

**PATIENT** *History*

Coco Bitner Polydipsia, polypnea, restlessness, reduced appetite. Splenectomy two years ago.

**SPECIES** *Current therapy*

Canine Gabapentin 200 mg BID, Galliprant 60 mg SID, Dasuquin Advanced, Simplex F, Incurin, Mirtazipine 7.5 mg SID and Thyro-tabs 0.7 mg BID.

**BREED** *Physical Examination*

Standard Poodle N/A.

**SEX** *Urinalysis*

FS Constant normal SG and negative sediment. Progressive proteinuria – UPC has increased from 0.3 (May 2021) to 0.9 (October 2021).

**AGE** *Hematology*

12 years Progressive reticulocytosis and monocytosis. Neutrophilia at the last assessment.

**WEIGHT** *Serum biochemistry*

60 # No significant changes.  
Negative Snap cPL.

**HOSPITAL NAME** *Serology*

Lambs Gap Animal Hospital Negative for heartworm, ehrlichiosis, anaplasmosis, and Lyme disease.

*Fecal Parasite Analysis*

**REFERRING VET** Negative for helminths.

Dr Jennifer Todd *Endocrine*

**DATE** Normal basal cortisol. Initially normal T4 in May 2021 but elevated August 2021.

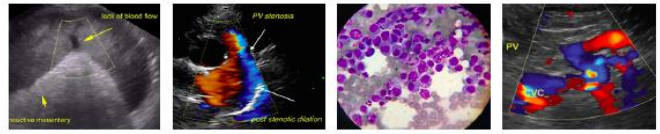
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*Cardiac Assessment*

Normal ECG and echocardiography with no evidence of structural cardiac disease or arrhythmias.  
Pro-BNP within reference range.

*Abdominal Ultrasound*

- Non-specific hepatopathy.
- Age-related renal changes.



**PATIENT** **INTERPRETATION OF THE FINDINGS**

Coco Bitner

The clinical findings of polydipsia, polypnea, restlessness, and reduced appetite are fairly non-specific. The appearance of the liver on ultrasound is most likely an incidental and age-related finding in light of the normal liver enzyme activity.

**SPECIES**

Canine

I would assume that the gabapentin, Galliprant and Dasuquin is for degenerative joint disease; and that the Incurin for urinary incontinence. Simplex F is a general supplement. I am not sure as to the reason for the thyro-tabs as there is no obvious evidence of hypothyroidism.

**BREED**

Standard Poodle

Pertinent and consistent findings are progressive reticulocytosis, monocytosis, and proteinuria.

**DIFFERENTIAL/PERTINENT DIAGNOSES**

**SEX**

FS

Etiologies for reticulocytosis would be:

**AGE**

12 years

- Low grade blood loss or hemolysis.
- Hypoxia.

Etiologies for monocytosis would be:

**WEIGHT**

60 #

- Low grade chronic inflammation.

Etiologies for proteinuria would be:

- Primary glomerulonephritis
- Hypertension.

**HOSPITAL NAME**

Lambs Gap Animal Hospital

Pulmonary disease, hypertension, and primary glomerulonephritis would be important considerations.

**REFERRING VET**

Dr Jennifer Todd

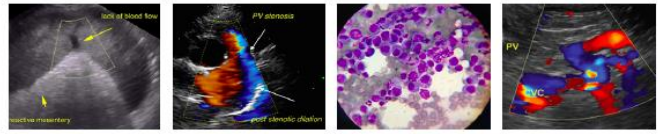
Another important consideration would be the effects of the current medication. It is unlikely that the gabapentin, Dasuquin or Incurin are causing the clinical signs.

Galliprant has been reported to cause reduced appetite and mirtazipine tachypnea (but unsure how long the patient has been on the latter).

**DATE**

10/8/21

Increasing the metabolic rate with thyroid supplementation can result in restlessness and polypnea, which can be aggravated by the Simplex F as it is reported to support hormonal health.



**PATIENT**                      **FURTHER RECOMMENDATIONS**

Coco Bitner

As some of the medication may be having an adverse effect, the initial approach would be to discontinue the Simplex, mirtazapine, and thyro-tabs.

**SPECIES**

Canine

If no improvement then initial further assessment would be:

**BREED**

Standard Poodle

- Survey thoracic radiographs.
- Blood pressure.
- Pulse oximetry
- Blood gas analysis (if possible).

**SEX**

FS

Additional diagnostics that could also be pursued would be thoracic CT, bronchoscopy, and TTA for cytology, culture, and PCR.

**AGE**

12 years

For the proteinuria, a trial course of ACE inhibitors/receptor blockers can be considered as well as a renal biopsy.

**WEIGHT**

60 #

Specific therapy would be dependent on an etiological diagnosis with symptomatic management being impossible.

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.

**HOSPITAL NAME**

Lambs Gap Animal  
Hospital

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**REFERRING VET**

Dr Jennifer Todd

**DATE**

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