

IBD in Cats

Symptoms. Diagnostic Testing. Initial Treatment. Dietary Considerations. Monitoring.

What is IBD in Cats?

A: In cats, IBD is a group of chronic gastrointestinal (GI) disorders in which immune cells (often lymphocytes and plasma cells, sometimes eosinophils) infiltrate the wall of the stomach, small intestine, or large intestine (colon). This results in thickening of the intestinal wall, which in turn reduces ability to absorb nutrients and water from the intestine... so you see vomiting, diarrhea, and weight loss.

It is more common in middle-aged to older cats but can occur at any age.

Symptoms

Typical signs include:

- Chronic or intermittent vomiting (especially if stomach or upper small intestine is involved)
- Soft stools or diarrhea, possibly with mucus or blood (especially if the colon/large intestine is involved)
- Weight loss (despite eating) or poor appetite
- Poor coat condition, lethargy
- Gurgling or increased stomach gas; sometimes straining to defecate
- In some cats, signs of malabsorption (e.g., low B12/cobalamin)

Red flags: persistent symptoms for more than several weeks, progressive weight loss, or poor response to initial therapy.

Diagnostic Testing

1. Rule out other causes first

- Baseline bloodwork: CBC, biochemistry panel (liver, kidneys, electrolytes), thyroid (T4) if older cat.

- Fecal exams (parasites, Giardia, Tritrichomonas) and deworming as needed.
- Abdominal ultrasound: check intestinal wall thickness, lymph nodes, pancreas, liver.
- Measure cobalamin (vitamin B12) and folate levels — low B12 suggests ileal/small-intestine involvement.

2. Confirm IBD and rule out GI lymphoma or other GI cancers

In cats especially, distinguishing IBD from intestinal lymphoma is **very important** because the treatment and prognosis differ.

Tests/approaches to differentiate IBD from lymphoma:

- Endoscopic biopsies (via stomach/intestinal endoscopy) to sample mucosa; minimally invasive.
- Full-thickness surgical biopsies (via laparoscopy/laparotomy) for deeper samples including all intestinal layers; more definitive if lymphoma is suspected.
- Histopathology: look for infiltration patterns of inflammatory cells vs malignant lymphoid cells.
- Immunohistochemistry (IHC) or molecular testing (e.g., PCR for antigen receptor rearrangement – PARR) may be used in referral settings to detect clonal lymphocyte populations suggestive of lymphoma (though specific feline-data may be more limited).
- Monitor response to treatment: cats suspected of IBD that do **not** respond to appropriate therapy or relapse frequently should prompt re-evaluation for lymphoma.

3. Staging/Comorbidities

- Because cats often have “triaditis” (inflammation of intestine + liver + pancreas), check pancreas (e.g., feline pancreatic lipase), liver enzymes, ultrasound of liver/gallbladder.
- Rule out hyperthyroidism, kidney disease, or other systemic causes of vomiting/weight loss.

Initial Treatment

Step 1: Dietary Trial

This is often first-line and foundational.

- Use novel protein diets (e.g., rabbit, duck, venison) or hydrolyzed protein diets to reduce dietary antigen exposure.
- Ensure treats, table scraps, flavored medications are eliminated during the trial. [Ask A Vet](#)
- Duration: often 6–8 weeks or longer to assess response.
- If signs improve: maintain diet long term.

Step 2: Medical Therapy

If diet alone is insufficient, or signs are moderate/severe:

- **Corticosteroids** – e.g., prednisolone (1-2 mg/kg/day initially then taper) remain first-line anti-inflammatory for feline IBD.
- **Budesonide** – a steroid with more localized gut effect and fewer systemic side-effects; may be used in certain cats (especially with diabetes or other concerns) though veterinary data in cats are less abundant.
- **Immunosuppressants** – e.g., chlorambucil (often combined with prednisolone) used in more severe or refractory cases.
- **Antibiotics** – e.g., metronidazole or tylosin may be used for suspected bacterial overgrowth or colitis component.
- **Supportive therapies** – antiemetics (maropitant, ondansetron), prokinetics if motility issues, B12 injections if deficient, probiotics to support microbiome.

Goal: Bring inflammation under control, resolve vomiting/diarrhea, allow intestinal healing, then taper to lowest effective dose of medications.

Dietary Considerations

- Feed a **single, consistent diet** (novel or hydrolyzed) with no extra snacks or flavored meds.
- Avoid frequent diet-switching, which can trigger flares.

- If colon is involved (large intestinal signs: mucus, straining, frequent soft stools) then diets with moderate fiber may help.
 - Consider supplementation: omega-3 fatty acids (anti-inflammatory support), cobalamin injections or supplementation for cats with low B12.
 - Maintain hydration: wet food diets preferred, access to fresh water.
 - Monitor body condition: Many cats with IBD lose weight; high-quality protein is important.
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Monitoring & Long-Term Management

- Monitor stool quality, vomiting frequency, appetite, body weight and condition every few weeks until stable, then every 3-6 months.
 - Recheck B12/folate if initially low or absorption suspected.
 - Bloodwork every 3–6 months: CBC, chemistry, especially if long-term steroids/immunosuppression used.
 - Adjust medications: Once stable, taper steroids/immunosuppressants to lowest effective dose to minimize side effects. [Vca](#)
 - If relapse occurs, or signs worsen despite good compliance: re-evaluate, consider repeat imaging/biopsy to exclude progression to lymphoma or other GI cancer.
 - Prognosis: For cats with confirmed IBD, the long-term outlook is generally good if the condition is diagnosed and managed properly. [Vca+1](#)
 - Address stressors: Stress or changes in environment can trigger flares in cats; ensure stable feeding schedule, low stress environment.
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Important Note: IBD vs GI Lymphoma in Cats

As in dogs, in cats the major concern is that longstanding IBD and intestinal lymphoma may overlap or even progress one into the other. In cats, distinguishing them is particularly challenging.

Key principles:

- If a cat with presumed IBD doesn't respond as expected, or relapses quickly when treatment is tapered, consider lymphoma.

- Deep or full-thickness biopsies, IHC, and possibly PARR can aid in differentiating.
 - Imaging: loss of normal intestinal wall layering, markedly enlarged lymph nodes may raise suspicion for lymphoma rather than pure IBD.
 - The sooner the correct diagnosis is made, the better the tailored treatment and prognosis.
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Summary Workflow

1. Suspect IBD when a cat has chronic vomiting/diarrhea + weight loss.
2. Rule out parasitism, hyperthyroid, kidney/liver disease, pancreatitis.
3. Start dietary trial (novel or hydrolyzed diet) for ~6–8 weeks.
4. If signs persist → perform ultrasound/biopsy to confirm IBD and rule out lymphoma.
5. Begin medications (steroids ± immunosuppressants ± antibiotics) while supporting diet.
6. Monitor closely, taper meds once remission achieved, maintain diet.
7. Reassess if relapse occurs → consider lymphoma or alternative diagnoses.