Case Study

Canine – **Robert Somerwill MRCVS BVM BVS CertAVP(SAS)**

GI Quest

Carus
ANIMAL HEALTH

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Patient Information: 4y7m FN Border Collie **Weight:** 14.6kg

Presenting Complaint: Intermittent episodic borborygmi with lethargy, chronic weight loss, bouts of diarrhoea with some fresh blood.

Clinical History:

- Progressive signs over 6 months
- Non-responsive to feeding of long-term low-residue, low-fat gastrointestinal veterinary prescription diet
- No history of travel abroad
- Up to date with all routine preventative healthcare

Previous Treatments and Diagnostics:

- Unremarkable values for all routine biochemistry, electrolytes and complete haematology, serum cortisol (above threshold for Addison's rule-out), B12/folate/TLI and urinalysis (including urine protein-creatinine ratio). Resting bile acids unremarkable

- Abdominal ultrasound- SI- wall thickness uniform at around 35mm throughout however signs of lymphangiectasia and portal hypertension on doppler venography. Further hepatic vascular imaging (portal venography/CT/referral ultrasonography) declined.

- Faecal screen negative for infectious organisms (Salmonella, E coli, Campylobacter, Giardia, Endoparasites).

- Initially fed Arden Grange Sensitive. Subsequently non-responsive to feeding of long-term low-residue, low-fat gastrointestinal veterinary prescription diet (Purina EN).

- Oral prednisolone and sulfasalazine over 5 days resulted in transient resolution of clinical signs prior to recurrence.

Use of GIQuest:

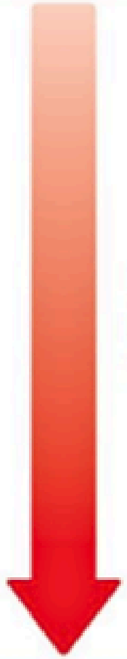
Why used: 'In lieu of significant biochemistry findings, it was used as a helpful prompt to add weight to the recommendation that an exclusion diet trial would still be beneficial'

When used: Before treatment, during treatment, when on diet-only treatment.

Result:

- 8.9.25 – Prior to onset of treatment
  - Result: 4/10 (3.75mg/kg)
- 2.10.25 – During prednisolone and diet trial
  - Result: 1/10 (2.0 mg/kg)
- 04.01.26 – 2 weeks after cessation prednisolone
  - Result: 1/10 (2.0 mg/kg)

Visual Score Card Reading	mg/kg	Interpretation
<1	<2.0	Normal
1	2.0	Normal
2	2.5	Borderline
3	3.0	
4	3.75	
5	4.5	
6	5.6	
7	6.0	
8	6.5	
9	12.8	
10	>16.0	

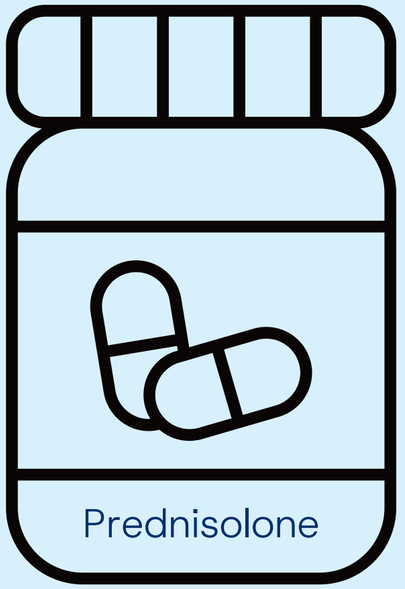


Disease with increasing severity

Diagnosis: Diet-responsive inflammatory bowel disease with lymphangiectasia.

Treatment and Management:

- Transition to 100% plant-based hydrolysed diet (Purina HA).
- Prednisolone: 0.1–0.5mg/kg SID then EOD for 6 weeks.
- Clinical signs resolved within 5 days of commencing Purina HA and low dose prednisolone therapy and have remained absent in the month since prednisolone was finished.
- The patient is now managed successfully on diet alone and has regained 3kg with improved muscle condition + satisfied owners.



How did GIQuest help in the diagnosis?

‘The GIQuest test helped establish clinical confidence to recommend the use of a suitable exclusion diet trial in a case which was otherwise not presenting as a typical diet–responsive case.

Classic serum indicators of IBD were not present in this case and diarrhoea/borborygmi episodes were episodic rather than chronic.

The GIQuest results allowed us to screen for and rule out any signs of breakthrough inflammation in the face of prednisolone therapy being withdrawn.’

Outcome:
GI Quest results significantly impacted the case management recommendations and flagged significant GI inflammation in the light of absent clinical abnormalities on serum management.

GI Quest

From hidden

To found
in minutes

Cutting-edge point of care faecal calprotectin test for fast and precise gastrointestinal results.

Reveal your next steps with GIQuest