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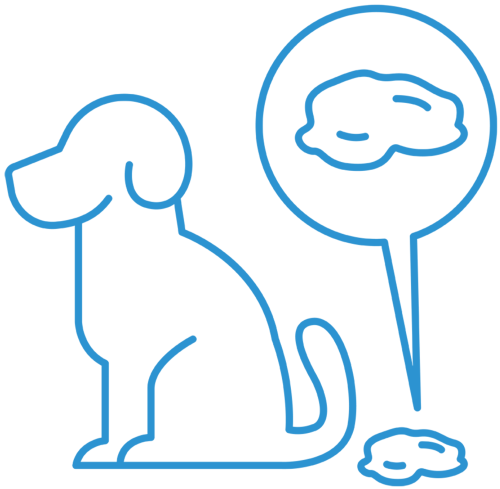

Chronic Diarrhea in Dogs

DRIP 4

April 19, 2022

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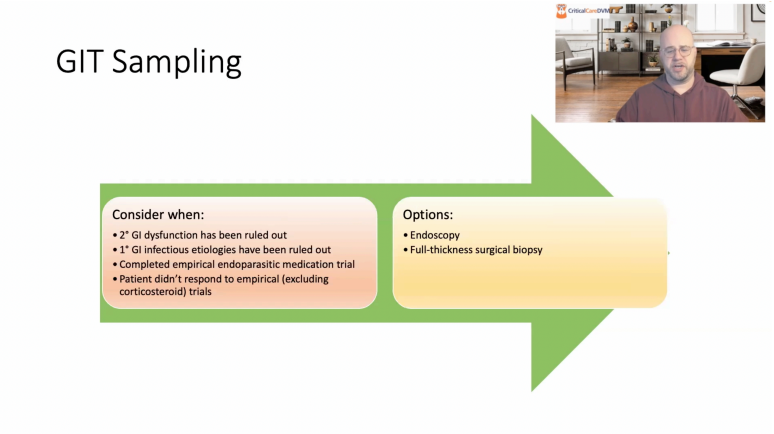
Be advised this document is here to enhance your learning experience and is a cumulative of the slides and transcript & area for your notes. You are welcome to take your notes electronically or print then use it to supplement your learning while watching the drip

AUS

- Easy to perform with proper equipment, training, & experience
- Comprehensive AUS detects variety of lesions
  - GIT, liver, GB, spleen, pancreas, LNs
- US-guided FNA and bx
- Lacks sensitivity & specificity

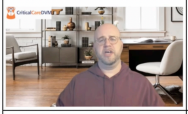
So, again, ultrasound, don't interpret my statements as pooh-poohing abdominal stenography. I just always want to be transparent about the limitations of abdominal stenography because I do think a lot of primary care colleagues, at least in my experience, have referred patients to me with chronic diarrhea with the perception that stenography is going to always reveal and pop the balloon and give us exactly the information we need. And more often than not, it doesn't. And I just want to be transparent about that.



When do I consider getting biopsies from the gastrointestinal tract? Everything reasonable on the list of secondary gastrointestinal function etiologies has been ruled out. Infectious diseases primarily affecting the GI disease have been ruled out. The patient has been appropriately dewormed. The last thing you want to do is diagnose chronic giardiasis with a duodenal aspirate sample that you perform during endoscopy. So empirically, deworm these patients.

And I do like to try to assess a patient's response to antibiotics or probiotics, fiber supplementation, especially if it's large bowel disease, or certainly dietary trials. And we'll talk more about that later on. And again, our options are endoscopy and full-thickness surgical biopsies.

Table #2: General advantages & disadvantages of esophagogastroduodenoscopy and exploratory laparotomy

	Advantages	*Disadvantages*
Esophagogastroduodenoscopy 	• Minimally invasive / Outpatient • Quick to perform • Visual inspection of stomach & proximal duodenal mucosal surfaces • Allows removal of most foreign bodies	• General anesthesia • Only samples mucosa • Small biopsy sizes • Inability to resect masses • May not be able to enter duodenum • Requires for unique equipment & training
Exploratory laparotomy	• Affords sampling of all layers of GIT • Afford extra-GIT sampling (e.g.: liver, lymph nodes, etc.) • Definitive treatment of foreign bodies & tumors	• General anesthesia • Invasive / 10-14-day recovery period • Risk of surgery • Cost • Post-operative morbidity • Expense

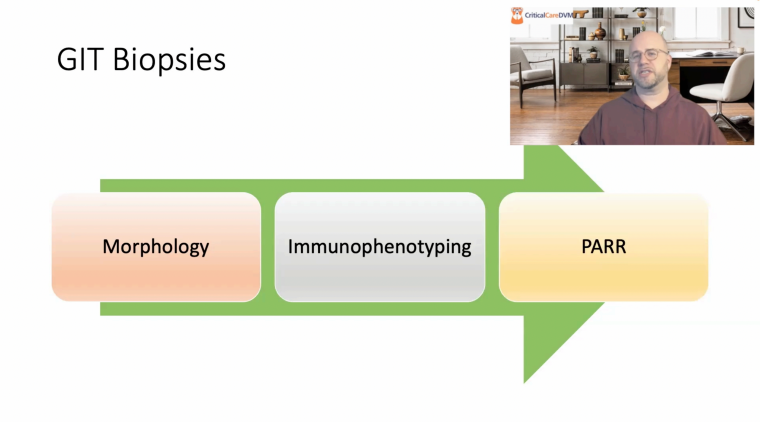
And I want you to have this chart. You've seen it before if you were in attendance in February for chronic feline diarrhea. I always want people to have at the forefront of their mind the major advantages and disadvantages for each biopsy modality so that the more you see it, the more you're familiar with it, the more you're comfortable having this conversation with pet owners.

Endoscopy

- Multiple biopsies should be taken from the stomach and proximal duodenum
- Specific lesions & major gastric regions should be sampled
- Rapid urease testing on gastric mucosal sample to screen for *Helicobacter* spp.
- Duodenal aspirate for *Giardia* spp.

When one does endoscopy, you're taking a lot of biopsies. When I'm doing an upper GI scope, I usually get 15 to 20 stomach biopsies from all the different locations plus lesions. And then I probably get 12 to 16 biopsies from the proximal duodenum as far as I can comfortably scope, which is usually to the level of the proximal duodenal flexure. When I'm biopsying the colon, its any lesions, and anywhere from 15 to 20 biopsies. So just make sure that when you are doing it, you get enough samples. The pathologists really do appreciate that.

You can do rapid urease testing that is available as a bench side test on one of your samples of gastric mucosa to screen for Helicobacter. That, and combined with likely documentation of finding spirochete-like bacteria on GI biopsies, would be consistent with helicobacteriosis. And if clinical signs align, that's when we talk about treating Helicobacter. And, ideally, you would take an aspirate for giardiasis, testing from the proximal duodenum.



Dogs are a little bit easier than our feline friends. The vast majority of the time, morphology is going to be all that is needed. But just like in our feline friends, occasionally the pathologist can't singularly use morphologic assessment, and you'll get a report back stipulating as such and to consider certain types of immunohistochemical staining for immunophenotyping or for PARR testing.

So what that means for you is it should frame your conversation with the owner. And we say, we're going to wait for the initial biopsy report. And depending on what the pathologist tells us, we may need to do additional testing. That's why I just want to be upfront with you while we're in this waiting period.

Clients tend to appreciate that more. And on the rare occasion with a dog, where you have to say, yeah, we really need that IHC panel, they've heard it before, and so they don't feel like you're potentially taking them for a ride. Obviously we know you're not, but I like to plant proverbial seeds and open proverbial doors as much as possible so there's less of a shock. That's my approach to communication with these types of things.