



I've been involved with Weimaraners for well over 20 years, and until a few months ago had never realized the seriousness of Irritable Bowel Disease. We all know of Weims with "sensitive stomachs" and Weims that rarely seem to produce a perfectly normal stool, and many of us keep a stock bottle of Metronizadole on hand. I've always considered these "episodes" as something that was fairly common in Weims, and so managed the episode and assumed all was well when it resolved. It never occurred to me that this malady could be the precursor of a full blown event that would prove fatal until an exceptional dog of our breeding succumbed to it. This was an 8 year old dog who came from very healthy parents; who was one of a litter of 5 robust and healthy puppies; who never had a sick a day in his life; and led an extremely active life. However, he did have more than occasional loose stools and mild GI upsets. He quite suddenly became ill and while his owner spared no effort or expense in seeking treatment, he continued to fail and ultimately was lost in 6 weeks.

I am sharing my experience with you in the hopes that if you have a Weim with a sensitive stomach or frequent bowel issues that you will seek definitive diagnosis to rule out IBD, and if needed, long term treatment/management to prevent this insidious disease from spiraling out of control.

Amy Anderson

INFLAMMATORY BOWEL DISEASE IN DOGS

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CLINICAL SIGNS

A quick description of the clinical signs of this condition will hopefully inspire the reader's curiosity to peruse this article and understand this set of diseases. They are more common than one might think.

These diseases are grouped under the term Inflammatory Bowel Disease or IBD which may present as simply as a "sensitive stomach" to a full blown fatal disease. Oft times we are not aware of the presence of this disease and pet families blame many other culprits as the cause of the "flare" or outbreak that disappears after a short period of time. Dogs present with chronic or sporadic diarrhea, frequent stools, often without urgency to defecate, mucous containing or

mucous wrapped stools, or vomiting of bile on a routine or irregular basis. Vomit or diarrhea can or cannot contain blood and can have an acute onset such as hemorrhagic gastroenteritis or HGE. A dog does not have to have diarrhea to have IBD and this should not be confused with Irritable Bowel Syndrome which resembles food intolerances. Dogs with IBD may be normal until company comes, other dogs come to visit, a trip to a dog show or field event, diet change or a tiny dietary indiscretion when suddenly these symptoms appear. Sometimes no discernible trigger can be identified. But the common thread is repeated events.

There are other clinical signs which can still be intermittent, are post

meal discomfort, a bloated look, excessive gurgling noises in the abdomen (borborygmi), inappetence, dietary indiscretion such as grass and dirt eating, fabric consumption, and excessive licking of surfaces in the home. These might include crate licking, furniture, rugs, blankets, carpet, appliances, and themselves.

GENETIC COMPONENT

Several breeds are predisposed to IBD which indicates that there is a genetic component to the disease (e.g. GSD, Rottweilers, French Bulldogs, and Yorkshire Terriers). There is also a genetic component within breeds as indicated by some lines of Weimaraners as an example. IBD is not only a disease of certain breeds. Mostly all dogs can be affected as can mixed breed dogs. The disease may appear as early as 8-10 weeks of age or as late as 12-14 years of age, making screening for this condition difficult.

WHAT ARE THESE DISEASES?

It is widely accepted that IBD may be triggered by different factors such as intestinal bacterial changes, food sensitivity or an aggravated immune response. What happens in the body is that inflammatory cells (lymphocytes and plasmacytes) accumulate in the gastric lining (stomach) and/or intestinal lining. The presence of these inflammatory cells cause irritation and damage to the delicate gastric and/or intestinal lining, eventually compromising the gastrointestinal tract's ability to function properly, either for digestion or absorption of dietary nutrients. Eosinophils, another inflammatory cell which is associated with allergic reactions may also be found in the intestine or stomach.

The severity of the disease may

be indicated by the frequency of symptoms. Mild cases may consist of intermittent diarrhea and vomiting, increasing to a refusal to eat, intractable diarrhea and subsequent weight loss and/or the development of lymphangiectasia, or other types of protein losing enteropathy (PLE). These conditions occur from several factors including gastrointestinal damage to areas where proteins are absorbed by the body. Other severe symptoms may include a thickening of the intestine with or without lymph node enlargement, and the accumulation of fluid in the abdomen (ascites). Advanced accumulation of fluid can extend to the extremities and indicates a serious condition relating to the loss of proteins in the blood associated with lymphangiectasia.

HOW ARE THEY DIAGNOSED?

Gastric and intestinal endoscopy can be used to obtain tissue samples. Alternatively, surgical, full thickness biopsies may be obtained which are then sent to a pathologist to determine the severity of the cellular infiltrate and thus the severity of the disease. Regardless of the severity of the disease at the time of diagnosis, the prognosis is usually guarded. IBD can be controlled, but not cured.

HOW TO APPROACH TREATMENT

Your first approach to this would include a trip to your regular veterinarian. There the dog is tested for parasites, and will probably be placed on a different or special diet to determine if the cause is food related. This new food is either one from a veterinary line of foods, or can be an over the counter food that contains a single, protein, unique to the dog and another ingredient or two to keep things simple. Avoid excess ingredients, fillers, dyes, and

preservatives in the food you choose. Your dog will be eating the test diet for at least 8 weeks to determine if the new food is helpful or not. There are a plethora of new diets on the commercial market that are geared toward simplicity and one protein. A protein is novel if your dog has not eaten it before. Choices now include lamb, duck, rabbit, venison, pork, goat, kangaroo, ostrich, pheasant and others. Secondly, your dog may be given a probiotic, which is a powder, capsule or paste containing live intestinal bacteria which are common to the dog. This may be effective if there is an overgrowth of bad bacteria in the intestine due to food intolerance.

HOW IS IT TREATED?

So, we have an immune system that is attacking the body. Where do they start with treatment and will it be necessary forever? The first line of defense is usually prednisone, in immunosuppressant doses. We all know the negative connotations that come with steroids, but they must be used either during period of flares or lifelong. It is usually administered at an immunosuppressive dose for two to three weeks if this is the first diagnosis of IBD. Dosages are then decreased by half every few weeks and eventually continued on an alternate day therapy for a few months. If desired response is not achieved, azathioprine (Imuran) can be added to the dosage on the alternate days that prednisone is not being used. One of two antibiotics that work on the gut bacterial populations include, metronidazole (flagyl) or tylosin (tylan) which is usually administered in conjunction with steroid therapy. Tylosin is very safe and can be used for the life of the dog. Metronidazole, on the other hand can be associated with neurological symptoms with long

term use or at high doses. Another immunosuppressant drug, cyclosporine (Atopica) is being used for IBD dogs as is budesonide, a locally acting steroid, and now other chemotherapy drugs such as chlorambucil are being used for IBD.

WORDS FROM THE AUTHOR

If your dog has not achieved remission of symptoms after food trials and a probiotic (Provable and VSL#3 are the best on the market), it is time to visit with an internal medicine specialist that is experienced with IBD. I believe strongly, that there are no rules, regular treatments, common management practices, etc. with IBD. "No guidelines exist to guide in the differentiation of causes and treatment is non-specific as clinic signs, standard blood testing or patterns of intestinal inflammation appear to have no relationship to the underlying cause." (Mansfield, Caroline S. Improving Diagnosis and Treatment of inflammatory Bowel Disease, Canine Health Foundation 2012) Every dog is different in their symptoms and response to drugs. Commonly, general practitioners do not see enough cases of IBD to become proficient in the management and care of these patients. Do not waste precious time and money going back again and again to a general practitioner while intestinal damage increases making management more difficult. The other specialist that you need to find is a nutritionist that is qualified to help you manage the long term nutritional aspect of IBD. They can help you find a commercial food that works or a home-made diet that works for your dog. As a team, you, your Internist and your nutritionist can work together to manage most cases of IBD.