

**PATIENT** *History*

Willow Dyke Chronic inflammatory bowel disease that is controlled with 1 mg budesonide SID but relapses when reduced to EOD. PuPd, polyphagia, weight loss (approximately 3.4 #) over 3 months.

**SPECIES** *Therapy*

Canine 1 mg budesonide SID.

*Physical Examination*

**BREED** Grade 2/6 systolic heart murmur, moderate dental disease, pot-bellied appearance with generalized truncal alopecia and thin, friable skin. Marked muscle wasting.

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*Urine Analysis*

**SEX** N/A.

**FS** *Hematology*

Thrombocytosis.

**AGE**

7 years *Serum Biochemistry*  
Significant changes are elevated ALP and GGT activity, lipaemia.

**WEIGHT** *Abdominal Ultrasound*

9.1 # Normal – ingesta filled stomach and normal shape, size, position, and echogenic appearance of the adrenal glands.

**INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES**

**HOSPITAL NAME**

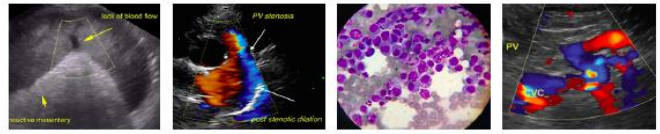
Scanvet The clinical appearance of this patient, history of PuPd and polyphagia, lipemia, thrombocytosis, and elevated ALP and GGT activity are all classical features of Cushing's disease, which can be attributed to the long-term use of budesonide and thus the Cushing's disease would be iatrogenic in nature, especially as both adrenal glands appear ultrasonographically normal

**REFERRING VET**

Dr Norman In a study of 21 dogs with inflammatory bowel disease that were treated with oral budesonide daily for 30 days showed that all dogs developed PuPd, elevated ALP activity, and low concentrations of cortisol and endogenous adrenocorticotrophic hormone. The study concluded that the use of oral budesonide significantly suppressed the hypothalamic-pituitary-adrenal axis.

**DATE**

9/26/22 The weight loss can be attributed to the muscle wasting, associated with long-term cortisone use.



**PATIENT**      **RECOMMENDATIONS**

Willow Dyke

The main issue is that the patient has inflammatory bowel disease, which is been well controlled with daily oral budesonide and feeding a novel protein diet but relapses when the dose is reduced to EOD.

**SPECIES**

Canine

At the current dose of budesonide, the patient is showing significant cortisone-associated side effects and thus needs to be reduced to EOD to every third day but ideally discontinued and replaced with alternative immune-suppressive drugs such as cyclosporine, azathioprine, and chlorambucil.

**BREED**

Brussels Griffon

A possible protocol would be 5 mg/kg cyclosporine SID and 2 mg chlorambucil EOD together with budesonide for 2 weeks, then tapering the budesonide off and if there is no relapse then the chlorambucil be tapered down to every 3-4 days. If there is a relapse or the budesonide cannot be tapered off, then adding 2 mg/kg azathioprine SID for 10 days then EOD would be recommended.

**SEX**

FS

**AGE**

7 years

In addition to the above:

- Assessing and supplementing cobalamin if needed.
- Course of fenbendazole to exclude protozoa and helminths contributing to the GI tract disease.
- Continue with novel protein/hypoallergenic diet.

**WEIGHT**

9.1 #

Although endoscopy of the upper GI tract with biopsies can be considered, at this point it is unlikely to be of use as the patient has been on long term cortisone therapy.

**HOSPITAL NAME**

Scanvet

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.

**REFERRING VET**

Dr Norman

**DATE**

9/26/22

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