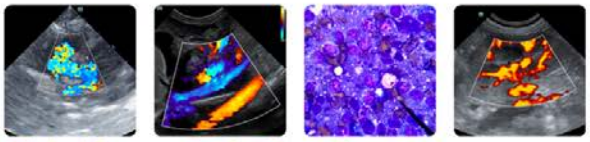


PATIENT

Spaz Stewart

SPECIES

Feline

BREED

Domestic Longhair

SEX

Male

AGE

6 Years 10 Months

WEIGHT

Not Provided

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Soleil Gagne

HOSPITAL NAME

Hart Family Veterinary Clinic

REFERRING VET

Dr. Soleil Gagne

INVOICE

72462

DATE

1/23/26

INTERNAL MEDICINE CONSULTATION

History

Diagnosed with feline gastrointestinal eosinophilic fibrosing hyperplasia (FGEFH) in January 2025 with good recovery. Past week developed intermittent diarrhea, which has responded by increasing the dose of prednisolone from 1.25 mg to 2.5 mg SID.

Current therapy

- 2.5 mg prednisolone SID.
- 25 mg cyclosporin SID.
- Hydrolysed protein diet.

Physical Examination

Normal.

CBC (9/17)

No significant abnormalities.

Serum Biochemistry (9/17)

Within reference range.

Abdominal Ultrasound (1/23)

No abnormalities evident.

Further Assessment:

- CBC and serum biochemistry to ensure no adverse effects from the medication.
- Fecal analysis to rule out recent onset of parasitic disease.
- Cobalamin and folate assay as deficiencies may have developed.

Management

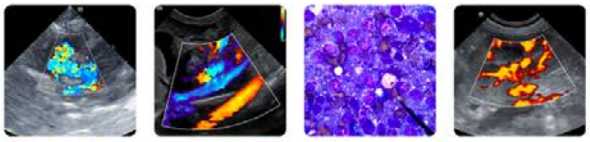
Continue with 2.5 mg prednisolone and 25 mg cyclosporin, both SID as well as feeding the hydrolysed protein diet for the next 4 weeks; adding fenbendazole, cobalamin and folate if indicated.

If there is a satisfactory improvement:

- Reduce the prednisolone to 2.5 mg prednisolone every second day for a further 4 weeks and if still stable then reduce to 2.5 mg every third day.
- The cyclosporin dose can also be reduced in a similar fashion.

Ideal long term management would be 2.5 mg prednisolone twice a week (Monday and Thursday) and 25 mg cyclosporin twice a week (Tuesday and Friday).

The hydrolysed protein diet would need to be continued indefinitely.



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If the above tapering regimen is ineffective in controlling the signs, the prednisolone can be replaced with budesonide (1mg SID). The addition of chlorambucil may also be considered (2 mg every second to third day).

Feline Gastrointestinal Eosinophilic Fibrosing Hyperplasia

FGEFH is an uncommon but important inflammatory disease of cats, characterized by a marked accumulation of eosinophils accompanied by excessive fibroblast proliferation and collagen deposition within the GI tract, resulting in firm, mass-like lesions. Lesions can occur throughout the GI tract as well as in the mesenteric lymph nodes. Lesions are often misdiagnosed as GI tract neoplasia, highlighting the importance of a histopathologic diagnosis.

The pathogenesis is not fully understood but likely associated with an aberrant immune response to bacterial penetration of the gastro-intestinal wall, parasitic antigens, and dietary hypersensitivity.

Clinical signs depend on lesion location and severity and commonly include chronic vomiting, diarrhea or constipation, weight loss, anorexia; and, in advanced cases, partial or complete intestinal obstruction.

Management of FGEFH requires a multimodal approach:

- Surgical resection or debulking indicated for obstructive or localized lesions.
- Long-term immunosuppression to control inflammation and limiting fibrotic progression.
- Antibiotic therapy in cases were intralesional bacteria are evident on histopathology.
- Feeding a hypoallergenic or novel protein diet

The prognosis for FGEFH is guarded to fair. Cats with localized disease that receive early, aggressive combination therapy tend to have better outcomes, while diffuse disease and a delayed diagnosis and/or therapy is generally associated with higher relapse rates and a poorer outcome. Life-long medical management is often required.

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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

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