

## Canine Inflammatory Bowel Disease

Chronic enteropathies are a group of non-specific gastrointestinal disorders with symptoms including diarrhoea, vomiting, weight loss, borborygmus (rumbly tummy with gas), abdominal pain, and changes in appetite. Not all dogs present with the full range of symptoms, but all will have symptoms that last for longer than three weeks, which is stressful for both the dog and owner.

I can speak from personal experience about the challenges of managing a dog with this type of condition; even the smallest ingestion of something that they cannot tolerate leads to a flare with a dog who cannot rest and needs to toilet often. Owners are often left worrying as their dog drops weight dramatically and, at times, nothing seems to help.

According to published articles on the subject, it is now thought that inflammatory bowel disease, or IBD, is a complicated interplay of factors that is the most common cause of chronic diarrhoea and vomiting in dogs. (*What is Chronic Enteropathy? Canine IBD: How to Approach Challenging Cases, Zoetis 2023*)

Chronic enteropathies have three classifications:

- Food-responsive
- Antibiotic-responsive
- Immunosuppressive-responsive

Vets follow a protocol to address the symptoms and, when a dog doesn't respond to treatments, this leads to a diagnosis of IBD. In other words, the condition is a 'diagnosis of exclusion.'

Since adopting him in early 2022, my Greyhound Sox and I have been on a journey to diagnose and manage his IBD. In Sox's case, he failed to respond to antibiotics. A full course of worming was undertaken to be doubly sure that he did not have a deeply-seeded parasitic infection; racing Greyhounds have been known to carry high parasitic loads resulting from intense dog populations in the kennels and exercise yards. A faecal sample was also submitted for testing.

An ultrasound confirmed thickening of his bowel which is indication of chronic inflammation and disturbance; we ultimately repeated his ultrasound to be doubly sure that his intestines weren't folding in on themselves, a condition known as intussusception.

Blood tests showed depleted Vitamin B levels, which is not surprising when a dog is not digesting food or taking food in consistently. The blood and faecal tests also ruled out conditions such as exocrine pancreatic insufficiency and hypoadrenocorticism.



It was time for a food elimination trial. I meet so many owners who have struggled with these trials because you literally must ensure the dog only eats a specific food for at least six weeks — no

Faecal transplant introduces the prepared faecal matter of a donor dog into the patient.




treats, no sharing another dog's food, and no 'street food.' Most vets recommend a commercial hypoallergenic food such as those produced by Hill's or Royal Canin for a trial. I was diligent in feeding only the recommended dry and canned versions and, if anything, Sox's diarrhoea was more persistent, proving once again that each dog is different and that diets are not fool-proof.

I decided to move Sox to a novel protein diet, feeding a protein he was unlikely to have been fed before, along with a different gastrointestinal dog food which he seemed to tolerate better. Our vet recommended that we continue with Vitamin B supplementation orally after a course of weekly injections of Vitamin B. We also added prebiotics and probiotics to the diet.

Although we saw some improvement, Sox's stool quality was still variable and regularly soft and runny. After a paid consultation with a specialist at VSA (see my column in the May edition of *NZ Dog World* about veterinary specialists), my vet, Sara Hodgson, and I opted for faecal microbiota transplantation. Sara's Labrador met all the criteria as a donor: he had never been dosed with either steroids or antibiotics. Transplants were undertaken twice approximately six weeks apart.

The faecal transplants resulted in a marked improvement in faecal quality, but Sox was still having regular gut flares. Our next step was to introduce prednisone for immunosuppressant therapy. At time of writing, Sox is responding well and we are gradually reducing the dosage of the medication.

Managing IBD is a lifelong mission. If your dog has been struggling with this condition, I am considering setting up a support group for NZ dog owners where they can share what works for their dog and support each other in finding solutions, particularly since NZ does not have the access to products that are often mentioned in overseas support groups. Of course, such a group would be complementary to the care provided by your veterinarian. If interested, please contact me at [kathleen@balanceddog.co.nz](mailto:kathleen@balanceddog.co.nz) 

To retain the faecal matter as long as possible, the patient needs to be kept quiet; a light sedation helps with the transfer of the dog from clinic to home.