

The great “hider”: when to suspect GI disease without known GI signs.

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Cats are often described as the ultimate masters of disguise in veterinary medicine, particularly when it comes to gastrointestinal (GI) disease. Subtle, intermittent, or entirely absent clinical signs are not uncommon, even in the face of significant pathology. This phenomenon poses a major diagnostic challenge for veterinarians, especially given the high incidence of chronic GI conditions such as inflammatory bowel disease (IBD) and small cell lymphoma (SCL) in older cats.

The Spectrum of Subclinical GI Disease in Cats

Cats may harbor significant intestinal pathology for months or years before showing recognizable signs.

A landmark study by Marsilio et al. (2019) evaluated endoscopic biopsies from 20 clinically ‘normal’ adult cats and found that **over 70% had histologic evidence of chronic enteropathy or small cell lymphoma**. This was not diagnosed based on histopathology alone, but also included IHC and clonality testing. This raises the dilemma of whether this reflects that subclinical disease is more common than thought, or whether the histopathological changes described are a spectrum of normal. However, on further evaluation the cats in this study were not completely normal, but potentially had intermittent vomiting (1-2/month) that could be considered signs of GI disease.

Further to this point, if chronic SI disease is as common as reported in recently, then our ‘normal’ reference intervals for measurements such as SI wall thickness may also be erroneous, and studies of microbiome that compare diseased to healthy groups may also be flawed.

While cats of any age can develop GI disease, the prevalence increases with age. When chronic small intestinal disease is present, there is a roughly equal split between IBD (chronic enteropathy) and small cell lymphoma. Including IHC and clonality testing as part of the standard assessment of intestinal biopsies increases the diagnosis of SCL. Interestingly, lower SI endoscopy and biopsies does not seem to change the diagnosis, suggesting upper SI sampling is sufficient.

Pancreatitis and triaditis are frequently associated with concurrent IBD and cholangitis. Recent works suggests the anatomic variations of the main duodenal papilla may contribute to disease progression. Additional, exocrine pancreatic insufficiency (EPI) is rare, but underdiagnosed due to signs often being atypical for what we would expect in other species. Cobalamin deficiency is common in cats with chronic SI disease and may also contribute to non-specific clinical signs such as lethargy. Additionally, hypcobalaminemia itself can contribute to GI dysmotility and mucosal dysfunction.

When to Suspect GI Disease Without GI Signs

Veterinarians should maintain a high index of suspicion for GI disease in cats with the following clinical presentations:

- **Chronic vomiting**
 - What is considered normal and appropriate is highly subjective. Most owners think vomiting 1-2/month, especially if the vomitus is hairballs is normal. However, it is

more likely that vomiting more than 1-2/year is abnormal, unless associated with rapid eating.

- **Unexplained weight loss or sarcopenia**
 - Particularly in middle-aged and senior cats.
 - May be the only clinical clue to underlying IBD or lymphoma.
- **Intermittent or vague signs (lethargy, decreased appetite)**
 - These signs often fluctuate and may not prompt veterinary visits until advanced disease.
- **Abnormalities on routine lab work**
 - Mild increase in liver enzymes (ALP, ALT), mild anaemia, mild hypoproteinaemia, or hypcobalaminaemia.
- **Incidental ultrasonographic findings**
 - Thickened intestinal walls, loss of layering, or enlarged mesenteric lymph nodes.

Diagnostic Strategies for Suspected Subclinical GI Disease

1. **Routine Screening in Older Cats**
 - Annual or biannual physical exams should include abdominal palpation.
 - Baseline bloodwork and urinalysis can identify subtle abnormalities.
 - Include total T4, especially in cats >7 years old.
2. **Serum Cobalamin, TLI, PLI and Folate Levels**
 - Useful in assessing intestinal absorption and small intestinal function.
 - Low cobalamin levels warrant supplementation and further investigation.
3. **Abdominal Ultrasound**
 - Sensitive for detecting bowel wall changes (should be ≤ 2.7 mm), lymphadenopathy, and pancreatic disease.
 - Should be performed by an experienced sonographer due to subtle changes.
4. **Dietary trial**
 - A hydrolysed or novel protein diet, high in caloric density, highly digestible and enriched in omega-3 fatty acids.
 - This could be trialled to see if the cat responds prior to advanced diagnostics.
5. **Advanced Diagnostics**

Challenges and Future Directions

Despite increasing awareness, many cats with GI disease remain undiagnosed due to the lack of overt signs and the invasiveness or cost of diagnostics. A broader screening strategy in older cats, particularly those with subtle systemic changes, is warranted.

Future efforts should focus on:

- Developing non-invasive biomarkers for chronic enteropathies.
- Longitudinal studies on the progression of subclinical IBD to lymphoma.
- Clarifying the role of the microbiome in feline GI health and disease.

References

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