FELINE CHRONIC VOMITING



Diagnostic and therapeutic approach to chronic vomiting in cats

If a cat is experiencing chronic vomiting—two times a month or more—perform an ultrasonographic examination of the stomach and small intestines.

If the results show thickened stomach or bowel walls (two or more measurements ≥ 0.28 cm), perform a serum chemistry profile, a thyroxine concentration measurement, and a complete blood count.*

If the results show normal stomach and small bowel walls in six or more segments measured, perform a serum chemistry profile, a thyroxine concentration measurement, and a complete blood count.*

If the blood work results are normal, follow Plan A or Plan B.

If the blood work results are abnormal, treat the disease identified by the results. If the vomiting continues despite treatment, go to **Plan A**.

Plan A: Perform a laparotomy to obtain full-thickness biopsy samples of three or more sites in the small bowel as well as the liver and pancreas. Only obtain samples of the stomach if the wall is thickened on ultrasound.

Plan B: Perform a therapeutic trial consisting of either:

- 1. A six- to eight-week hypoallergenic food trial
- 2. Empirical treatment with metronidazole, probiotics, fenbendazole,

Recheck the patient in six weeks to see if the vomiting has subsided.

B₁₂ injections, and a low-carbohydrate, high-protein diet.

Submit the samples for histopathologic examination, which should reveal the underlying process. If the results are ambiguous, perform immunohistochemistry (IHC) or PCR testing for antigen receptor rearrangements (PARR).

If the patient has not improved, try the other treatment trial option you did not pick previously or go to **Plan A**.

If the patient has declined or not improved with either trial, perform a repeat ultrasonographic examination of the stomach and small intestines.

If the patient has improved, you have two options:

- 1. Continue the diet, probiotics, or B₁₂ injections long-term.
- 2. Stop the therapy to see if a relapse occurs.

These tests may reveal enteritis or lymphoma (95% of the time it is one of these causes) or another disease process that should be treated appropriately.

If the examination reveals a thickened small bowel wall or stomach on one or two measurements, go to **Plan A**.

If the examination findings are normal, consider **Plan A** based solely on the clinical signs.

*Blood work may be done first, especially if there are signs of hyperthyroidism.