

PATIENT *History*

Russell Houston

Rescue dog that developed chronic diarrhea after enterectomy. Feces varies from normal to watery and hemorrhagic. Anorexic and lethargic.

SPECIES *Current therapy*

Canine

Treated with clopidogrel, sucralfate, metronidazole, omeprazole, and iron supplementation, the later for suspected iron deficient anemia.

BREED *Physical Examination*

Pit Bull terrier

Pale mucosa.

Urinalysis

N/A.

SEX

MN

AGE

2 years

Fecal Analysis

N/A.

Hematology (2/23)

Inappropriate microcytic hypochromic anemia.

WEIGHT

56 #

Hematology (2/23)

- Regenerative microcytic hypochromic anemia but has worsened – hematocrit dropping from 22 to 14%.
- Mild thrombocytopenia.

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Previous serum biochemistry

Normal albumin with hypoglobulinemia.

Serum biochemistry (2/23)

- Marked elevated SDMA.

REFERRING VET

Dr Adrienne Waffle

Digestive Panel

- cPL, cobalamin and TLI within reference range.
- Elevated folate.

DATE

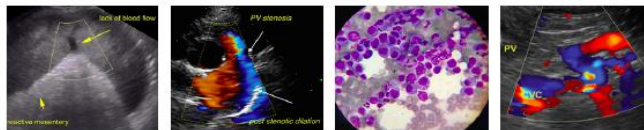
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Previous Abdominal Ultrasound

- Aortic thrombosis.

Abdominal Ultrasound

- Gastric distension.



PATIENT **INTERPRETATION OF THE FINDINGS**

Russell Houston

The pertinent findings in this patient are:

SPECIES

- Progressive microcytic hypochromic anemia, initially inappropriate but now regenerative.
- Chronic intermittent diarrhea.

Canine

With the elevated SDMA and the urea and creatinine well within normal limits, early renal insufficiency would be possible, however, occult lymphoma would be an important differential diagnosis.

BREED

Pit Bull terrier

The elevated folate is indicative of intestinal dysbiosis (small bacterial overgrowth) and most likely secondary to the previous intestinal surgery, with the metronidazole and omeprazole therapy possibly a contributing factor.

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DIFFERENTIAL/PERTINENT DIAGNOSES

The most likely etiology for the anemia would be chronic GI tract blood loss – ulceration, parasitic disease, severe inflammatory bowel disease, and lymphoma.

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Other etiologies to consider would be chronic zinc toxicity and iron deficiency that is not associated with chronic blood loss such as iron, copper, or vitamin B6 deficiency and lead toxicity.

Etiologies for the chronic diarrhea would be short bowel syndrome, inflammatory bowel disease parasitic enteritis, and dietary hypersensitivity.

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From the available information the only etiology that possibly has been eliminated is inadequate iron intake.

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RECOMMENDATIONS

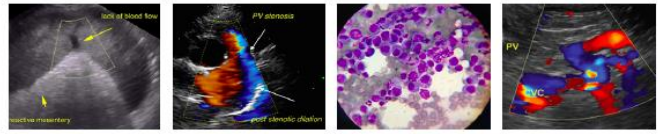
Further assessment would be fecal analysis, blood iron status, survey abdominal radiographs, endoscopy of both the upper and lower GI tract with biopsies, and possibly lead assay.

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Add on symptomatic therapy that could be considered would be:

- Discontinue the clopidogrel as it may be causing low-grade GI ulceration.
- Course of fenbendazole.
- Vitamin B6 supplementation.
- Ensuring adequate iron and copper intake.
- Feeding a novel protein/hypoallergenic diet.
- Normalization of the GI tract biome with pre-and-probiotic supplementation; however, if the folate levels remain elevated then oral tylosin should be added.
- Course of prednisolone (1 mg/kg bid) to see if there would be an improvement in the diarrhea.



PATIENT

Russell Houston

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.

SPECIES

Canine

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BREED

Pit Bull terrier

SEX

MN

AGE

2 years

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