



PATIENT

Nola Cain

SPECIES

Canine

BREED

Pit Bull Mix

SEX

Spayed female

AGE

11 years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Keisha Smitley CVT

HOSPITAL NAME

Geary VS

REFERRING VET

Dr. Geary

INVOICE

74712

DATE

4/21/26

History

Chronic intermittent vomiting and weight loss. On initial assessment non-regenerative anemia and hypoproteinemia was present, which was attributed to carprofen therapy. Treated for suspected NSAID induced gastric ulceration with omeprazole and sucralfate and carprofen discontinued. Subsequently treated with a course of prednisone for suspected inflammatory bowel disease which resulted in a drop in the hematocrit - dose of prednisone reduced and treated with omeprazole and sucralfate. Currently normal activity and appetite.

CBC 4/1

Non-regenerative anemia.
Rest of the parameters within reference range.

Serum Biochemistry 4/1

Hypoproteinemia.

CBC 4/2 and 4/17

No significant abnormalities.

Serum biochemistry

Mildly elevated ALT activity (169).
Hyperglobulinemia (5.3).

Urinalysis

SG 1.042
2+ protein with normal UPC.

Fecal Analysis

Negative for intestinal parasites.

Serology

Negative for vector-borne disease.

Abdominal Ultrasound

Splenomegaly with nodules and mass formation.
Small intestinal thickening.

Survey Radiographs

- Moderate interstitial pulmonary opacification and thickening of the bronchial walls consistent with bronchitis.
- Normal abdomen
- Multiple sites of chronic arthritis.
- Incidental spondylosis.

Cytology

- Liver - normal cytology.
- Spleen - mild extramedullary hematopoiesis and lymphoid hyperplasia

INTERPRETATION

The history of weight loss, intermittent vomiting and intestinal thickness seen on ultrasound would be indicative of an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease.



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Although splenic cytology was indicative of extramedullary hematopoiesis/reactive hyperplasia, emerging neoplasia should still be considered, especially with the mass.

The mildly elevated ALT activity, hyperglobulinemia, and bronchitis can all be considered incidental findings.

The anemia and hypoproteinemia evident on the initial CBC and serum biochemistry is consistent with gastric/duodenal ulceration.

FURTHER ASSESSMENT

- Serum cobalamin and folate assay.
- Endoscopy of the upper GI tract with biopsies.
- Splenectomy could be considered, which would also allow for full thickness biopsies of the GI tract.

MANAGEMENT

Initial management would be feeding small frequent meals of a novel protein/hypoallergenic diet and cobalamin supplementation (if indicated). If there is not a satisfactory improvement then the addition of prednisolone would be indicated. As there was an adverse reaction to the previous course of prednisone, oral budesonide would, however, be recommended.

Cortisone

Prednisolone forms the foundation of therapy in dogs with IBD, starting at 1 mg/kg BID for 10 days then tapered over 10–12 weeks. Budesonide can be administered as an alternative to prednisolone as it has high topical anti-inflammatory activity and lower systemic activity because of its high affinity to the steroid receptor and rapid hepatic conversion to metabolites with minimal or no steroid activity.

If there is still no improvement or the dose of prednisolone remains high and/or there are unacceptable adverse side effects then considered adding azathioprine (1-2 mg/kg SID for 2 weeks, followed by alternate-day administration) and/or cyclosporine (5 mg/kg SID).

Diet

Hypoallergenic/novel protein diet.

Cobalamin

Cobalamin deficiency has been associated with GI tract signs despite appropriate therapy in animals with IBD as mucosal repair is impeded. Given subcutaneously for 6 weeks on a weekly basis, with supplementation continued every 3 weeks for the indefinite future if cobalamin remain low. Oral supplementation cobalamin is equally effective but must be given daily for 12 weeks before testing and determining the need for ongoing supplementation.

Probiotics

Probiotic administration using either single-strain or multi-strain products can be helpful in the management of inflammatory bowel disease.



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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