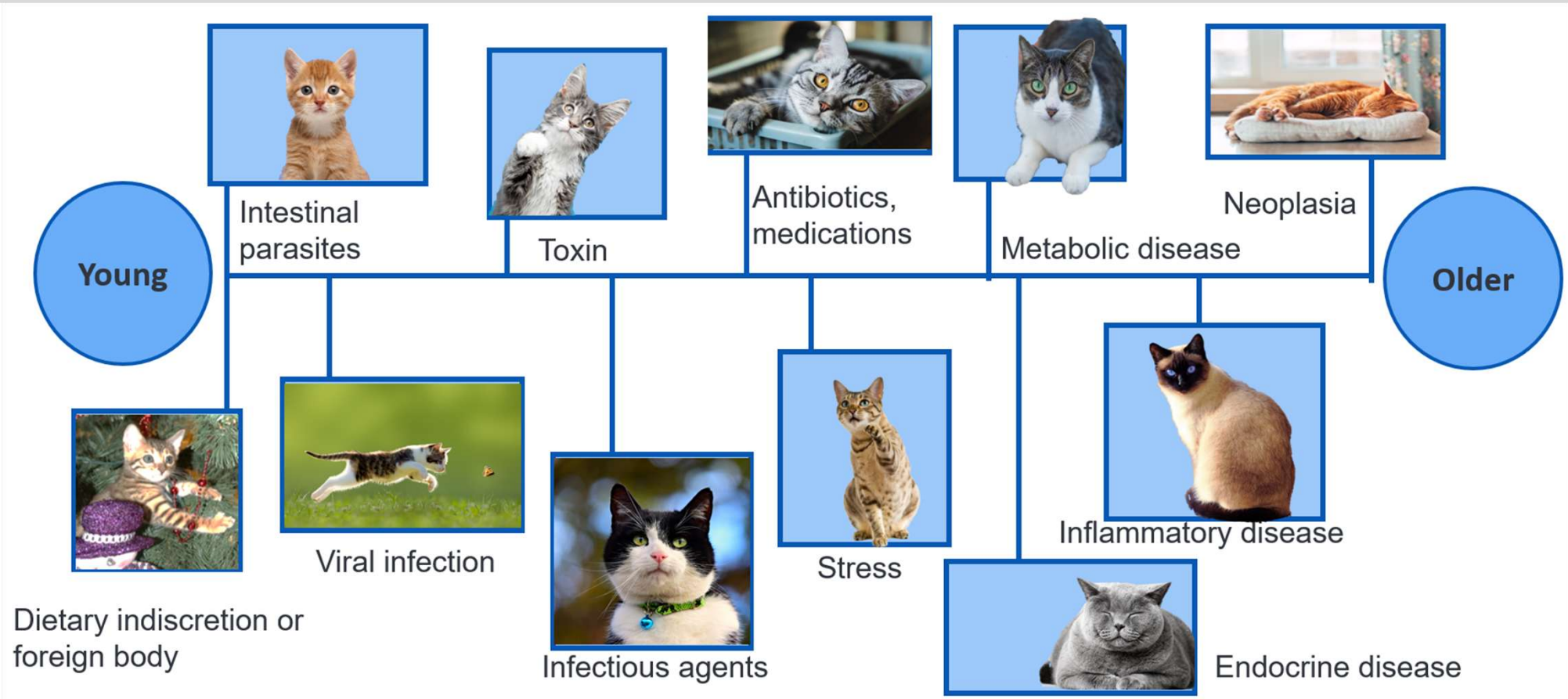
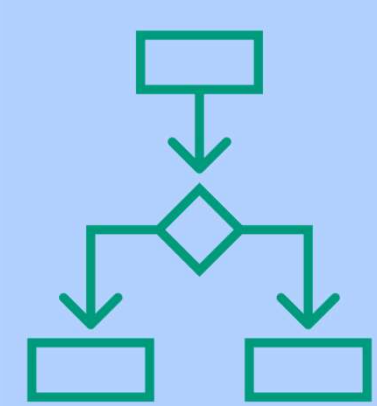
PMCID: PMC10229359 PMID: 37130034

At least 3 weeks duration, signs of gastrointestinal (GI) disease, where extra-GI, metabolic and infectious causes have been ruled out

Prioritization of differential list for ***GI signs*** changes with age



Classification



Feline chronic enteropathy (feline CE)

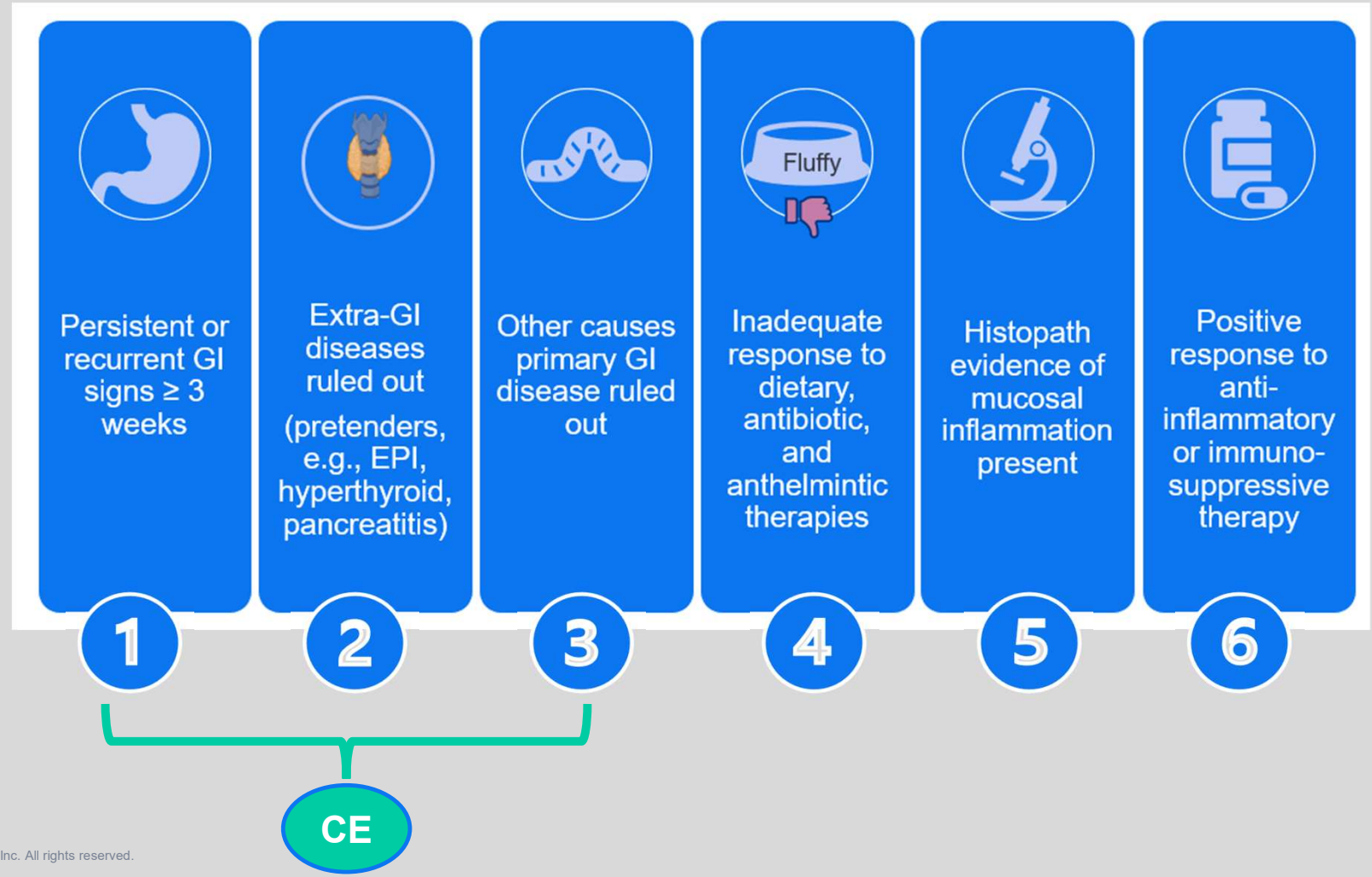
Chronic inflammatory enteropathy (CIE)

Small cell lymphoma (SCL) or Low grade intestinal T-cell lymphoma (LGITL)

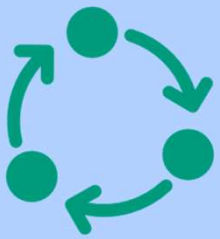
- Immunosuppressive-responsive (IRE,IBD)
- Food responsive (FRE)
- Antibiotic responsive (ARE) ?
- Non-respon-sive (NRE)

1.Marsilio, JSAP, 2021
2.Bandara et al.,JSAP, 2023;
3.Marsilio et al..,JVIM, 2023
4.Guilford et al., JVIM 2001

Feline chronic inflammatory enteropathy (CIE/IBD) – a subset of CE

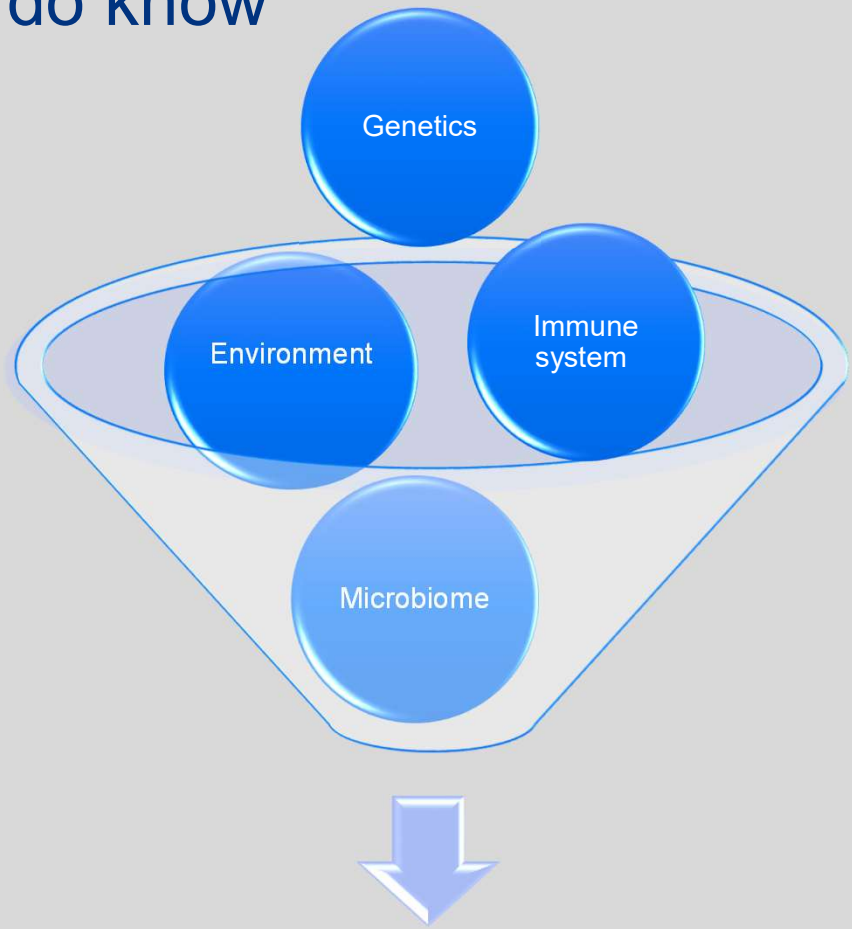


Etiopathogenesis



Exact cause of CIE is unknown; we do know it is multifactorial

- Environmental influences
- Exaggerated immune response
- Interplay between innate and adaptive immune responses
- Imbalanced microbiome



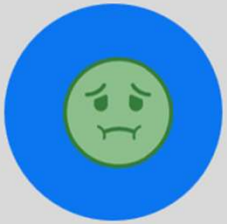
Diagnosis

Diagnosis starts with asking the right questions!!!

Image credit: Pixabay

All the gory details…

Acute or chronic symptoms



Vomiting or regurgitation

Diarrhea or constipation

Small or large bowel diarrhea

Characterization and objectification are key

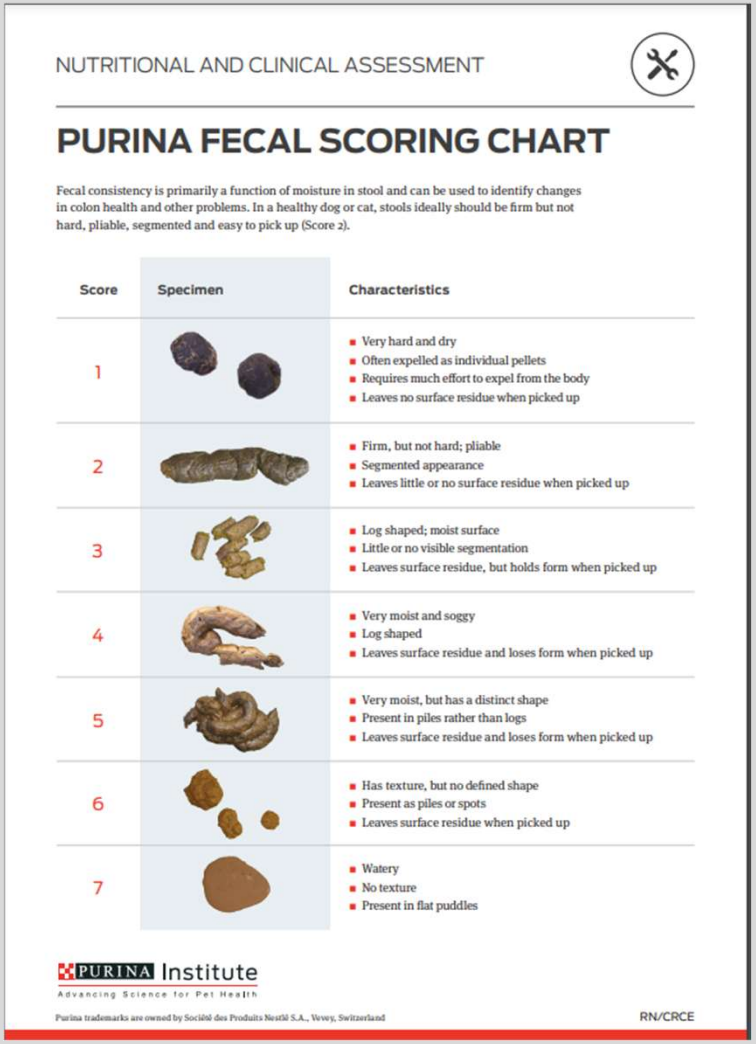
Vomiting vs. regurgitation

- Active vs. passive
- Relation to eating
- Shape of material expelled
- Large amounts of mucus with expelled material
- Presence/absence of digested vs. undigested food
- Change in appetite
- Presence/absence of weight loss

Small- or large-bowel diarrhea

- Frequency
- Urgency
- Straining
- Quantity
- Presence of mucus/fresh vs. digested blood/undigested food
- Posture
- Presence/absence of weight loss
- Change in appetite

Purina fecal score



NUTRITIONAL AND CLINICAL ASSESSMENT

PURINA FECAL SCORING CHART

Fecal consistency is primarily a function of moisture in stool and can be used to identify changes in colon health and other problems. In a healthy dog or cat, stools ideally should be firm but not hard, pliable, segmented and easy to pick up (Score 2).

Score	Specimen	Characteristics
1		▪ Very hard and dry ▪ Often expelled as individual pellets ▪ Requires much effort to expel from the body ▪ Leaves no surface residue when picked up
2		▪ Firm, but not hard; pliable ▪ Segmented appearance ▪ Leaves little or no surface residue when picked up
3		▪ Log shaped; moist surface ▪ Little or no visible segmentation ▪ Leaves surface residue, but holds form when picked up
4		▪ Very moist and soggy ▪ Log shaped ▪ Leaves surface residue and loses form when picked up
5		▪ Very moist, but has a distinct shape ▪ Present in piles rather than logs ▪ Leaves surface residue and loses form when picked up
6		▪ Has texture, but no defined shape ▪ Present as piles or spots ▪ Leaves surface residue when picked up
7		▪ Watery ▪ No texture ▪ Present in flat puddles

PURINA Institute
Advancing Science for Pet Health

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RN/CRCE

Source:https://www.purinainstitute.com/centresquare/nutritional-and-clinical-assessment/purina-fecal-scoring-chart; shared with permission 2023.

Small or large bowel diarrhea?

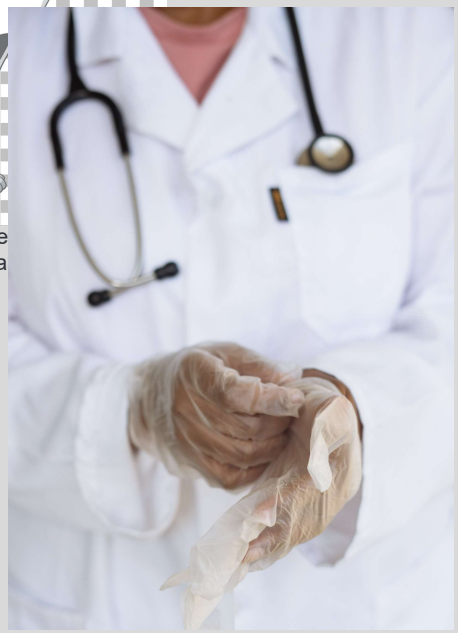
	Small Bowel	Large Bowel
+ Weight Loss	★ Often	Rarely
+ Appetite	★ N, ↓, or occasionally ↑	Generally normal
+ Volume	N, or mild/moderate ↑	★ Generally ↓↓↓
+ Frequency	N, or mild/moderate ↑	★ ↑
+ Urgency	Sometimes	★ Often
+ Tenesmus	No	★ Often
+ Blood	Sometimes (melena)	★ Often (hematochezia)
+ Mucus	No	★ Often
+ Albumin & cholesterol	★ Normal or ↓	Normal

Mixed bowel

Diarrhea or constipation!!??

Constipation or diarrhea?

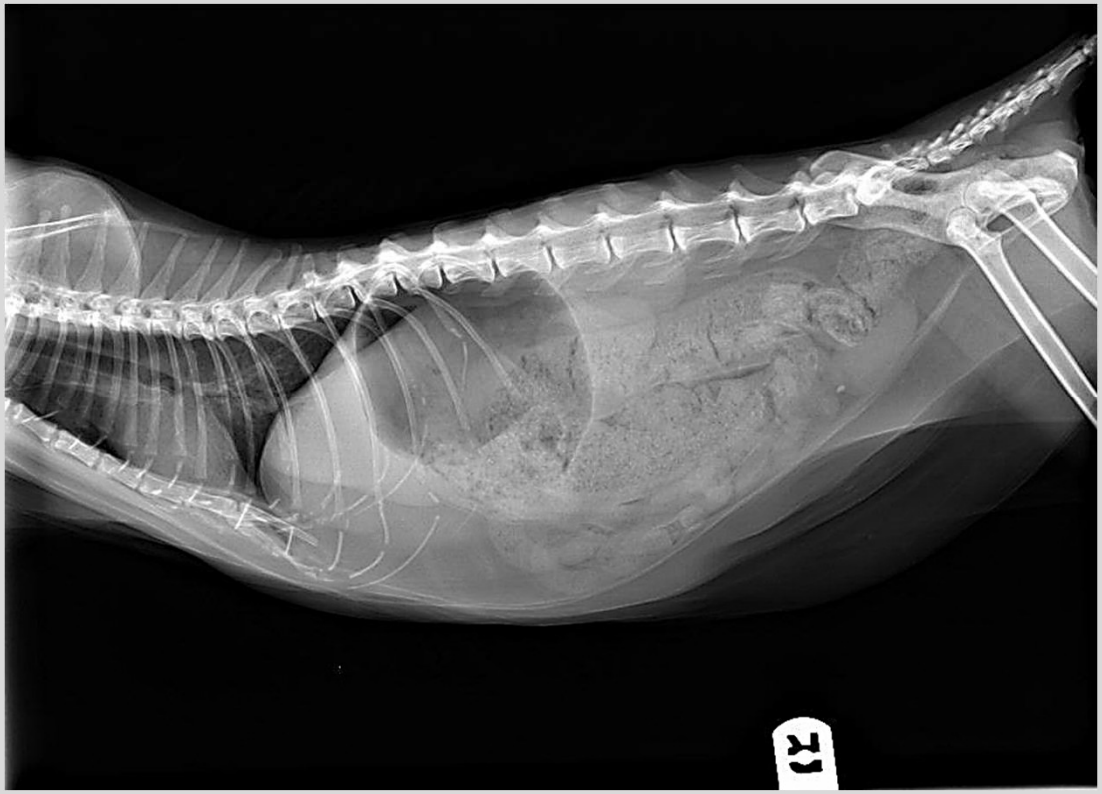
<a href="https://www.vecteezy.com/free
vector/cat">Cat Vectors by Vecteezy</a



- Productive vs. non-productive
- Mucus
- Tenesmus
- Other GI signs
- Labs
- PHYSICAL EXAMINATION !
  - Observe
  - Rectal
  - Abdominal palpation
- +/- Radiographs

IDEXX

Cat presents for diarrhea



Why are categorization, classification, and minute details so important?

Develop

An ordered, reasonable list of differential diagnoses (ddx)

Prioritize

Diagnostic recommendations

Guide

Empirical & symptomatic therapy

Direct

Best approach for invasive procedures

Ultimate goal

Most efficient and cost-effective way to definitive diagnosis

Prioritization if diagnostics for cats with chronic GI signs

Tier 1

- Minimum data base: CBC, Chemistry, UA
- Fecal parasite (vs. empirical deworming)
- FeLV/FIV
- Thyroid hormone (T4) (> 6yrs)
- fPL/cobalamin/folate

Tier 2

- fPL/cobalamin/folate
- TLI
- Diarrhea RealPCR Panel™
- Regional infectious disease testing
- Imaging
- Food elimination trial
- Dysbiosis Index
- Fecal alpha1-proteinase inhibitor (A1-PI) (dog only)
- C-reactive protein (dog only)

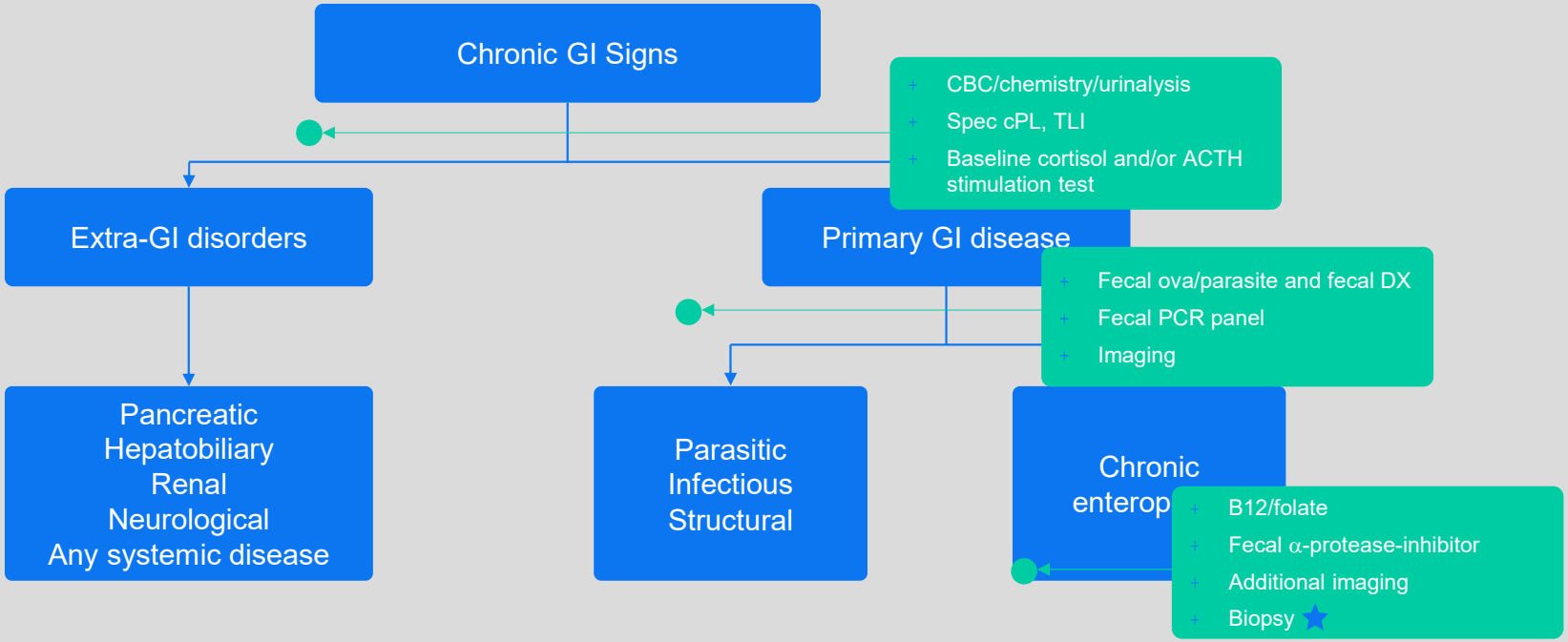
Tier 3

- Advanced imaging
- GI biopsy
  - Histopath
  - Special stains
  - IHC
  - PARR
  - PCR

IDEXX

FIRST STEPS

Rule-out extra-GI disorders and non-inflammatory enteropathies



Clinical picture: feline CE

Common presentation

- Signalment
  - DSH, Siamese
  - Avg age 8 yrs (1.3-16 yrs)
  - LGITL 12.5 yrs (4-20 years)
- Clinical signs
  - Weight loss
  - Vomiting
  - Anorexia
  - Diarrhea
  - 1 or 2 clinical signs common

Common physical examination findings

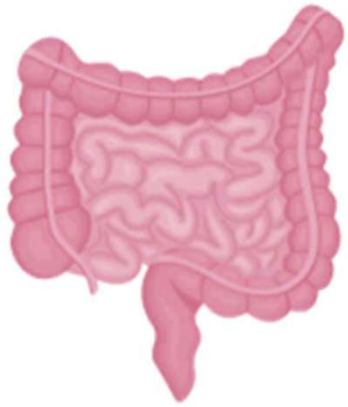
- Underconditioned
- Intestinal thickening or “ropey”
- Nodules or masses
- Mesenteric lymphadenomegaly
- Sometimes very normal

Common or classic screening lab abnormalities

- Inflammatory leukogram
- +/- Eosinophilia
- Mild to moderate anemia, non-regenerative
- Markers of chronic GI bleeding
  - Microcytosis
  - Low reticulocyte-Hgb
  - Disproportionately elevated BUN
- Albumin N or low
- Globulins N, low, or high

Laboratory biomarkers overlap and thus ***do not*** differentiate CIE/IBD from LGITL

• Albumin ↓ or N	GI protein loss, inflammation
• Globulins ↑, N, or ↓	GI protein loss, inflammation
• Cobalamin ↓ or N	Absorption
• Folate* ↓, N, or ↑	Absorption and dysbiosis
• PLI ↑ or N	Pancreatic inflammation
• TLI ↑, N, or ↓	Pancreatic inflammation, function



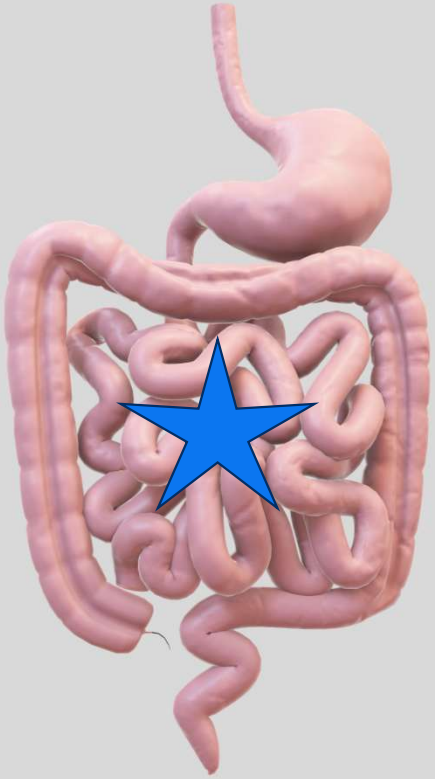
*False increase possible with hemolysis

Marsilio et al., JVIM, 2023

IDEXX

Anatomic distribution of feline CE

- Any GI segment affected
- Site predilection of disease:
  - **Jejunum**
    - **Ileum**
    - **Duodenum**
      - **Stomach**
      - **Colon**

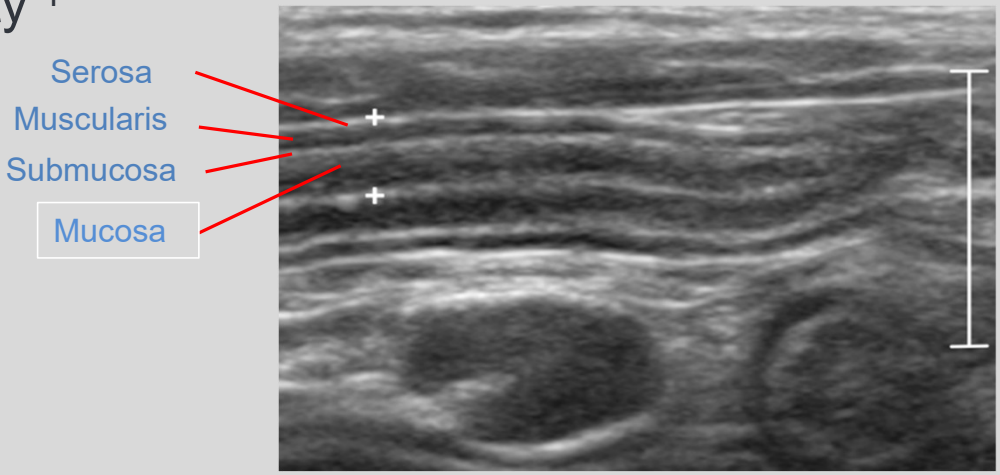


Marsilio et al., JVIM 2023

Diagnostic imaging

- Radiographs have limited diagnostic utility [1]
  - Obstructive pattern
  - Radiopaque foreign material
  - Mineralization

- Abdominal ultrasound (AUS)
  - Cross sectional evaluation, esp. thickness
  - Anatomic location
  - Mural architecture
  - Mesenteric lymph node [2]
  - Other organs, esp. pancreas, liver
  - Effusion [2]
  - Assist sampling



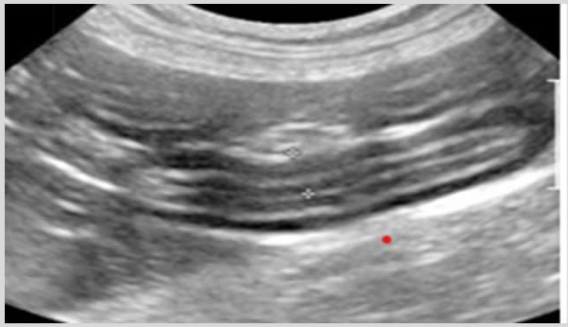
Normal jejunum, 2.7 mm

Figure adapted from: Paulin et al., BMC Vet Res, 2018
https://creativecommons.org/licenses/by/4.0/

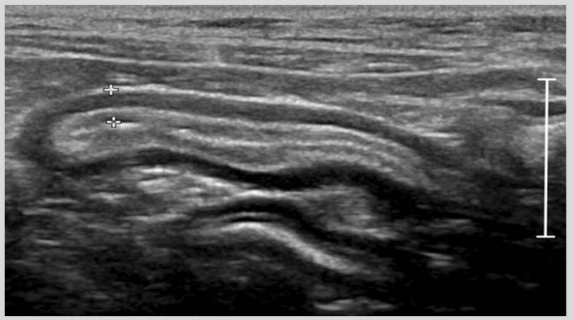
1.Marsilio et al., JVIM, 2023
2. Freiche et al., JVIMJ,2021 a
3. Di Donato et al., JFSM, 2014

Diagnostic imaging with sonography useful but not discriminatory

- Cross sectional evaluation
- Anatomic location
- Mural architecture
- Mesenteric lymph node [2]
- Other organs, esp. pancreas, liver
- Effusion [2]
- Hypomotility
- Assist sampling



Diffuse thickening with eos. enteritis, 3.9 mm.



Marked muscularis thickening with LGITL.
Overall thickness normal 2.5 mm.

Figures adapted from: Paulin et al., BMC Vet Res, 2018
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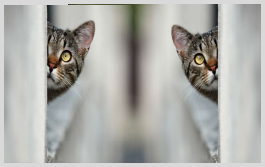
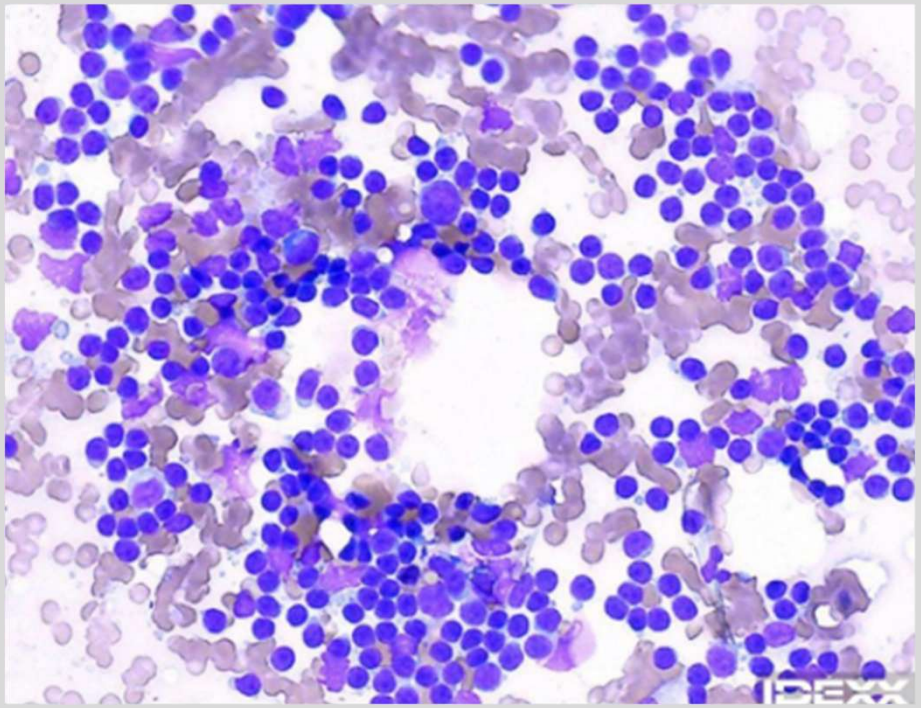
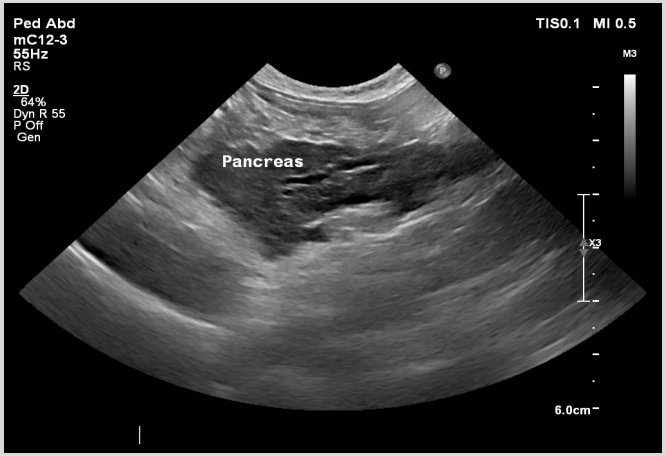


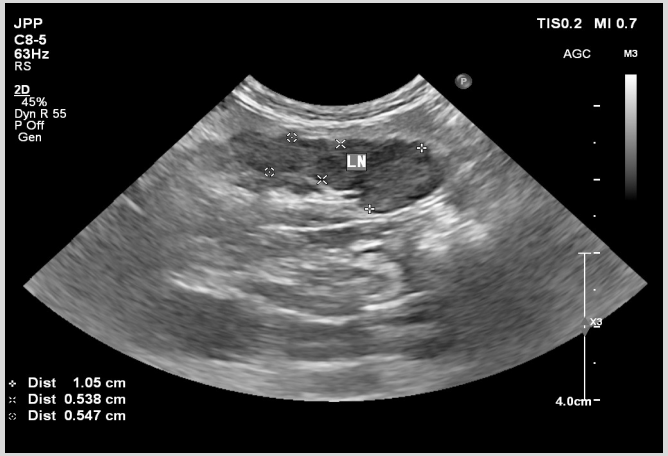
1.Marsilio et al., JVIM, 2023
2.Freiche et al.,JVIM, 2021a
3. Zwingenberger et al., JVIM, 20

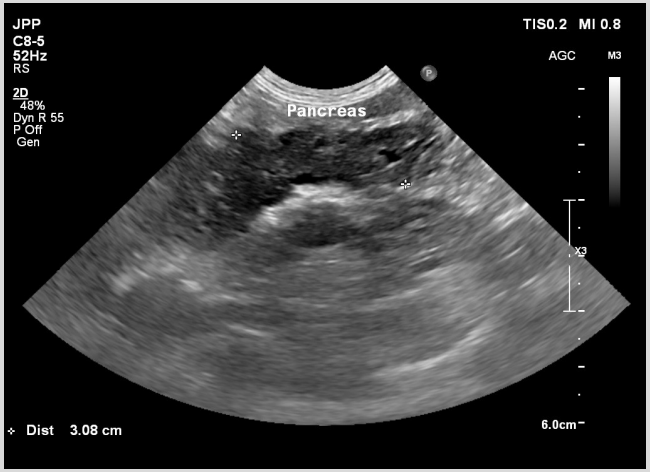
Cytology – helpful for GI disease?

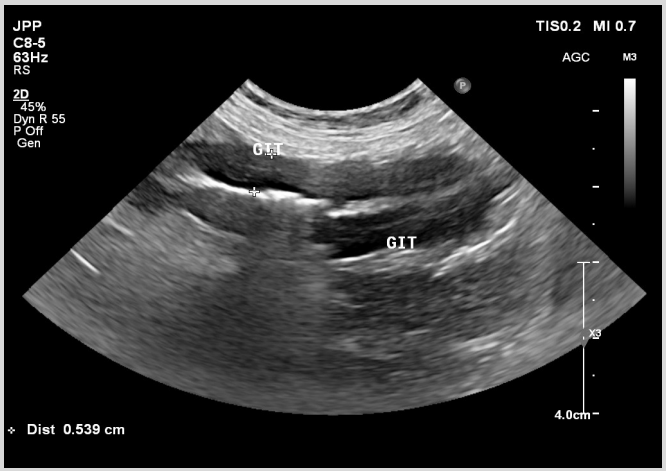
- Abdominal masses
- Lymphadenopathy
- Organomegaly
- Effusion
- Cystic structures
- Bloody diarrhea



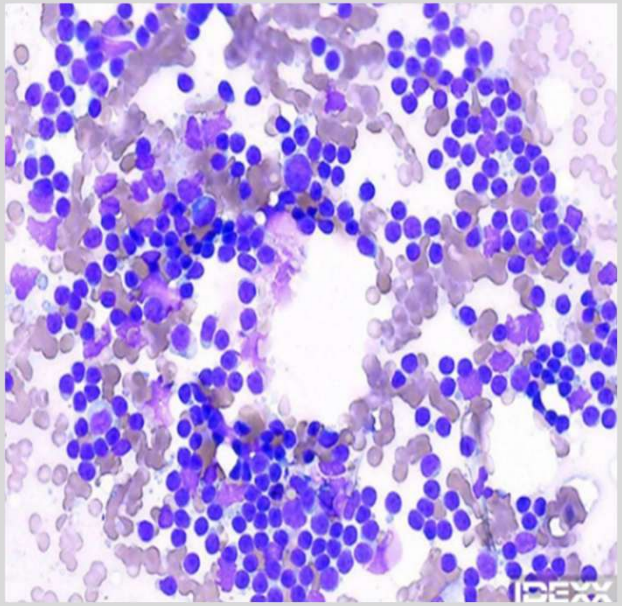








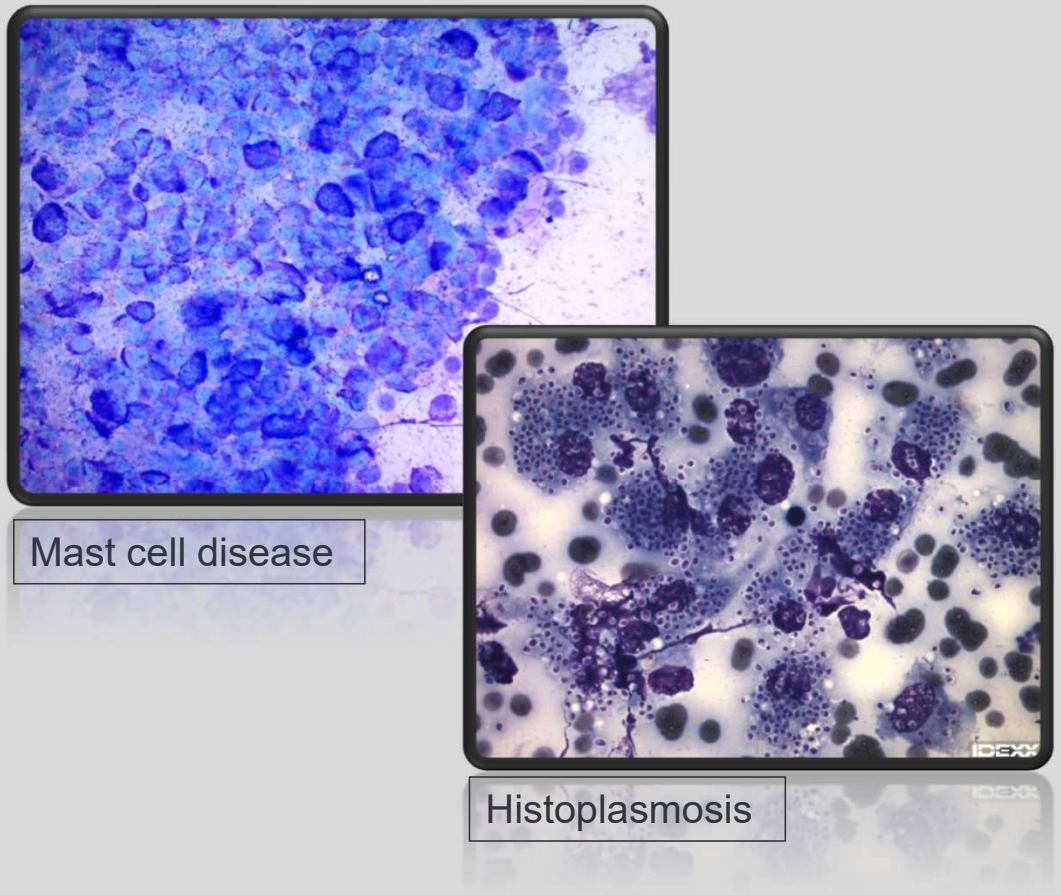
AUS images courtesy of Atlantic Veterinary Internal Medicine & Oncology, Annapolis, MD



Cytology of FNA of mesenteric lymph node

Although cytology **cannot** differentiate LPE from LGITL (III)…

- It CAN be diagnostic for
  - High grade LSA
  - Mast cell neoplasia
  - Plasma cell tumor
  - Fungal infection



Marsilio et al., JVIM, 2023

Histopathology as gold standard

- Laparotomy, laparoscopy, endoscopy
- Sample variables affecting diagnostic quality
  - Source
  - Number
  - Processing
- Pathology assessment

Picture courtesy of N. Sanders

Marsilio et al., JVIM, 2023

Resources for guidelines and standardization of diagnosis are helpful!

Resources

- Upper GI Endoscopy Report Form
- Lower GI Endoscopy Report Form

ACVIM Consensus Statement

J Vet Intern Med 2010;24:10–26

Consensus Statements of the American College of Veterinary Internal Medicine (ACVIM) provide the veterinary community with up-to-date information on the pathophysiology, diagnosis, and treatment of clinically important animal diseases. The ACVIM Board of Regents oversees selection of relevant topics, identification of panel members with the expertise to draft the statements, and other aspects of assuring the integrity of the process. The statements are derived from evidence-based medicine whenever possible and the panel offers interpretive comments when such evidence is inadequate or contradictory. A draft is prepared by the panel, followed by solicitation of input by the ACVIM membership, which may be incorporated into the statement. It is then submitted to the Journal of Veterinary Internal Medicine, where it is edited prior publication. The authors are solely responsible for the content of the statements.

Endoscopic, Biopsy, and Histopathologic Guidelines for the Evaluation of Gastrointestinal Inflammation in Companion Animals

The WSAVA International Gastrointestinal Standardization Group: R.J. Washabau, M.J. Day, M.D. Willard, E.J. Hall, A.E. Jergens, J. Mansell, T. Minami, and T.W. Bilzer

Key words: Cat; Colon; Dog; Duodenum; Endoscopy; Histopathology; Intestine; Stomach.

Treatment

CIE treatment basics

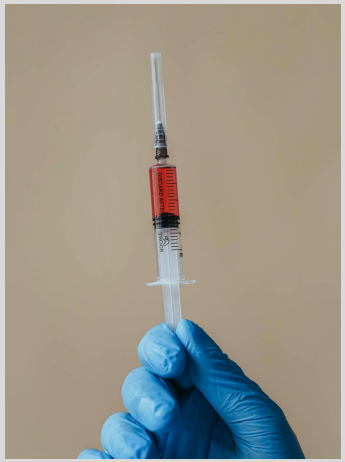
- Empirical treatment for parasites
  - Protozoa in particular
- Metronidazole trial?
- Diet
  - Novel hydrolyzed protein for CIE (LPE); also low fat for lymphangiectasia
  - Failure on one diet ≠ failure to all diets
- Immunosuppressive treatment CIE
  - Corticosteroids
    - Prednisolone – 2 mg/kg PO (or transdermal) q 24hrs (can go up to 4mg/kg/day with caution!)
    - Dexamethasone 0.2 mg/kg IV, SQ, or PO q 24hrs
    - Budesonide 1-3 mg (per cat) PO q 24hrs; 0.125 mg/kg q 6-24hrs
  - Chlorambucil: various protocols; once a day, 2mg/cat q 2-3 days, daily X 4 days q 3weeks
  - Cyclosporine 5 mg/kg PO q 24hrs if refractory to prednisolone
  - Mycophenolate
- Thromboprophylaxis?

ONLY corticosteroid + 1 other immuno-suppressive drug!!!

Jergens AE. Feline Idiopathic Inflammatory Bowel Disease: What we know and what remains to be unraveled: What we know and what remains to be unraveled. *Journal of Feline Medicine and Surgery*. 2012;14(7):445-458. doi:10.1177/1098612X12451548

IDEXX

Cobalamin is low in many cats with chronic enteropathies



- Cats (and dogs) need dietary source
- Primarily absorbed in ileum
  - ≈1% passively absorbed along entire GI tract
  - Serum levels decreased with ileal mucosal disease
- Cobalamin <200 ng/ml, albumin <2 gm/dL associated with poor prognosis
- Supplement when <400 ng/ml
  - Oral
    - 250-2,000 *u*g (total, see dosing on TAMU website chart) PO q24hrs X 12 weeks
    - Re-check 1 month after discontinuation
  - Injectable
    - 250-1,500 *u*g (total, see dosing on TAMU website chart) subQ, q1 week X 6 weeks, then once 1 month later
    - Re-check 1 month after last injection

Simpson KW, Fyfe J, Cornetta A, Sachs A, Strauss-Ayali D, Lamb SV, Reimers TJ. Subnormal concentrations of serum cobalamin (vitamin B12) in cats with gastrointestinal disease. J Vet Intern Med. 2001 Jan-Feb;15(1):26-32. doi: 10.1892/0891-6640(2001)015<0026:scoscv>2.3.co;2. PMID: 11215907.

https://vetmed.tamu.edu/gilab/research/cobalamin-information/

Novel therapies for CIE

- Fecal microbiota transplantation (FMT)
- Somatostatin analogues
  - Inhibit gastrointestinal hormones
  - Last resort, palliative
  - 1-2 *u*g/kg SQ q 8-12 hrs
  - e.g., Octreotide
- Bile acid sequestrants
  - Primary bile acids cause severe, secretory diarrhea (bile acid induced diarrhea, BAD)
  - Primary bile acids can be elevated with severe dysbiosis
  - e.g. cholestyramine

Additional CIE treatments/supportive care

- Soluble fiber
- Folate
- Probiotics
- Prebiotics
- Supportive care
  - Ondansetron/dolasetron
  - Maropitant
  - Capromorelin
  - Cyproheptadine/mirtazapine
  - Metoclopramide
  - Cisapride
  - Fluids
  - Nutritional support (feeding tubes)

Jergens AE. Feline Idiopathic Inflammatory Bowel Disease: What we know and what remains to be unraveled: What we know and what remains to be unraveled. *Journal of Feline Medicine and Surgery*. 2012;14(7):445-458. doi:10.1177/1098612X12451548

Feline chronic enteropathy is often complicated by…

Complications of disease

- PLE
- Hypercoagulability/thrombo-embolism
- Pancreatitis
- Exocrine pancreatic insufficiency
- Cholangiohepatitis
- Wasting

Complications of treatment

- Immunosuppression
- Bone marrow suppression
- Insulin resistance
- Diabetes mellitus
- Iatrogenic hyperadrenocorticism
- PU/PD
- Fluid retention
  - Congestive heart failure
- Hypercoagulability
- PLN/hypertension

Common comorbidities

- Pancreatitis
- Cholangiohepatitis
- >>Triaditis
- CKD
- Hyperthyroidism

Case: Jake From State Farm

Jake from State Farm: chronic GI signs

History/signalment

- 14 year old mc DMH

Client complaints

- Hyporexia
- 2# weight loss
- Occasional constipation
- Frequent watery diarrhea
- Occasional vomiting
- Hiding
- Lethargy

Physical exam

- T= 99F
- HR = 180 BPM
- RR and RE unremarkable
- Normal thoracic auscultation
- Moderately dehydrated
- Halitosis
- Subtle abdominal discomfort, mass effect R cranial abdomen
- Normal retinal examination

Questions?

- “Vomiting”
  - Confirmed
- “Diarrhea”
  - Purina score 4-5
  - Mild increase in frequency, difficult to judge amount
  - Mostly likely small bowel
- Environment
  - Indoor only since kitten
  - No other housemates
  - Commercial dry and canned food

Initial diagnostics

- Fecal diagnostics:
  - Antigen, ova, parasite negative
- Other tier 1 diagnostics
  - CBC
  - Chemistry
  - T4
  - Urinalysis
  - FeLV/FIV
  - Consider pro-BNP

Jake’s hemogram

Hematology

12/13/25
5:56 AM

RBC	9.11	6.50 - 11.53 M/µL
Hematocrit	40.7	31.0 - 51.0 %
Hemoglobin	13.1	10.6 - 16.7 g/dL
MCV	45	38 - 53 fL
MCH	14.4	12.3 - 17.3 pg
MCHC	32.2	29.1 - 35.7 g/dL
RDW	18.6	10.0 - 26.0 %
% Reticulocytes	0.1	%
Reticulocytes	9	0 - 70 K/µL
Reticulocyte Hemoglobin	15.3	14.4 - 19.3 pg

Jake’s leukogram

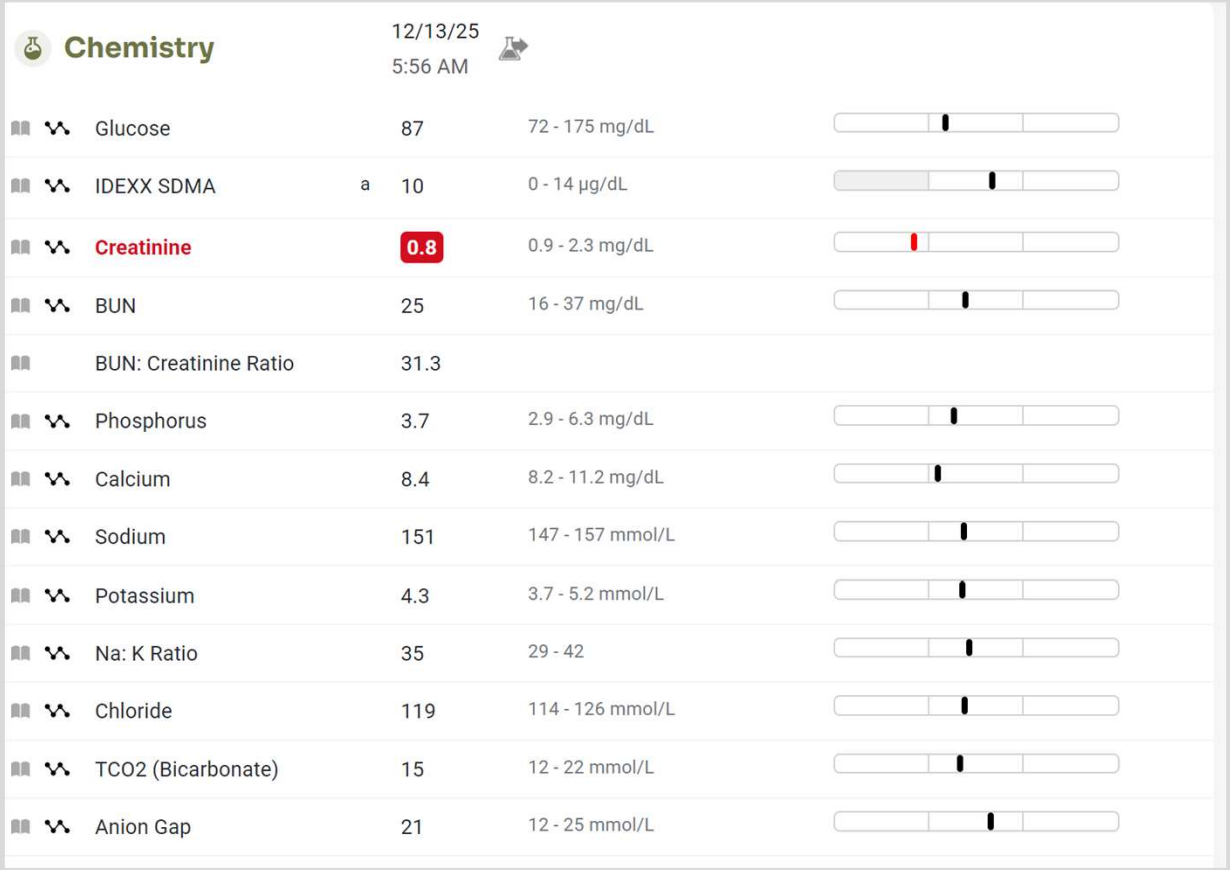
WBC	a 6.8	3.9 - 19.0 K/µL	
% Neutrophils	42.0	%	
% Lymphocytes	28.7	%	
% Monocytes	3.1	%	
% Eosinophils	25.5	%	
% Basophils	0.7	%	
Neutrophils	2.856	2.62 - 15.17 K/µL	
Lymphocytes	1.952	0.65 - 6.86 K/µL	
Monocytes	0.211	0.042 - 0.467 K/µL	
Eosinophils	**1.734**	0.209 - 1.214 K/µL	
Basophils	0.048	0 - 0.1 K/µL	
Platelets	403	100 - 440 K/µL	

Remarks

```
Clot(s) present in submitted sample; CBC results may be affected.
Reactive lymphocytes present.
No RBC morphology abnormalities seen.
```

a. Reference intervals for canine and feline hematology parameters have been updated and the RDW parameter has been added as of July 14, 2025. For more information, please visit idexx.com/hematologyRI.

Jake’s chemistry



Chemistry		12/13/25 5:56 AM	
Glucose		87	72 - 175 mg/dL
IDEXX SDMA	a	10	0 - 14 µg/dL
Creatinine		0.8	0.9 - 2.3 mg/dL
BUN		25	16 - 37 mg/dL
BUN: Creatinine Ratio		31.3	
Phosphorus		3.7	2.9 - 6.3 mg/dL
Calcium		8.4	8.2 - 11.2 mg/dL
Sodium		151	147 - 157 mmol/L
Potassium		4.3	3.7 - 5.2 mmol/L
Na: K Ratio		35	29 - 42
Chloride		119	114 - 126 mmol/L
TCO2 (Bicarbonate)		15	12 - 22 mmol/L
Anion Gap		21	12 - 25 mmol/L

Jake’s chemistry part 2

Total Protein	8.9	6.3 - 8.8 g/dL	
Albumin	2.0	2.6 - 3.9 g/dL	
Globulin	6.9	3.0 - 5.9 g/dL	
Albumin: Globulin Ratio	0.3	0.5 - 1.2	
ALT	14	27 - 158 U/L	
AST	13	16 - 67 U/L	
ALP	14	12 - 59 U/L	
GGT			
Bilirubin - Total			
Bilirubin - Unconjugated			
Bilirubin - Conjugated			
Cholesterol			
Creatine Kinase			
Hemolysis Index b			
Lipemia Index b	N		

Endocrinology

12/13/25
5:56 AM

Total T4	a	1.6	0.8 - 4.7 µg/dL	

a. Cats with no clinical signs of hyperthyroidism and a T4 within the reference interval are likely euthyroid. Cats with concurrent illnesses may need further assessment. For cats being treated for hyperthyroidism with controlled clinical signs, this result suggests adequate therapeutic response.

Jake’s urinalysis

Urinalysis

12/4/25
9:48 AM

Collection Method		CYSTOCENTESIS	
Color		Dark Yellow	
Clarity		CLEAR	
Specific Gravity		1.070	1.035 - 1.098
pH		6.5	6.0 - 7.5
Urine Protein		**2+**	
Glucose		NEGATIVE	
Ketones	a	TRACE	
Blood / Hemoglobin		NEGATIVE	
Bilirubin		NEGATIVE	
Urobilinogen		NORMAL	
White Blood Cells		0-2	
Red Blood Cells		0-2	
Bacteria		NONE SEEN	
Epithelial Cells		1+ (1-2)/HPF	

Jake’s tier 2 diagnostics

Spec fPL		1.8	0.0 - 4.4 µg/L	
Cobalamin (B-12)	d.	209	276 - 1,425 ng/L	
Folate	e.	>24.0	8.9 - 19.9 ug/L	
Cardiopet proBNP (Feline)	f.	103	0 - 100 pmol/L	

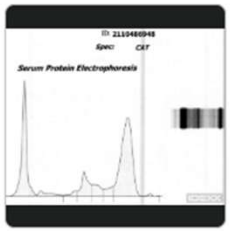
Urine Creatinine	c	615.2	mg/dL
Urine Protein		41.8	mg/dL
Urine Protein: Creatinine Ratio		0.1	
Color	d	Dark Yellow	

Tier 2 (or 3?)

Pathology

10/14/23
12:38 AM

Images



Total Protein	9.6	6.3 - 8.8 g/dL
Albumin (EPH)	3.17	2.40 - 4.10 g/dL
Globulin (EPH)	6.5	3.0 - 4.3 g/dL
Albumin: Globulin Ratio (EPH)	0.49	
Alpha-1 Globulin	0.18	0.10 - 0.70 g/dL
Alpha-2 Globulin	0.88	0.40 - 1.20 g/
Beta-1 Globulin	0.51	0.20 - 0.80 g/
Beta-2 Globulin	0.36	0.20 - 0.70 g/
Gamma Globulin	4.49	0.60 - 1.90 g/

Pathologist's Report

INTERPRETATION:
There is a tall broa
fraction). This suggests a cause of chronic active immunostimulation such as persistent infectious agent (commonly FIP), septic process (especially closed), or inflammation or disease involving a barrier organ such as liver, GI tract, skin or mucous membrane, or bronchopulmonary system. Correlate with clinical findings.

PATHOLOGIST:
Linda L. Werner, DVM, PhD
Diplomate, American College of Veterinary Pathologists
Diplomate, American College of Veterinary Internal Medicine

INTERPRETATION:
There is a tall broad based polyclonal increase that spans the entire gamma distribution (IgG rich fraction). This suggests a cause of chronic active immunostimulation such as persistent infectious agent (commonly FIP), septic process (especially closed), or inflammation or disease involving a barrier organ such as liver, GI tract, skin or mucous membrane, or bronchopulmonary system. Correlate with clinical findings.

Jake - initial assessment

History
Signalment
General labs

No evidence extra-GI disease

Physical examination

NSF

First tier labs

Eosinophilia

Low albumin

Polyclonal gammopathy

2nd tier labs

Low B12

High Folate

Unremarkable chest rads

AUS – pancreas bunched and hypoechoic

Empirical therapy vs biopsy ?

- Tried diet X 3, B12 supplement, initial response then relapse
- Added fiber, metronidazole> appetite worse, hiding more
- Ultimately chose exploratory laparotomy and biopsy…>>>>

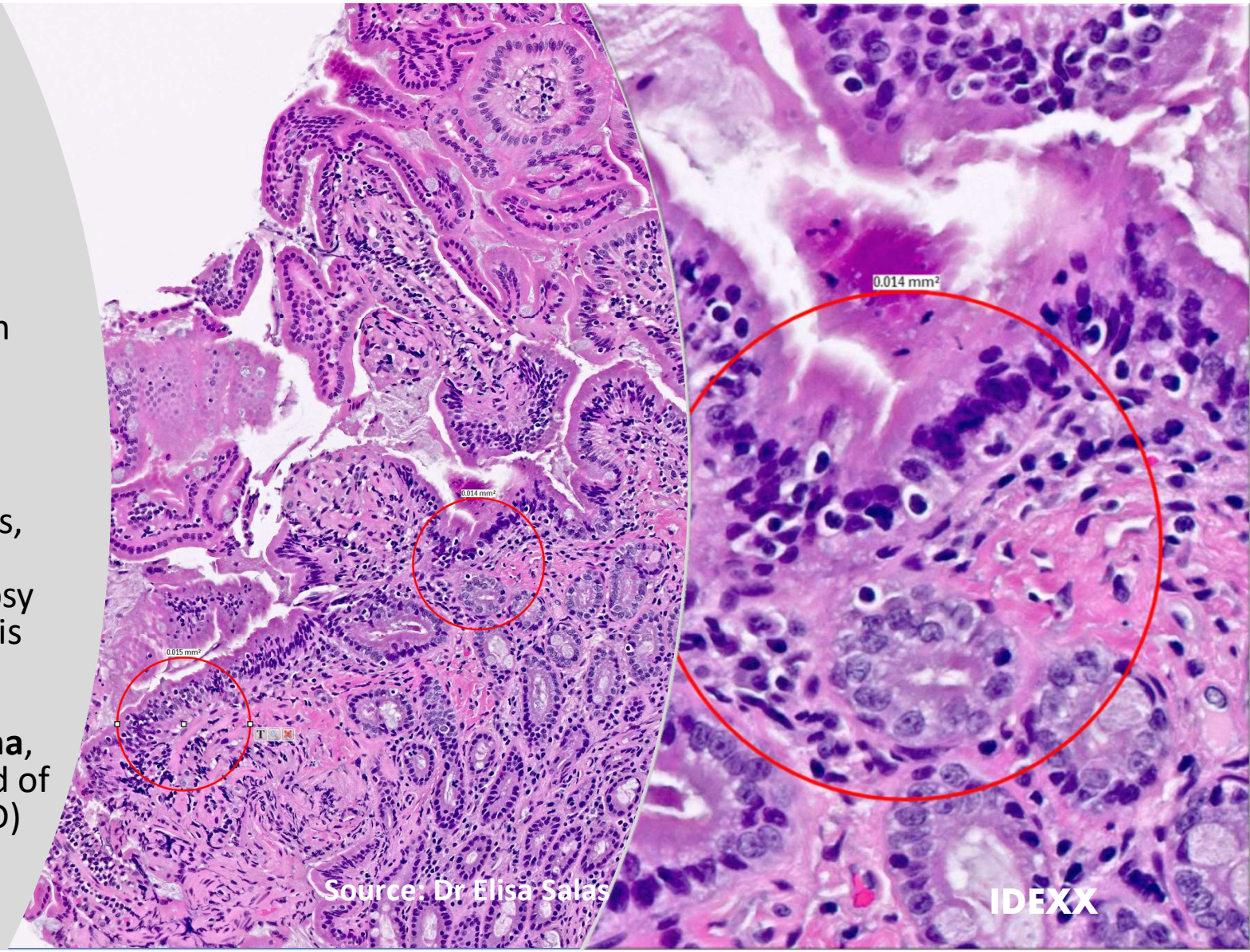
Jake 14 y/o mc DMH

CC: vomiting & diarrhea

Initial interpretation: IBD

PARR testing – Clonal with strong polyclonal background

Molecular clonality results, in conjunction with the provided history and biopsy report, support a diagnosis of very early **emerging epitheliotropic small cell small intestinal lymphoma**, arising from a background of chronic inflammation (IBD)



Case progression

- Continued B12, supportive care while allowing incisions to heal
- Stopped trying to force special diet
- Declined oncology referral
- Started prednisolone (~ 2.5 mg/kg /day) and chlorambucil (2mg q3 days)
- Improved significantly first few days> eating more social, less hiding
- Slowly weaned prednisolone; had to increase chlorambucil to q2 days b/c of weight gain and subtle relapse of clinical signs
- Albumin and globulins normalized

Spectrum of care

- Filter available, evidence-supported care options with client-specific lens
  - Goals & expectations
  - Limitations
- Patient factors
- Veterinarian factors
- Open communication
- Human-animal bond is a focus

1.Brown et al.,JAVMA, 2021
2.Englar, JFMS, 2023 a,b

SCL/LGITL treatment goal of 2-3 years

- Median survival 1148 days (15-2479)[1]
- Median survival 730 days [2]
- Median survival 719 days (range 4-1272)[3]

1.Pope et al., Vet med Sci., 2015
2.Paulin et al., BMC , 2018
3.Freiche et al.,JVIM 2021b

Systematic approach to chronic diarrhea

Exclude GI parasites and extra-GI causes of diarrhea
CBC, Chemistry, UA, fecal O&P/Ag

Other non-invasive diagnostics
cPL, cortisol, fecal PCR, biomarkers (CRP, sRAGE, 3-BrY, NMH...)

Unstable Patient
Weight loss, hyporexia, hypoalbuminemia

Imaging
GI-Panel + Dysbiosis-Index

Biopsy

Immunosuppression or other specific therapy

FMT? Antibiotic Therapy?
Bile Acid Binder?

Stable Patient
Monitor clinical signs for a short period

Diet Trial

No improvement

ement
e diet

Takeaways:

- Feline CE is common, and weight loss may be the only sign
- Dietary management should be a priority
- Intestinal biopsy and histopathology are the gold standards for diagnosis; even ancillary test results may be ambiguous
- The prognoses for chronic inflammatory enteropathy and small cell lymphoma are similar
- Spectrum of care may support human-animal bond and your patient

Thank You!!

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