



# Acute diarrhoea

Guidance for vets



The information below is to guide vets providing care for Cats Protection cats presenting with acute diarrhoea. In the shelter environment acute diarrhoea is often caused by stress, but dietary indiscretion, a change in diet and overfeeding are also common causes. Consideration should also be given to infectious causes of diarrhoea such as:

- roundworms or tapeworms
- protozoa such as Coccidia and Giardia
- viral causes such as feline parvovirus
- bacterial causes such as Salmonella and Campylobacter

Infectious diarrhoea may be the result of an existing infectious disease or a reactivated infectious disease due to stress-induced immunosuppression.

Other causes of diarrhoea, some of which may lead to more chronic disease include, but are not limited to:

- food allergies
- inflammatory bowel disease
- neoplasia
- disorders of the pancreas
- kidney disease
- liver disease
- hyperthyroidism
- drug reactions
- feline immunodeficiency virus (FIV)/feline leukaemia virus (FeLV)

Please see our separate handout '**Chronic diarrhoea: guidelines for vets**'.

### **Zoonotic disease**

Where zoonotic disease is suspected or confirmed, particular attention to hygiene for these cats should be made, barrier nursing should be implemented if not already being done, and appropriate infectious waste disposal should be organised where necessary. Cats Protection employees and/or volunteers should be made aware of the risks of zoonotic disease and the approach needed when handling the affected cat, food bowls and litter trays. Please also contact and inform the Cats Protection Veterinary team at [veterinary@cats.org.uk](mailto:veterinary@cats.org.uk)

## Initial approach to acute diarrhoea

Acute diarrhoea is common in cats in care. Cats may have entered care from multi-cat households, have had limited veterinary care in the past and are likely to be stressed which can impact their immune system.

The initial approach cat carers are advised to use for cats who have acute diarrhoea and are otherwise well, is as follows:

1. Five-day treatment with Fenbendazole.
2. Five-to-seven-day treatment with our preferred probiotic.
3. Feeding a commercial intestinal diet.
4. Monitoring and completing a chart giving the faecal score.

## Poo grading chart

<b>Grade one</b>	Liquid, watery faeces
<b>Grade two</b>	Mostly unformed stools, water faeces with lumps
<b>Grade three</b>	Approximately 50% formed stools in softer stools
<b>Grade four</b>	Mostly formed stools with a very small amount of softer stool
<b>Grade five</b>	All firm, well-formed stools
<b>Grade six</b>	Small, very hard faecal pellets

## When veterinary care is advisable

Cats Protection employees or volunteers will present a cat with diarrhoea to you if:

1. The cat is also unwell.
2. The cat is otherwise well but is on medication for another condition/has another condition, is on a special diet for reasons other than a sensitive stomach or obesity or is under eight weeks old.
3. The cat has been otherwise well and has been managed for five days via the Cats Protection diarrhoea management protocol but hasn't responded to the treatment.
4. The diarrhoea resolved with the Cats Protection diarrhoea protocol, but the cat relapsed on weaning back to normal food. When a cat is presented to you at this stage, employees or volunteers should also provide you with a recent photo or a sample of the cat's faeces and the completed diarrhoea monitoring chart.

## Diagnostics

When presented with a cat with diarrhoea, please carry out a full clinical exam and on the basis of this decide if targeted diagnostic testing is warranted. Approximately 90% of acute diarrhoea is self-limiting and therefore it is often appropriate to treat these cases symptomatically, reserving diagnostic work-ups for cats that relapse, are systemically unwell or are suffering from chronic diarrhoea.

Faecal analysis often is the next diagnostic step. Cat carers are given guidance on collecting a three-day pooled sample.

Key points

- Our recommended faecal test is **Finn Laboratories FAO3**
- If feline parvovirus is suspected or confirmed, please inform the cat carer immediately and ensure the Cats Protection Veterinary team are urgently contacted at [veterinary@cats.org.uk](mailto:veterinary@cats.org.uk)  
Further [guidance on feline parvovirus](#)
- Detecting an agent does not always mean this is the cause of the diarrhoea. However, cats in a shelter setting are more likely to develop symptoms of infection
- Do not retest once clinical resolution achieved. Cat carers will give owners our zoonotic diarrhoea handout when appropriate

## Treatment

Approximately 90% of acute diarrhoea is self-limiting and it is therefore often appropriate to treat these cases symptomatically.

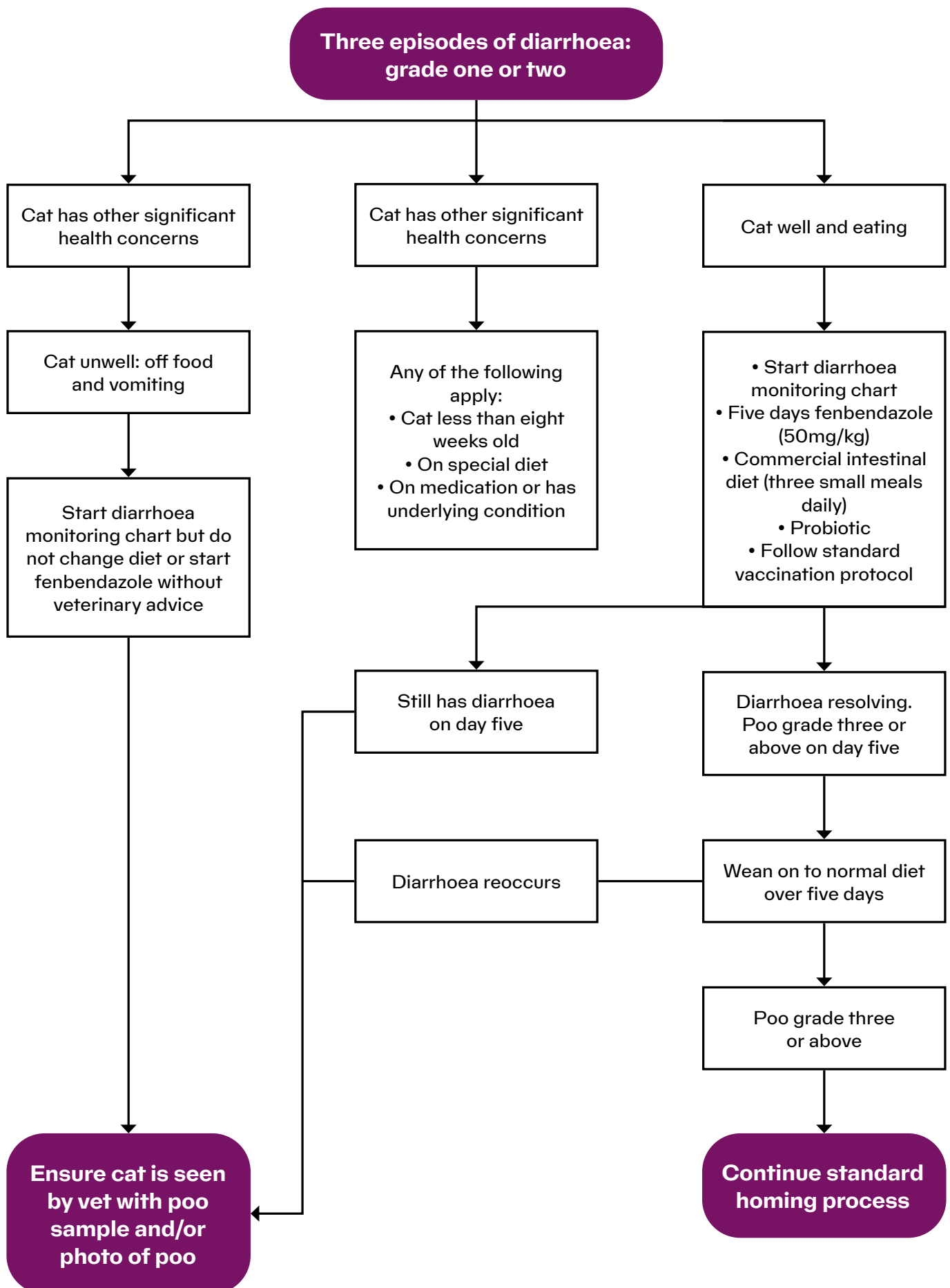
If an infectious agent is suspected or has been identified by laboratory testing, please advise good litter tray hygiene with prompt disposal of faeces, use of disposable litter trays, and keeping the perineal area of cats with infectious diarrhoea clean (bathe with a chlorhexidine shampoo) will minimise environmental contamination.

The 'Acute diarrhoea: management of specific diseases' table on page six can be used to guide an approach to treatment that is targeted to the infectious agent in question.

If an infectious agent has been identified by diagnostic testing and the treatment has been successful, please do not perform post-treatment testing as the clinical response determines whether the cat is fit to home. This includes potentially zoonotic agents that may have been identified. In these cases, Cats Protection will advise the owner of the relative risks and provide a handout on zoonotic disease.

If you require further guidance on acute, chronic or non-responsive diarrhoea, please contact the Veterinary team at [veterinary@cats.org.uk](mailto:veterinary@cats.org.uk)

# Acute diarrhoea flowchart



Pathogen	Suggested treatment	Environmental control	Zoonotic / home with zoonotic diarrhoea handout
Giardia spp	Fenbendazole 50mg/kg q 24hours for five days, then three days off, then repeat for a further five days +/- Metronidazole (25 mg/kg q12h PO for seven days)	Bleach 1:32 dilution. Allow area to dry fully. Use boiling water for litter trays and food bowls	Yes
Cystispora spp	Ponazuril/toltazuril (30mg/kg PO once, repeated after 10 days if required)**. Check product suitable for cats. Treat all in-contacts	Anigene 1:100 dilution + 5-minute contact time. <b>Steam cleaner</b> to kill cysts in environment after each deep clean if possible/once pen empty	No
Cryptosporidium spp	May be self-limiting. Azithromycin (seven to 15 mg/kg q12 to 24hours PO for seven to 14 days). High fibre diet	Anigene 1:100 dilution + 5-minute contact time. <b>Steam cleaner</b> to kill cysts in environment after each deep clean if possible/once pen empty	Yes
Tritrichomonas foetus	Ronidazole (10 [kittens] -30 mg/kg q24hours PO for 14 days) OFF LICENCE. Pre + probiotics one month course (continue two weeks after finishing Ronidazole)	Bleach 1:32 dilution. Allow area to dry fully. Use boiling water for litter trays and food bowls	No
Campylobacter spp*	Erythromycin (10-20 mg/kg q8 to 12hours PO for five days). May cause vomiting. If this occurs, alternatives include tylosin or marbofloxacin**	Anigene 1:100 dilution + 5-minute contact time	Yes
Clostridium spp*	Treat if haemorrhagic diarrhoea: Metronidazole (8 to 10 mg/kg q12h PO)	Anigene 1:100 dilution + 5-minute contact time	No
Salmonella spp*	Only treat if bacteraemia or severe haemorrhagic diarrhoea. Amoxicillin or fluoroquinolones** (via parenteral route)	Anigene 1:100 dilution + 5-minute contact time	Yes

Please note: these are suggested treatments only and the veterinary surgeon should assess each case for the individual risks and benefits. The treatments listed above may be off license and should be prescribed under the cascade.

\*Careful consideration should be given to the clinical significance of bacteria found in faeces, as these agents are commonly isolated from the faeces of healthy cats.

\*\*Fluoroquinolones should be reserved for where culture and sensitivity testing has been performed and other more first-line antibiotics are not appropriate.



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