

The Poop Patrol - by Terri Jorgensen

Written by Lorraine Shelton
Tuesday, 06 January 2009 18:20 -

THE POOP PATROL

Compiled by Terri Jorgensen

Describing characteristics of Feline Fecal Matter as it relates to Parasitic, Bacterial and Digestive maladies and infestations.

Special thanks to Tom Ward, D.V.M. of Kansas City, Marie Hollingsworth and to professional breeders and fanciers the world over for their contributions to this endeavor.

Profits to benefit the Devon Rex Rescue League.

One of the major issues clouding the development of specific guidelines for descriptive characteristics relates directly to the color and consistency of foods eaten by our furred feline friends. Type of food can change both color and consistency of feces. This handy reference guide does not attempt to discern what the cat was fed.

Thus there may be differing and seemingly conflicting data contained herein.

Please take this into account and know that this is the primary reason that this information has eluded us until now.

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The tables, charts and compilations below are drawn from the most common results seen in Veterinary literature, combined with the vast wealth of knowledge of professional breeders and fanciers everywhere who responded with their input from personal knowledge and experience.

Thank You.

Poop Patrol – Table 1:

General Guidelines of Feline Fecal Characteristics

COLOR

Yellow or Greenish Stool = Rapid transit

Black Tarry Stool = Bleeding in upper digestive tract

Red Bloody Stool = Bleeding in the lower bowel (colon)

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Pasty, Light-colored Stool = Lack of Bile (liver disease)

Large Gray, Rancid-smelling Stool = Inadequate digestion, Malabsorption Syndrome (often with oil on hair around anus)

CONSISTENCY

Soft Bulky Stool = Overfeeding or poor quality food high in fiber

Watery Stool = Bowel wall irritation with rapid transit and decreased absorption

Foamy Stool = Suggestive of bacterial infection

ODOR

The more watery the stool, the greater the odor!

Foodlike smell or sour milk smell = both incomplete digestion and inadequate absorption

Putrid smell = infection or blood

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FREQUENCY

Several small stools per hour with straining = colitis

3-4 large stools per day = malabsorption or inflammatory bowel

(Note: any pathogen or parasite that would trigger rapid transit of food through the bowel would also result in malabsorption)

(Adapted in part from: Cat Owner's Home Veterinary Handbook by Delbert Carlson, D.V.M. and James Griffin, M.D.)

Poop Patrol – Table 2: Enteric Parasites

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Giardia

Coccidia (Isospora)

Characteristics

soft, mucous, foamy to frothy, fatty, occasional blood, “lumpy, pudding”, “chocolate pudding”

watery, mucous, occasional blood, “instant oatmeal”, “chocolate mousse”, “soft frozen yogurt”, grainy,

Color

yellow, green, gingerbread, brown

white, yellow, deep tan, camel hair, normal, dark brown.

Odor

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rancid, stinky normal, "green"

sweet decay, "sweet broken, green twig", "pseudomonas smell", heavy, hangs in the air, capable of clea

Other symptoms

weight loss, lethargy, flatulence, abdominal distention, poor hair coat

anorexia, lethargy, weight loss, dehydration, lots of flatulence

Incubation time

ingestion to shedding 5-16 days, can be shed for 27-35 days or years if carrier

ingestion to shedding 5-10 days (ingest oocytes 12-48hrs) can be shed for 1-5 weeks

Treatment

Fenbendazole (Panacur) 50mg/kg, Daily, 5 days

Albendazole (Valbazen) 25mg/kg, BID, 5 days

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Metronidazole (Flagyl) 15mg/kg, BID, 7-10 days

Sulfadimethoxine (Albon) 25mg/kg, BID, 10-14 days

Nitrofurazone 15mg/kg daily, 5-7 days

Disinfectants

cysts are very resistant, boiling water, 10% ammonia, bathe cat in regular shampoo to remove cysts in the fur

10% ammonia for several minutes, steam, wash cages and litter boxes with boiling water, freezing raw meat

Metronidazole (Flagyl) is a very useful drug in that it has the added advantage of having antibacterial as well as anti-inflammatory properties. In situations in which it is unclear whether diarrhea is due to giardiasis, bacterial overgrowth, or mild inflammatory bowel disease, Metronidazole is an excellent choice.

It is however only 70% effective in eliminating giardia even though it is widely prescribed.

If a positive diagnosis is made, Albendazole or Fenbendazole are the better choices.

Metronidazole (Flagyl) and Albendazole (Valbazen) are both suspected to have teratogenic effects. Therefore, Fenbendazole (Panacur) is the drug of choice for pregnant or lactating females.

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Interestingly, Coccidia are obligate intracellular parasites found in the intestinal tract. Coccidia is a large blanket term defining the family.

Coccidian genera that infect cats are Isospora, Toxoplasma and Cryptosporidium.

Interesting, in that before this research, I was unaware that Toxoplasma and Cryptosporidium were Coccidian.

The above report deals with Isospora, which is what the majority of us call "Coccidia".

Drugs for treatment of Coccidia are Coccidiostatic rather than curative. This means that they do not kill the organism but instead keep it from reproducing until it is out of the system.

Severe diarrhea from Coccidia is usually linked to an immunosuppressed animal.

The parasite can burrow into tissue and remain dormant and not shed only to manifest during stress and resulting immunosuppression such as weaning, shipping or change in ownership thus infecting or re-infecting the host long after the initial exposure.

Sporulated oocytes can survive in the soil for 18 months or longer.

Enteric Viral Pathogens

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Enteric Coronavirus

Rotavirus

Astrovirus

Infectious agent

Feline Coronavirus

Feline Rotavirus

Feline Astrovirus

Incubation time

2- 10 days

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1 day

2-5 days

Source

shedding cats

+ cats shed 10-14 days

+cats shed 14days

Mode of transmission

Fecal/oral route-inhalation

probably ingestion

Oral

Fever

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low grade

biphasic > 39.5°C

Vomiting

common initial sign

Rare

Frequency

Increase

can be intermittent

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Volume

Characteristics

soft pasty mucoid becoming fluid, may contain blood

Loose

Watery

Color

Yellow

varies-white, yellow, brown

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Green

Smell

Fetid

Other symptoms

depressed, anorexic

Anorexic

Treatment

withhold food 24hrs. fluid replacement

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non specific

fluid if needed

Prognosis

good unless it mutates to FIP

Good

Good

Disinfectants

hypochlorite(bleach)

Hypochlorite

Means of Diagnosis

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EM(electron microscopy)

EM, viral culture

EM, IFA

Site of infection

small intestine

Differential diagnosis

other enteric pathogens, nutritional

other enteric pathogens

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