



PATIENT

Gracie Walton

SPECIES

Canine

BREED

Maltese/Yorkie

SEX

Spayed female

AGE

10 years 11 months

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole DVM,
DABVP (canine &
feline)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Giroux

INVOICE

78227

DATE

6/2/26

History

History: IBD and Cushing's disease

Prior to US: truncal thinning haircoat, thin skin. • See attached MRs • AUS done yesterday, Report attached • Recent BW and MR from clinic in home state (Maine) and winter state (Florida, multiple vets)

Interpretation:

On assessing the various documents submitted (history, blood work, diagnostic testing, ultrasound) the following was established:

Cushing's disease

Diagnosed based on the positive ACTH stimulation test. Dogs with Cushing's disease may have adrenal glands of normal size and shape on ultrasound, particularly in pituitary-dependent hyperadrenocorticism. This highlights the importance of functional testing over anatomical imaging alone in diagnosing Cushing's disease. In addition not all dogs with Cushing's disease will have an elevated ALP activity. The thrombocytosis can be ascribed to the Cushing's disease (cortisol-induced production). Managed with trilostane.

Inflammatory bowel disease with possible lymphangectasia

Based on history, clinical findings, and abdominal ultrasonographic changes. Managed with budesonide, metronidazole and therapeutic diets (hydrolyzed protein, GI Biome).

Recurrent urinary tract infections

This is a historical finding based on urinalysis findings and urine culture. Treated with appropriate antibiotic therapy.

Anxiety and Behavioral Issues

History of increased anxiety, relentless barking, pacing, and restlessness, particularly at night. Managed with trazodone, gabapentin, and fluoxetine.

Further Assessment

- Cushing's disease – no further assessment indicated.
- Inflammatory bowel disease – cobalamin and folate assay and ideally endoscopy of the upper GI tract with biopsies. An intestinal dysbiosis index could also be considered.
- Recurrent UTI – full urinalysis and urine culture.
- Behavioral Issues – assessment by a behaviorist would be recommended.

Management of the Cushing's Disease:

Recommended to continue with the current dose of trilostane as there has been an improvement/resolution of the PuPd.

Management of the Inflammatory Bowel Disease/Protein Losing Enteropathy:

Diet

Initially start with small frequent meals of a low-fat intestinal diet for 4-6 weeks, changing to feeding an exclusive hypoallergenic/novel protein diet if there is not a satisfactory improvement, and if still no improvement after 4-6 weeks, then changing to an intestinal biome diet.

Immune-suppressive therapy



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As the patient has concurrent Cushing's disease, oral prednisolone is contra-indicated. Thus continue with the current dose of budesonide 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 consider adding azathioprine (1-2 mg/kg SID for 2 weeks, followed by alternate-day administration) and/or cyclosporine (5 mg/kg SID).

Cobalamin

Cobalamin deficiency has been associated with GI tract signs despite appropriate therapy in animals with a chronic enteropathy as mucosal repair is impeded. 25 ug/kg subcutaneously for 6 weeks on a weekly basis, with supplementation continued every 3 weeks for the indefinite future if serum cobalamin levels remain low. Oral supplementation of cobalamin at the same dose 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 a chronic enteropathy.

Management of Recurrent UTI

As and when needed with an appropriate antibiotic based on culture sensitivity results.

Management of the Behavioral Issues

Ideally guided by a behaviorist.

Monitoring

Cushing's disease:



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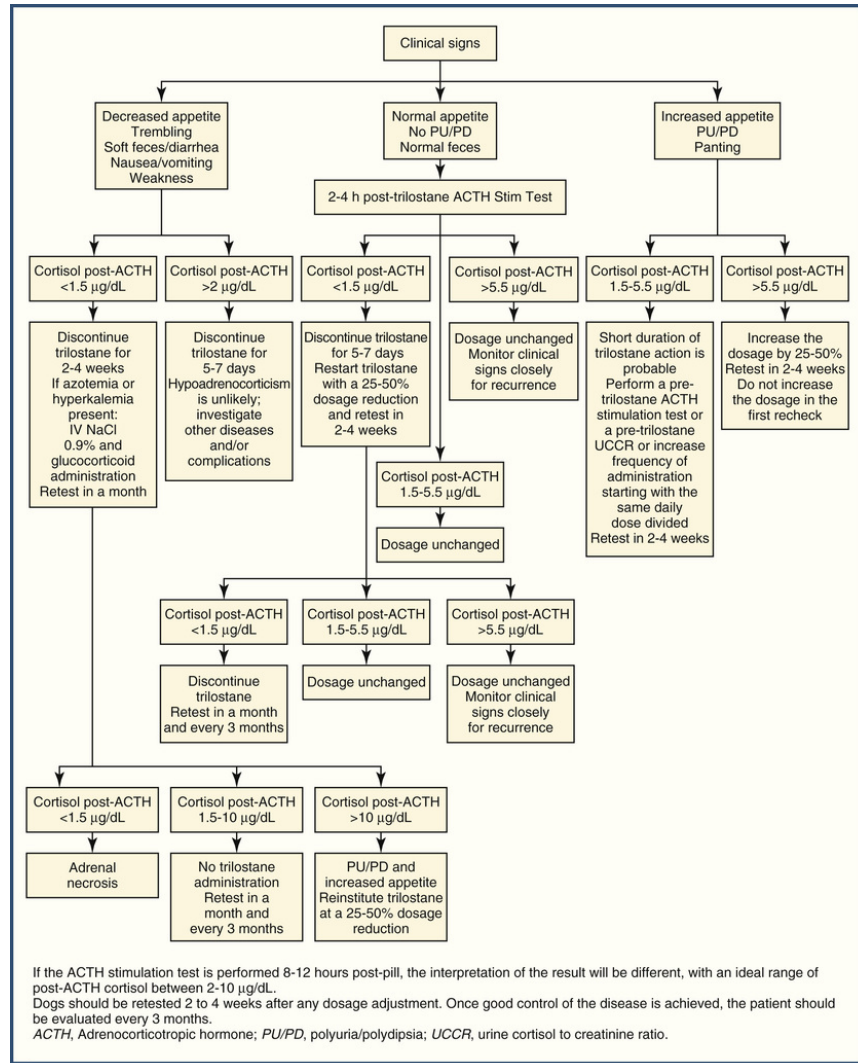
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Inflammatory bowel disease

Regular serum albumin.

Recurrent UTI

Regular full urinalysis and, if needed urine culture

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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