

**VETERINARY VOICE:
Tips of the Trade**

Internal Medicine- Feline Tritrichomonas foetus	
<p>What is tritrichomonas foetus and what are the clinical signs?</p> <p>Signalment?</p>	<p><i>Tritrichomonas foetus</i> is a flagellated protozoan parasite that has been identified as an intestinal pathogen in domestic cats associated with chronic, intermittent, large bowel diarrhea. Diarrhea is semi-formed to cow-pie in consistency, malodorous, and occasionally contains fresh blood and mucus.</p> <p>Young age: median age = 9 mos., although infections in older cats (13 yrs.) have been reported. Crowding appears to be a significant risk factor for infection (Multiple-cat households, catteries, or shelters). Purebred or nonpurebred cats can be affected. Anecdotally, bengals may be predisposed.</p>
<p>Diagnosis?</p>	<ol style="list-style-type: none"> Direct observation: must have samples of freshly voided diarrheic feces. Trophozoites will not survive refrigeration. The sensitivity of direct examination of a fecal smear for diagnosis of <i>T. foetus</i> in naturally infected cats is unknown but is suspected to be poor. <i>T. foetus</i> can be differentiated from <i>Giardia</i> spp. based on morphology and observation of motility (random movement rather than the “falling leaf” pattern characteristically seen with <i>Giardia</i> spp.) Culture: <i>T. foetus</i> can also be grown from feces via a commercially available culture system, In Pouch™ TF (Biomed Diagnostics, San Jose, CA). PCR: ideally suited for diagnostic testing of feline fecal samples.
<p>Treatment?</p>	<ol style="list-style-type: none"> Ronidazole: a nitroimidazole antimicrobial, 30-50mg/kg once daily for two weeks, was shown to be effective in resolving diarrhea and eradicating infection (PCR negative) in cats infected with <i>T. foetus</i>. Recurrence of infection has been reported after treatment. Ronidazole should be limited to use in <i>T. foetus</i> proven cats since neurological side effects have been reported (similar to metronidazole). Ronidazole must be compounded and is not stable as a liquid. Metronidazole and fenbendazole: may improve clinical signs but generally do not resolve infection. Nitazoxanide: eliminates shedding of <i>T. foetus</i> and <i>Cryptosporidia</i> oocysts but diarrhea and oocyst shedding recur with discontinuation of treatment. Many cats will experience spontaneous resolution of the diarrhea within 2 yrs of diagnosis (median = 6 months) despite remaining persistently infected. Recurrent bouts of diarrhea may occur and are usually associated with dietary change, medication or stress. <p>IMPORTANT: A series of cats that were treated with paromomycin for <i>T. foetus</i> infection subsequently developed kidney failure. Consequently, paromomycin probably should not be used in cats.</p>
<p>Questions?</p> <p>Internal Medicine Experts: Robert Vasilopoulos, DVM, MS, DACVIM Michael Matz, DVM, DACVIM</p>	<p>The Veterinary Specialty Center of Tucson has board-certified internists available for questions and consultations on internal medicine conditions during the weekdays. A member of the internal medicine team is on-call 24/7 to provide consultations to VSCT emergency doctors and to perform emergency procedures (endoscopy, ultrasound) for patients seen by the VSCT emergency service. Board-certified internists have four additional years of training and are certified by the American College of Veterinary Internal Medicine (internal medicine) to assure competency in advanced veterinary internal medicine procedures and cases.</p>