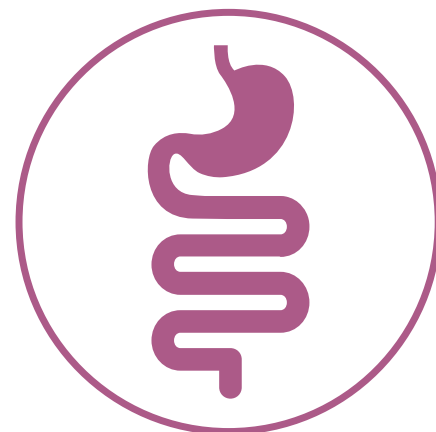


**Gastrointestinal Disorders**

# FELINE ACUTE GASTROENTEROPATHY



Sudden onset of vomiting, diarrhea and/or a disruption in food intake (i.e., dysrexia) are common reasons for cats to be presented to veterinary practices. In these cases, inflammation of the gastrointestinal (GI) mucosa is typically assumed but not confirmed by histopathology, so *acute gastroenteropathy*, rather than gastroenteritis, is the appropriate term to describe the condition.

Common causes of acute gastroenteropathy in cats can include infections with bacteria, viruses, parasites or protozoa; dietary indiscretion or rapid diet change; presence of hairballs; toxin ingestion; and acute food intolerance. Acute vomiting and/or diarrhea can occur secondary to systemic diseases such as pancreatic, liver, kidney or neurologic disease; hyperthyroidism; diabetic ketoacidosis; and urinary tract obstruction. Clinical signs often resolve spontaneously or with symptomatic treatment, without a cause being identified. In severe or prolonged cases, identification and management of the underlying disease is often necessary.

The goals of nutritional management of cats with acute gastroenteropathy are to provide a diet that meets the cat's nutrient requirements, minimizes irritation to the GI mucosa, reduces GI secretions, supports normal motility of the stomach and intestines, and reduces risk for gastroesophageal reflux and vomiting.

**Key Messages**

- Withholding food for a short period (12–24 hours) is a standard recommendation for cats with acute, non-life-threatening gastroenteropathy to reduce severity and frequency of vomiting, reduce risk of aspiration pneumonia, minimize additional fluid losses, and decrease discomfort.
- Prolonged (> 48 hours) fasting should be avoided because it can contribute to atrophy of the intestinal mucosa, delayed recovery of intestinal function, and development of malnutrition or problems such as dysbiosis or hepatic lipidosis in obese cats.
  - Early enteral feeding, or “feeding through diarrhea,” has been shown to help maintain intestinal integrity during studies of acute diarrhea in other species.
  - An initial feeding target of 25% to 33% of resting energy requirement (RER) calories, divided into 3 to 6 meals per day, may optimize recovery of the intestinal mucosa, with increases as tolerated.

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## Key Messages (continued)

- Cats with acute gastroenteropathy can be at risk for life-threatening dehydration if excessive fluid and electrolyte losses occur due to severe vomiting or diarrhea.
  - Cats with mild fluid deficits that are not vomiting can be managed with oral water intake or subcutaneous fluid administration. Cases of moderate to severe dehydration should receive intravenous fluid and electrolyte replacement.
  - As vomiting resolves and electrolyte balance is restored, small amounts of water can be offered every few hours. Fluid intake should be monitored to ensure adequate consumption.
- The chosen diet should be highly digestible because normal digestion and absorption of nutrients are often compromised. A palatable, easily digestible, higher-protein formula is appropriate for cats.
  - In contrast to dogs, dietary fat does not slow gastric emptying in cats, so a fat-restricted diet is typically not needed when managing cats with GI signs.
  - Feeding small meals frequently (3 to 6 meals per day) can minimize stomach distention, reduce gastric acid secretion, and help promote gastric emptying. It also helps minimize adverse GI response (e.g., vomiting or diarrhea) and improve nutrient absorption.
  - The increased moisture content of a wet formula or dry food with warm water added can help offset fluid losses while enhancing palatability.
  - If the cat can eat small amounts of food without episodes of vomiting or diarrhea, the amount fed can be increased, and frequency per day decreased, over several days until the pet returns to its normal eating schedule.
  - If the gastroenteropathy has resolved, a gradual transition to the normal diet can be undertaken over a 5- to 7-day period.

## Additional Resources

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