

PATIENT *History*

Bentley Recobs Diagnosed with protein losing enteropathy in May 2021 with poor response to therapy. Normal appetite but profuse diarrhea.

SPECIES *Current therapy*

Canine 40 mg prednisone sid, 750 mg metronidazole bid, and 50 mg Imuran sid.

BREED *Physical Examination*

Bermese Mountain dog Weight loss (7 # over 8 months), ascites, diarrhea.

SEX *Urinalysis*

MN N/A.

AGE *Fecal Analysis*

6 years N/A.

WEIGHT *Hematology*

- 84.5 #
- Mature neutrophilia, lymphopenia, monocytosis.
 - Thrombocytosis.

Serum biochemistry

- HOSPITAL NAME**
- Hypoproteinemia as a result of hypoalbuminemia and low-normal globulins.
 - Elevated liver enzyme activity.
 - Low creatinine.

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- REFERRING VET**
- Elevated amylase and PSL.
 - Elevated triglycerides.

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Digestive Panel

- DATE**
- Cobalamin and TLI within reference range.
 - Elevated folate.

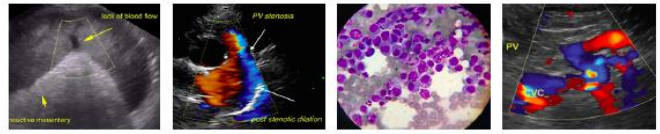
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Abdominal Ultrasound (May 2021)

- Hyperperistalsis of the intestine with no loss of mural detail.
- Diffuse hyperechoic fogging throughout the small intestine with areas of mucosal striations and speckling.
- Pancreatic inflammation?

Abdominal Ultrasound (February 2022)

- Generally, a normal appearance of the GI tract with few areas of mucosal striations.
- Flattening of the adrenal glands.



PATIENT **INTERPRETATION OF THE FINDINGS**

Bentley Recobs

The overall diagnosis in this patient would be progressive and poorly controlled protein losing enteropathy with resultant hyperproteinemia, weight loss, and chronic diarrhea. Although there does appear to an improvement on the ultrasound appearance of the small intestine between the two ultrasound examinations, there has been no overt clinical improvement.

SPECIES

Canine

BREED

Bermese Mountain dog

The hematological changes, elevated liver enzyme activity, and flattened adrenal glands can be ascribed to the chronic cortisone therapy.

SEX

MN

The elevated triglycerides are most likely secondary to the hypoalbuminemia.

AGE

6 years

The low creatinine is most likely from sarcopenia and associated with the protein loss.

The elevated PSL and amylase is most likely from chronic-low grade pancreatitis and secondary to the azathioprine therapy, although it was reported to be already elevated in May 2021.

The elevated folate is indicative of intestinal dysbiosis (small bacterial overgrowth).

WEIGHT

84.5 #

DIFFERENTIAL/PERTINENT DIAGNOSES

Protein losing enteropathy is not considered a diagnosis but a syndrome with underlying etiologies being primary lymphangectasia, enteric parasites, dietary hypersensitivity, and inflammatory bowel disease. Exocrine pancreatic insufficiency and intestinal dysbiosis can often complicate the diagnosis.

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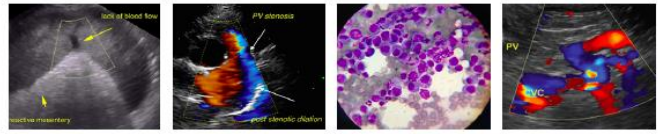
From the available information the only etiology that has been eliminated is exocrine pancreatic insufficiency.

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PATIENT **RECOMMENDATIONS**

Bentley Recobs

Further assessment would be fecal analysis and endoscopy of the upper GI tract with biopsies.

SPECIES

Ongoing management would be:

Canine

- Feeding a low-fat intestinal diet.
- Increasing the dose of prednisolone to 1 mg/kg bid and once there is an improvement in the diarrhea and albumin levels, tapering 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.
- Discontinuing the azathioprine as there are pancreatic side effects.
- Discontinuing the metronidazole as it does not appear to be having an effect.
- If the doses of prednisolone required to control the enteropathy remain unacceptably high and/or side effects are pronounced, then the addition of cyclosporine and/or chlorambucil would be indicated.
- As there appears to be limited response so far, adding cyclosporine and/or chlorambucil concurrently and immediately with the prednisolone can be considered.
- Normalization of the GI tract biome with pre-and-probiotic supplementation; however, if the folate levels remain elevated then oral tylosin should be considered.

BREED

Bermese Mountain dog

SEX

MN

AGE

6 years

WEIGHT

84.5 #

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

Brenda King Vet

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