There are a number of valid reasons as to why faecal testing should be a more routine procedure in small animal clinical practice, both for wellness testing and at certain times of illness. There are a number of reasons for this, including the health of the pet, but not least the zoonotic potential of some of these infections.

There are a number of potential options when it comes to faecal examination. Not every method will be employed in every faecal examination. The options include faecal floatations (by different techniques), sedimentation techniques, wet mounts, direct smears, faecal cytology, faecal occult blood testing, faecal microbiology, faecal enterotoxin testing, and PCR (polymerase chain reaction) tests. More extensive testing will typically be undertaken for animals with clinical signs of gastrointestinal disease.

The Companion Animal Parasite Council (CAPC) is a USA based independent council of veterinarians and a variety of other healthcare professionals established to ‘create guidelines for the optimal control of internal and external parasites that threaten the health of pets and people.’ Members of the council have expertise in the areas of parasitology, internal medicine, human health, public health, private practice and veterinary law. The CAPC recommends that parasite control should be guided by veterinarians based on local parasite prevalence and individual pet lifestyle factors. There is a recommendation for faecal examinations two to four times a year in young animals, and once to twice a year in adult animals. If animals are kept in conditions where intestinal parasites are a higher risk, the faecal examinations should be performed two to four times a year.

With this in mind it would seem very reasonable to include a parasitological examination of faeces at an annual wellness check. There are differences in the sensitivity of different methods. The majority of in house faecal parasitological methods are based on a simple flotation technique. Dryden et al published a study in 2005 that compared common faecal flotation techniques for the recovery of parasite eggs and oocysts. This showed that a centrifugation/flotation method missed significantly less infections than a simple flotation technique. Another truth of the matter is that this is a procedure that many people do not enjoy undertaking. Therefore sometimes the more junior nurses in the practice may be assigned the job. This can further reduce the sensitivity of an in house faecal flotation. Realistically then there are a number of bonuses to sending faecal floatations to a reference laboratory that undertakes a centrifugation/flotation technique. First of all there is the benefit of a more sensitive faecal parasitological technique being undertaken by a trained laboratory scientist. Second of all it avoids having malodorous samples and potential mess in your clinic.

There is the potential question of whether there is sufficient incidence of gastrointestinal parasites in Australia to even warrant testing of faeces even annually. A national study of gastrointestinal parasites of dogs and cats in Australia was published in 2008 (Palmer et al), with 1400 canine and 1063 feline faecal samples tested in veterinary clinics and shelters across Australia. The prevalence of gastrointestinal parasites in dogs was 23.9% and cats 18.4%. In dogs Giardia was most prevalent, followed by hookworms, and in cats Isospora felis was most prevalent, followed by Toxocara cati. This is especially important in dogs as the most commonly detected parasite in this study may not be controlled by routine deworming therapies. These findings lend weight to the value of routine testing for gastrointestinal parasites.