VETERINARY SPECIALIST ADVICE

Date: **Referring veterinarian:**

Referring Practice:

Carer's name:	**Pet's name:**	
Species: Dog		
Breed: Cross-breed	**Age: 7y**	**Sex: FN**

Type of consultation: Internal medicine – initial

Clinical History:

May last year O started noting pale mucous membranes with infrequent hematochezia. From the start of the year O has noted a general loss of condition and general lethargy/ lack lustre
-Following advice from someone involved in rescuing dogs from turkey Leishmaniasis serology Antibody testing (Idexx) was conducted in January which proved to be negative. Despite this and under advice of rescue charity, the owner initiated allopurinol therapy (450mg ONCE daily for past 8weeks) (which was not dispensed by primary vets).

Parasiticide treatment
-Not up to date with antiparasiticides - O gives a single panacur dose ONCE every 4 months.
Generally eating well, passing formed stool with no hematochezia or melaena noted.
I have discussed faecal parasitology with the owners or empirical treatment on a panacur course. She is considering it.
Your opinion on this case would be greatly appreciated.

SUMMARY OF FINDINGS:

Dear colleague

Thank you for your request. Upon reviewing the results, I have several significant concerns that warrant attention.

Firstly, the patient exhibits severe hypoalbuminemia, predisposing her to potential thoracic or abdominal effusion formation and thromboembolic events. Hypoalbuminemia can stem from gastrointestinal (GI) issues or renal albumin loss. Her liver seems to be WNL and would consider liver failure less likely. While you noted the urine protein:creatinine ratio (UPC) as within normal limits (WNL), it would be necessary to have specific numerical values for a more precise evaluation.

Secondly, her elevated eosinophil count raises suspicions of conditions like Addison's disease, allergic reactions, or parasitic infections. Coupled with her slightly low normal glucose levels, I'm particularly apprehensive about Atypical Addison's disease. Such cases often coincide with gastrointestinal disease and may present also with azotemia, as observed here. The US report is also describing small adrenal glands and this only adds more suspicions.

Regarding Leishmania, there are no overt clinical or clinicopathological indicators of active infection. Negative Leishmania titers further support this observation. However, to definitively rule out Leishmania, a PCR analysis on bone marrow blood would be necessary. Notably, the presence of xanthines in urine suggests discontinuing allopurinol, a potential contributor to gastrointestinal symptoms as well.

Furthermore, the patients slightly low total calcium levels are likely secondary to albumin loss. However, assessing ionized calcium (iCa) would be prudent for comprehensive evaluation. Elevated urea levels may stem from GI ulcers or renal dysfunction. The elevation of creatinine could be secondary also to prerenal/renal disease, and warranting further investigation and I would consider measuring SDMA. I imagine that this is not a greyhound type Cross -breed?

To address these concerns, I recommend initiating with an ***ACTH stimulation test or basal cortisol measurement*** to rule out Addison's disease. Confirmation of a WNL ***UPC*** would exclude protein-losing nephropathy (PLN). Providing that there is no suspected underlying kidney pathology, the GI tract would be considered the most likely culprit of the hypoalbuminemia and ***assessment of VitB12, TLI, pancreatic lipase levels*** would be necessary along with ***GI biopsies via endoscopy*** .

Given the patient’s compromised albumin levels, anaesthetic procedures should be approached cautiously, with consideration given to human albumin transfusions or colloids to mitigate risks (depending on personal preference). Post-procedure steroid administration may help stabilize albumin levels. I would not advise for full thickness GI biopsies as I would be concerned about the possibility of complications.

If biopsy isn't feasible, initiating prednisolone therapy at 2mg/kg po SID alongside other supportive measures such as Vitamin B12 injection, probiotics (preferably VSL#3 to be ordered by company's website), and a highly digestible diet is advisable (hypoallergenic/GI diet or home cooked such as butternut box and a different dog- use one protein only and grains-). Additionally, anti-thromboembolic medication like clopidogrel may be warranted until albumin levels normalize (please note that she should have no invasive procedures while on an antiaggregant). I would deworm the patient with febendazole for 3-5 days PO SID. If there is suspicion of nausea then cerenia would be advisable.

To address her reduced appetite, if this persists after starting steroids, Entyce can be beneficial, along with frequent, smaller and more abundant meals tailored to her ideal weight.

Further treatment will depend on the underlying disease.

I hope these thoughts can help formulate a comprehensive treatment plan. Please share the test results when available, and we can discuss further steps accordingly. Do not hesitate to contact me if you would like to discuss this case further.
Kindest regards

Magda

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Disclaimer:
This report relies exclusively on the information provided by the referring practice. If any details have been omitted or are inaccurate, the conclusions and recommendations in this report may be affected.