Case Study

Canine – **Lydia Michaelides MA VetMB MRCVS**

GI Quest

Carus
ANIMAL HEALTH

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Patient Information: 3y ME Crossbreed (Canine) **Weight:** 15.5kg

Presenting Complaint: Intermittent diarrhoea and inappetence

Clinical History:

- From 10 months old, intermittent diarrhoea, with frequent mucoid discharge in faeces, and intermittent inappetence
- Frequent requirement for manual anal sac expression.
- Behavioural concerns – anxiety, reactiveness.

Previous Treatments and Diagnostics:

- Full intestinal blood screen at 18 months of age
  - Basal cortisol below reference range but ACTH stimulation test WNL
  - Mildly reduced folate; mildly increased ALP and ALT
- Various probiotic trials
  - Response to short-term probiotic in acute diarrhoea episodes (Promax) good. Response to longer-term supplements (Nutrafibre, Fibor, Serenicare, VSL-3) poor. Some response to Synbiotic-DC.
- Sulfasalazine 250mg TID
  - No response

- Ongoing behaviour modification plan from 15 months old.
  - Fluoxetine and trazodone from 26 months old with good behavioural response.

- Diet Hx:
  - Weaned onto Eden fish. Transitioned to Eukanuba Puppy Chicken with new owner.
  - Hills GI Biome trialled at 18 months of age with good response for a few weeks before relapse.
  - Positive response to exclusion diet trial with Purina HA (improved faecal quality and improved ability to maintain weight).

Most recent diagnostics:

Test	Result	Reference Range	Notes
Basal cortisol ACTH stimulation test	<27.6 nmol/L 173 nmol/L	28-250 nmol/L 200-600 nmol/L	Response rules out hypoadrenocorticism
Canine intestinal screen	ALP 217 iu/L ALT 58 iu/L Folate 8.10 ng/ml	7-173 iu/L 0-40 iu/L 8.2-13.5 ng/ml	
Faecal examination and culture	Negative for giardia, worm eggs, coccidia, bacteria		Rules out parasitism
Haematology including CRP	WNL, CRP <8.0	CRP 0.5 - 20 mg/L	No systemic inflammation
Abdominal ultrasound	Unremarkable		No structural lesions or signs of inflammation

Use of GIQuest:

Why used: ‘Dog struggles emotionally with invasive procedures, and biopsies likely to be low yield in view of lack of other supportive test results for GI inflammation. Possibility of behavioural cause and ability to manage with diet is significant, and GIQuest would give confidence in this decision.’

When used: Before considering biopsy (concern over invasiveness)

Result: 1/10 (2.0 mg/kg)

Diagnosis: Behavioural (high arousal) likely cause for current signs. Some element of food-responsive chronic enteropathy.

Treatment and Management:

- Maintain on Purina HA. Consider repeat diet trials with different hypoallergenic diets.
- Synbiotic DC one capsule daily.

‘The lack of current GI inflammation suggested any inflammatory disorder (food-responsive chronic enteropathy cannot be ruled out given response to diet trials) was well-controlled on the current diet, and any residual clinical signs could be attributed to concurrent behavioural disorder.’

How did GIQuest help in the diagnosis?

‘GIQuest was a valuable tool in directly screening for GI inflammation to support decision-making when considering invasive diagnostics, with the added benefit of being available to easily assess response and guide future next-steps e.g. further diet trials. It gave confidence in the decision to manage with diet and behavioural therapy alone.’

Outcome:
Plan to repeat intestinal screen bloods in 8 weeks time and repeat GIQuest at times of acute deterioration in stool quality, and to assess response to any repeat diet trials performed.

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