

Chronic Diarrhea: Colitis

"I'M TIRED OF THIS. HE JUST KEEPS TRYING THINGS.
WHY CAN'T HE FIGURE OUT WHAT'S GOING ON?"

I see a case per week or more of diarrhea, as that is not the first time for that pet. Older pets are overrepresented among the animals with chronic diarrhea however it can occur in any dog or cat.

Here are some generalizations

- Puppy or Kitten Food causes diarrhea when the animal slows growing or is altered.
- Small breed dogs (later in life) will have chronic diarrhea when offered tidbits of what you are eating all the time. (johnsonvet.com/picky)
- Chronic diarrhea is fairly common in dogs with Cushing's disease. (johnsonvet.com/cushings)
- A large percentage of dogs with chronic diarrhea have inflammatory bowel disease, which has twenty possible causes. And that is that "black box" that we face diagnostically.

The role of fiber in the incidence of diarrhea:

Fiber sources like Miralax, and pumpkin, and FOS (chicory root / inulin), have a tendency to soften constipation to normal BUT ALSO firm diarrhea back to normal. How is that? How does it work for either derangement? Because *these* sources of fiber restore the gastrointestinal tract to "mid line" or normal. It's hard to overshoot. Home-cooked dogs that eat 'chicken and rice', are getting no fiber in their diet at all, and that can lead to loose stools after a while.

Feeding during a diarrhea event: When actively suffering with diarrhea, simple carbohydrates like bread or rice are recommended because they have low residue and they allow the medications to do their job without interference from bulk.

One of the first steps in the diagnosis and correction of loose stools is an examination of the poop at a lab looking for the germ or bug that is causing the diarrhea [**Fecal exam**]. One or more samples should be sent to the lab because there are false negatives.

It can be expensive to perform a **bacterial culture** on a poop sample, but sometimes it helps. A stool sample is sent to a laboratory where the lab takes the germs living in the poop and identify which ones are excessive and which ones are missing, and then we can apply a specific therapy to correct these abnormalities. That line of testing may bump up to \$400. So it is often not the first thing we do. (animalbiome.com)

Bloodwork can help in the diagnosis of chronic diarrhea because certain diseases can contribute to diarrhea, most notably pancreatitis and Cushing's disease. Liver issues as well as certain kidney issues can contribute to diarrhea as well, especially in older dogs.

If a pet does not have a systemic illness has diagnosed by bloodwork, or a pathogen living in the gastrointestinal tract, we may back into a diagnosis of "colitis" and then we must search for the cause.

Here are many of the factors that we will attempt to manipulate to correct colitis:

- An appropriate **diet** that is high or low in fat.
- A diet that may be high or low in **fiber**. Fiber supplementation. (Pumpkin / FOS)
- A diet with a unique **protein**. (Supposed “food allergy”)
- We may have to change the **speed** at which the gastrointestinal tract processes food in the colon. Usually we have to down-regulate that.
- When blood has appeared in the loose stool, it’s more serious and we have to use an anti-microbial to keep **germs** from crossing the damaged intestinal lining and going into the bloodstream. Metronidazole or a Sulfa drug are usually effective.
- Stomach **acid** may be burning the colon later in the tract. Antacids may be ordered.
- A lack of **digestive enzymes** like Trypsin may be causing colitis as undigested proteins entering the colon may be *extremely* irritating.

Laboratory testing for many of the situations above can be very expensive, sometimes it is more cost-effective to replace missing enzymes, or curbing stomach acid, or down tuning intestinal speed or trying different feeding modalities and **see how it goes rather than perform \$1000+ worth of testing to knock down those possibilities**. It represent the cost-difference between \$200, versus \$2000. The difference is that the lower cost approach to chronic diarrhea **takes longer** to figure out what works, and what does not. You invest more time and less money for that approach. It works for most people.

The first time a dog gets diarrhea (or if it is only having diarrhea once or twice a year), we would manage that with a short diagnostic and a battery of three or four medications. We would seldom look deeper than that unless there was a problem on the physical exam that suggested the pet was *legitimately* sick. Diarrheas that occur every 6 to 8 weeks or more frequently, should be managed in a more “whole”-istic way. (Looking at the Big Picture)

For curiosity’s sake, here is how a clinician could hit the diagnosis of chronic diarrhea and it’s appropriate treatment in the first week of management:

1. A thorough history of the diet and the pets life style with the focus on fat content, fiber content, feeding amount and interval, and the presence or absence of overly rich human dietary items. Table scraps.
2. Fecal exam for bugs or worms
3. Laboratory testing of the blood looking for organ impairment, infection, or perhaps other markers of systemic illness like Cushing’s.
4. Fecal culture of the bacteria in the gastrointestinal tract.
5. Fecal cytology looking for inflammatory cells in the waste product.
6. Food allergy testing.
7. Trypsin-like immunoreactivity (TLI)

The **definitive** diagnosis of bowel issues is pinch biopsies. And fecal “cultures”. Performed side-by-side after all of the above, we would take snips of tissue from the lining of the bowel and send those tissues to the laboratory where the scientists would tell us what exactly is going on in the wall of the bowel.