

Appendix 1. Colonic Preparation

Colonic preparation was performed using the hospital's standard protocol. Polyethylene glycol electrolyte solution (Colyte) was administered at a total volume of 100 mL/kg over 6 h *via* nasogastric tube. As administration neared completion, warm water enemas were given. A retention enema consisting of 10 mL/kg of fluid composed of 70% warm water and 30% bacteriostatic, non-conductive, water soluble lubricate was administered. Three-4 retention enemas were given at 4-6 h intervals.

Appendix 2. Histopathological description from colonic biopsy samples.

Histopathologic examination and bacterial culture and sensitivity of the colonic biopsies were carried out. Histopathologic examination identified diffuse erosive histiocytic colitis characterized by numerous foamy histiocytes infiltrating the mucosa. Multifocally, there was a mild increase in lymphocytes and plasma cells within the lamina propria, with mildly increased intraepithelial lymphocytes. The superficial epithelium was extensively eroded, and in two biopsies, there was marked ulceration with granulation tissue within the lamina propria. Crypts were basophilic and hyperplastic and occasionally contained cellular debris within the lumen. Goblet cells were mildly decreased and there was mild multifocal deposition of fibrous connective tissue within the lamina propria. Histopathologic findings are summarized using modified WSAVA scoring criteria (Supplementary Table 1). Special stains were performed; PAS demonstrated positive cytoplasmic staining of macrophages, supporting a diagnosis of *E. coli*-associated GC (4). Gomori methenamine silver (GMS), Steiner and Ziehl-Neelsen stains were all negative.

Appendix 3. Meropenem administration

Based on these results, meropenem therapy was initiated. Meropenem therapy was initiated at a dose of 10 mg/kg. The meropenem was compounded from a 500 mg/mL solution reconstituted to a final concentration of 50 mg/mL. The total dose of meropenem administered was 85mg, 1.7ml. The meropenem therapy was administered via subcutaneous injection every 12 hours. Meropenem therapy was administered for 8 weeks. The dosing interval and route of administration were selected based on a previously described protocol (12).

Table S1. Histopathological scoring from colonic biopsy samples.

HISTOPATHOLOGICAL SCORING [MODIFIED WSAVA CRITERIA]

FEATURE	FUNDUS	ANTRUM	DUODENUM	ILEUM	COLON
Surface epithelium					3
Gastric pit epithelium					
Villus stunting					
Crypt dilation/distortion					2
Lacteal dilation					
Colonic goblet cells					Dec1
Mucosal fibrosis					2
Intraepithelial lymphocytes					1
LP lymphocytes and plasma					0
LP eosinophils					1
LP neutrophils					2
LP macrophages					3
Gastric lymphoid follicular					

0, normal; 1, mild; 2, moderate; 3, marked

Colonic goblet cells: Inc2 (marked increase), Inc1 (mild increase), 0 (normal), Dec1 (mild decrease), Dec2 (marked decrease)

Table S2. Antimicrobial susceptibility results for bacterial isolates obtained from colonic biopsy samples.

Minimum inhibitory concentrations (MICs) are expressed in µg/mL. Interpretation based on laboratory susceptibility testing. R = resistant; S = susceptible; — = not reported.

Antimicrobial	Escherichia coli MIC (µg/mL)	Interpretation	Enterococcus faecalis MIC (µg/mL)	Interpretation
Ampicillin	≥32	R	—	S
Amoxicillin–clavulanic acid	≥32	R	—	S
Ceftiofur	≥8	R	—	—
Cephalothin	≥64	R	—	—
Chloramphenicol	≥64	R	≥64	R
Doxycycline	≥16	R	≥16	R
Enrofloxacin	≥4	R	≥4	R
Gentamicin	≤1	S	—	—
Trimethoprim–sulfamethoxazole	≥320	R	—	—
Ciprofloxacin	≥4	R	—	—
Imipenem	≤0.25	S	—	—
Marbofloxacin	≥4	R	≥4	R
Cefovecin	≥8	R	≥8	R
Penicillin	—	—	2	S
Florfenicol	—	—	≤4	S

Anaerobic culture of the colonic biopsies were negative. On the aerobic culture there was heavy growth of MDR *E. coli* and *Enterococcus faecalis* identified. The *E. coli* isolate was resistant to multiple antimicrobial agents, including; ampicillin, ceftiofur, cephalothin, chloramphenicol, amoxicillin-clavulanic acid, doxycycline, enrofloxacin, trimethoprim-sulfamethoxazole, ciprofloxacin, marbofloxacin and cefovecin. The *E. coli* was sensitive to gentamicin as seen in the table above. Sensitivity testing for imipenem was added on and came back susceptible