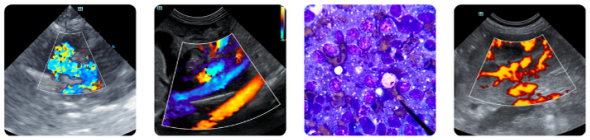


PATIENT

Hermine Moorhouse

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

9 years

WEIGHT

28.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stavros Iacovides

HOSPITAL NAME

Clearspring AH

REFERRING VET

Dr. Gaw

INVOICE

71480

DATE

2/11/26

History

Chronic watery diarrhea with pancreatitis and liver issues. Minimal response to various therapies - metronidazole, Cerenia, NSAIDs, cobalamin, omeprazole, and Pancreakare

Physical Examination

Weight loss.

CBC

Mild anemia.

Serum biochemistry

Hypoproteinemia (37 g/l).
Hypoalbuminemia (12 g/l).
Hypoglobulinemia (24 g/l).
Abnormal Snap cPL.
Low ALP activity.

Abdominal Ultrasound

Chronic pancreatic remodelling and possible chronic active pancreatitis.

Non-specific hepatopathy.

Gallbladder sediment.

Enteropathy with mucosal fogging and speckling.

Mild ascites.

SUMMARY OF THE FINDINGS

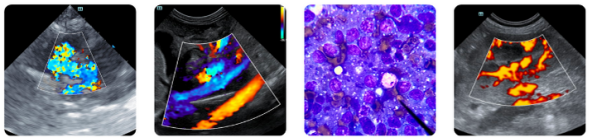
Interpretation

- Severe protein-losing enteropathy.
- Chronic pancreatitis.

Protein losing enteropathy is not considered a diagnosis but a syndrome with underlying etiologies being primary lymphangectasia, enteric parasites, dietary hypersensitivity, inflammatory bowel disease, and intestinal lymphoma. Exocrine pancreatic insufficiency and intestinal dysbiosis can often complicate the diagnosis.

Although there is ultrasound evidence of chronic pancreatitis, it maybe secondary to the enteropathy or merely be pancreatic fibrosis that is clinically silent. An abnormal Snap cPL is not diagnostic for pancreatitis as it can be elevated with an enteropathy. It is also possible that previous episodes of pancreatitis have resulted or compounded exocrine pancreatic insufficiency.

The gall bladder sediment can be considered an incidental finding and the ascites ascribed to the hypoalbuminemia. As there is no elevation in liver enzyme activity the hepatopathy is most likely age-related reactive hyperplasia or secondary to the enteropathy. The anemia can be ascribed to the chronic enteropathy as an anemia of chronic disease.



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FURTHER ASSESSMENT

As this is a chronic problem with severe hypoproteinemia, ideally an etiology diagnosis should be made.

- Fecal analysis/PCR for enteric parasites.
- Cobalamin and folate assay (even though has been on cobalamin supplementation)
- cPL/PSL assay.
- TLI assay.
- Possibly intestinal dysbiosis index.
- Endoscopy of the upper GI tract with biopsies.

MANAGEMENT

Specific management would be dependent on an etiological diagnosis.

Symptomatic management would be to start afresh and discontinue all current medication. Both dietary and immune-suppressive therapies are the corner stones of managing chronic enteropathy but excluding enteric parasites is equally important, which can be done with a course of fenbendazole.

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

Prednisolone forms the foundation of therapy in dogs with any chronic enteropathy. Start with 30 mg prednisone BID for 10 days and tapered over 10–12 weeks to 15 mg every 2-3 days. Budesonide (3 mg SID) 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).

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.

MONITORING

As a guide to improvement, regular monitoring of serum proteins would be advocated.

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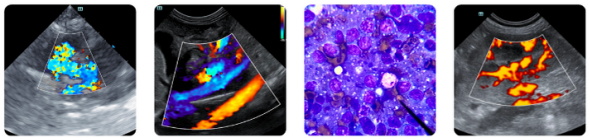

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com