

PATIENT *History*

Nala Hurley Chronic diarrhea with progressive weight loss and poor appetite. Occasional vomiting and mucus in the feces.

SPECIES *Current therapy*

Canine 250 mg metronidazole bid and Hills I/D low fat diet. Previously GI biome diet.

BREED *Physical Examination*

GSD Thin, otherwise no other abnormalities.

SEX *Urinalysis*

FS N/A.

AGE *Fecal Analysis*

7 years Negative.

WEIGHT *Hematology*

38 # Progressive eosinophilia and elevated hematocrit.

Serum biochemistry

Hypoalbuminemia.

HOSPITAL NAME

Rest within reference range.

Byram Animal Hospital

Digestive Panel

REFERRING VET

Hypocobalaminemia.

Dr Carlos Abdul-Chani

Folate and TLI within reference range.

DATE

Abdominal Ultrasound

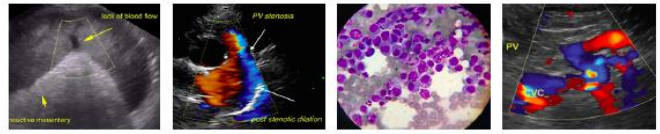
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- Retention of ingesta in the stomach.
- Variable small intestinal thickening with loss of layering.
- Trace ascites.
- Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS

Pertinent findings in this case are:

- Chronic GI tract signs with associated weight loss.
- Eosinophilia.
- Hypocobalaminemia.
- Enteropathy with reactive mesenteric lymphadenopathy on ultrasound.



PATIENT **DIFFERENTIAL/PERTINENT DIAGNOSES**

Nala Hurley

These findings are all indicative of primary small intestinal disease that is not associated with enteric parasites, exocrine pancreatic insufficiency, or intestinal dysbiosis.

SPECIES

Canine

The two most likely diagnoses would be dietary hypersensitivity and inflammatory bowel disease. Although unlikely, intestinal lymphoma still needs to be considered.

BREED

GSD

FURTHER RECOMMENDATIONS

SEX

FS

As this is a chronic disease, endoscopy of the upper GI tract with biopsies is highly recommended.

AGE

7 years

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be:

WEIGHT

38 #

- Feeding a novel protein/hypoallergic diet.
- Cobalamin supplementation - weekly until within reference range and then monthly.
- Immune suppressive therapy starting with 1 mg/kg bid prednisolone and tapered to the minimum effective dose. If there is a good response then replacing the prednisolone with budesonide should be considered, starting at 3 mg sid and also tapered to the minimum effective dose.
- If the doses of prednisolone required to control the enteropathy are unacceptably high and/or side effects are pronounced, then the addition of azathioprine and/or cyclosporine would be indicated.
- Pre-and-probiotic supplementation.

HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr Carlos Abdul-Chani

Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

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DATE

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