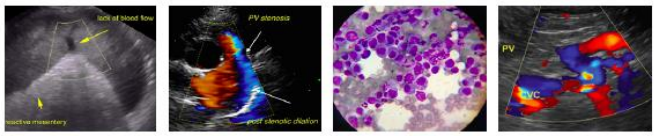


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Plper Mozel

SPECIES

Canine

BREED

Catahoula Mix

SEX

FS

AGE

8 years

WEIGHT

72.6 #

HOSPITAL NAME

North Idaho Animal Hospital

REFERRING VET

Dr Jolee Stegemoller, DVM

DATE

9/9/21

History

In April 2021 showed pyrexia, lethargy, inappetence; crusting ulcerative dermatitis developed in May 2021; and more recent onset of uveitis and buphthalmos.

Current therapy

Prednisone, topical ofloxacin, and mycophenolate.

Physical Examination

Ocular pathology, patchy alopecia but no crusting dermatitis. Hypertension.

Urinalysis – April 2021

SG 1.040, hematuria, proteinuria, possibly bacteruria (cocci).

Hematology (April 2021)

Non-regenerative anemia, neutrophilia, monocytosis.

Hematology (September 2021)

No anemia, improved neutrophilia.

Serum biochemistry (April 2021)

Within reference range.

Serum biochemistry (September 2021)

Elevated ALT, ALP, and GGT activity.

Tick Panel (April 2021)

Negative.

Abdominal Ultrasound (April 2021)

Normal.

Survey Radiographs (April 2021)

Thorax - normal.

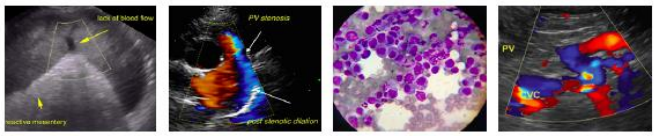
Abdomen – prominent spleen.

FNA Cytology April (2021)

- Spleen – reactive hyperplasia.
- Liver – hepatopathy?

Dermatohistopathology

Ulcerative dermatitis consistent with deep pyoderma.



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INTERPRETATION OF THE FINDINGS

Comparing the April and September findings the dermatitis has improved dramatically, the anemia resolved and the inflammatory leukogram improved. Hypertension and ocular pathology have, however, subsequently developed. The elevated liver enzyme activity can be ascribed to the cortisone therapy as well as possibly also the hypertension as with this long-term cortisone therapy, iatrogenic Cushing's disease is highly likely.

At this point it is difficult to tie the more recent findings with those in April and thus the focus should be on the current findings. Based on the April assessment an important etiology would have been systemic auto-immune disease such as lupus; with the dermatopathy either part of the disease or a complication of the problem. Those initial findings seem to be controlled with the current therapy.

DIFFERENTIAL/PERTINENT DIAGNOSES

Important current problems are the uveitis, buphthalmos, and hypertension with the buphthalmos most likely associated with the uveitis.

Etiologies for the uveitis would be primary and secondary. Important secondary causes for this patient would be infectious disease (vector-borne, *Bartonella*, toxoplasmosis), neoplasia, hypertension, and systemic inflammation (immune-mediated diseases, dermatopathies).

Dermatopathy is, however, unlikely as the skin has improved and does not appear to be showing active inflammation. With the long-term immune-suppressive therapy immune-mediated diseases is unlikely but infectious causes probable.

FURTHER RECOMMENDATIONS

Further assessment would be:

- 3-view thoracic radiographs.
- Abdominal ultrasound.
- Vector borne serology/PCR.
- Toxoplasma serology.
- *Bartonella* PCR.

Specific therapy would be dependent on an etiological diagnosis.

Management of the hypertension would be amlodipine and possible an ACE inhibitor. As there is iatrogenic Cushing's disease, tapering of the cortisone would be indicated with careful monitoring of the previous clinical signs and clinical pathology for possible relapse. Ongoing treatment of the ocular pathology should ideal be done in consultation with an ophthalmologist.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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