Chronic Enteropathy refers to long-term inflammatory disorders of a dog's gastrointestinal tract, identified by persistent clinical signs lasting over 3 weeks, with other non-GI causes excluded.

Food-responsive enteropathies are identified as the most prevalent, accounting for 50 to 65% of cases in dogs.

INTESTINAL ULTRACARE LOW FAT

Based on a study at **Cornell University College of Veterinary Medicine**, Farmina formulated a new diet that specifically addresses Chronic Enteropathies.

INDICATIONS OF USE

Canine chronic enteropathy
Reduction of intestinal absorptive disorders
Compensation for maldigestion
Exocrine pancreatic insufficiency (EPI)

1.5 kg - 10 kg

- Hydrolyzed fish protein as a sole protein source
- Limited ingredient diet
- With prebiotics, FOS, MOS
- Lower fat content from fish oil
- Highly digestible
- Vitamins and electrolyte integration
- Cobalamin and folate integration

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*Total value calculated on a yearly plan of 12 bags of Vet Life Intestinal UltraCare 10kg which participated to Genius Reward getting 1 bag for free.

Item	Indications			
Gastrointestinal Puppy	Acute intestinal absorption disorders	Acute and chronic diarrhea	Convalescence	Growth disorders
Gastrointestinal	Acute intestinal absorption disorders	Acute and chronic diarrhea	Convalescence	Exocrine Pancreatic Insufficiency (EPI)
Hepatic	Chronic hepatic insufficiency	Portosystemic shunts	Copper toxicosis	

Item	Indications
Quinoa Digestion	for dogs and cats with intestinal sensitivities

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DIETARY MANAGEMENT OF CHRONIC ENTEROPATHIES IN DOGS

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Choosing quality over quantity: assessing the impact of limited ingredient diets in canine CE

A Novel Dietary Approach to Chronic Enteropathy Management

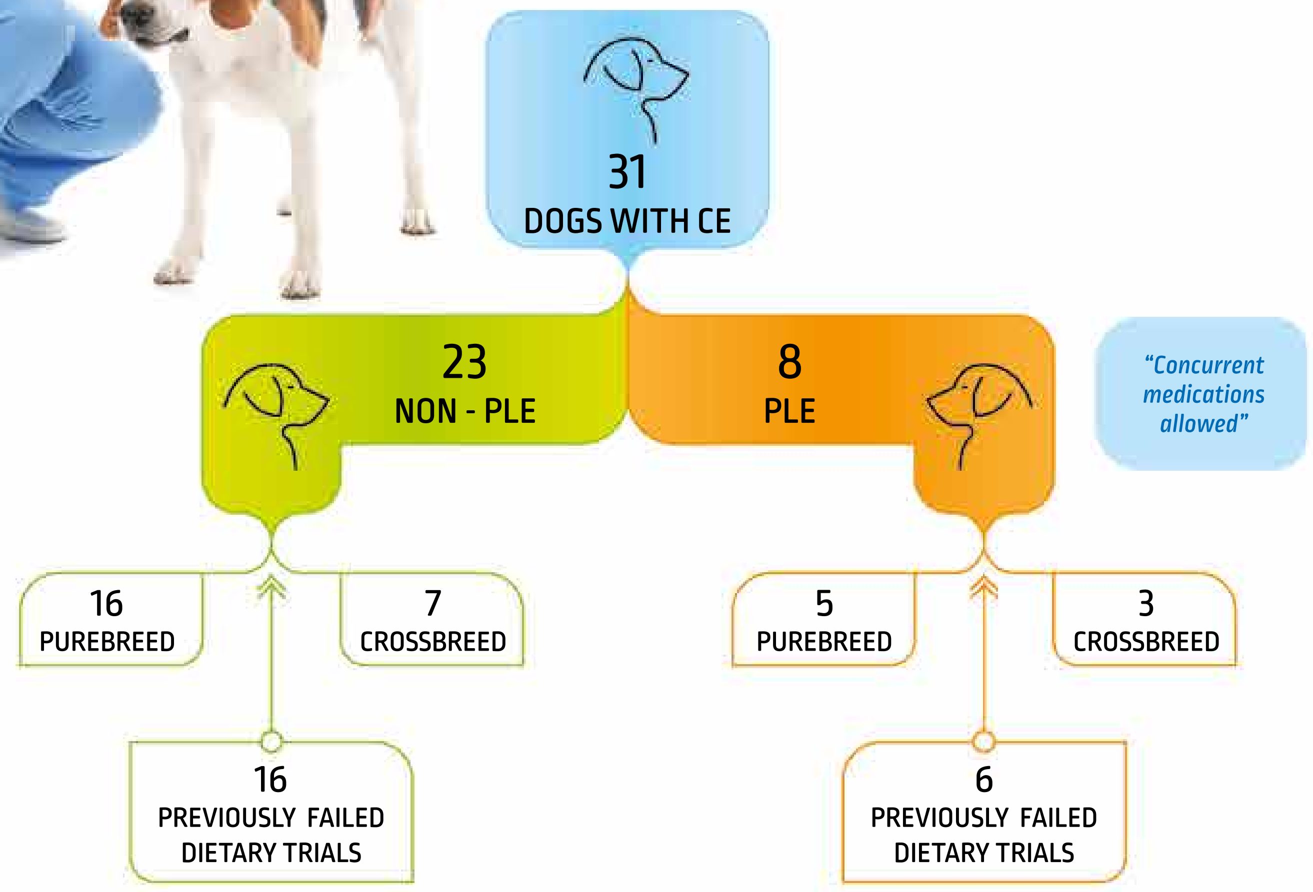
Chronic enteropathy diagnosis

Chronic enteropathy is defined by:

- The presence of clinical signs of gastrointestinal disease for >3 weeks.
- Diagnostic evaluation consisted of history, physical examination, CBC, biochemistry profile, baseline serum cortisol concentration, urinalysis, fecal examination, and serum cobalamin, and folate concentrations.
- Abdominal ultrasonography, endoscopy, intestinal biopsy, and measurement of trypsin-like immunoreactivity, performed at the discretion of the attending clinician.

Recruitment

Client-owned dogs diagnosed with chronic enteropathy (CE) at the Cornell University Hospital for Animals.

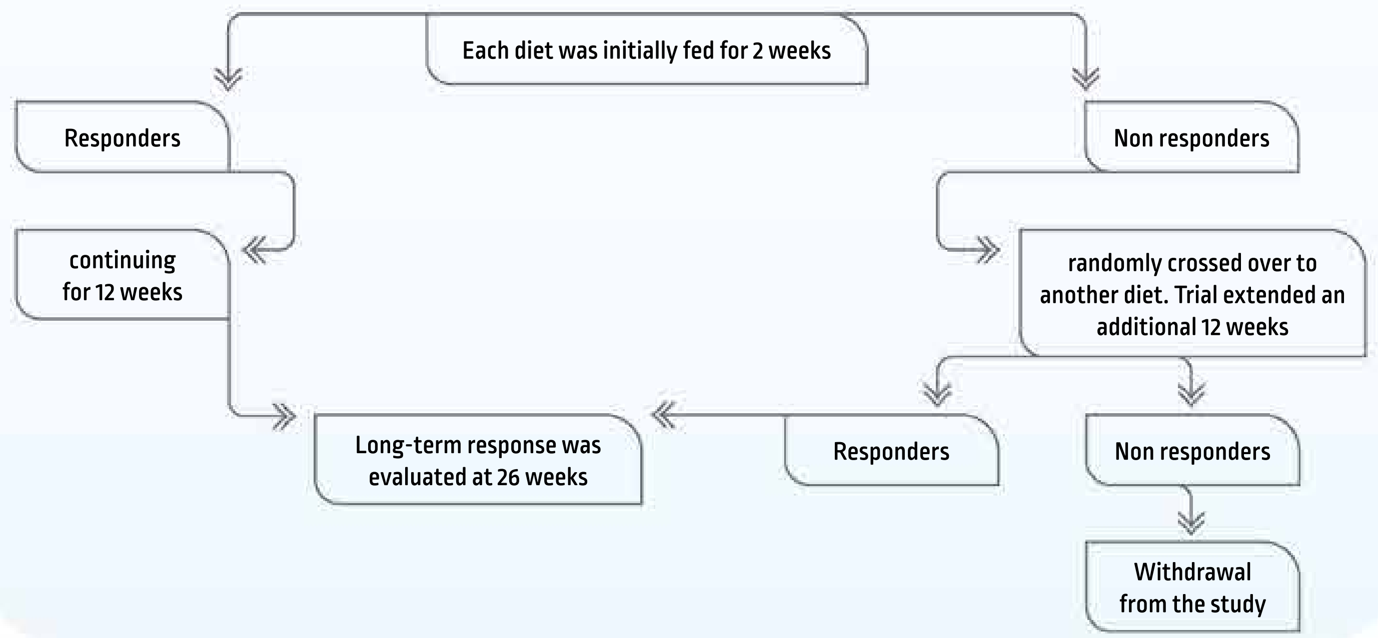


No differences in the age, sex, Canine Chronic Enteropathy Clinical Activity Index (CCECAI), or serum concentrations of cobalamin and folate among groups at the time of enrollment.

HF
Hydrolyzed fish protein, fish oil, refined rice starch

HF +
Same composition of HF with added prebiotics, turmeric and B-vitamins

CONTROL DIET
Limited ingredient maintenance diet: isocaloric and balanced



Owners provided weekly feedback up to week 12, with long-term follow up at 26 week. Parameters evaluated were: CCECAI score, Fecal score, Serum cobalamin, Serum folate

Clinical response to diet

The response was evaluated after 2 WKS of feeding and determined by clinical improvement.

NON-PLE DOGS GROUP

DIET	HF n = 7	HF + n = 9	CONTROL n = 7
RESPONSE			
to initial diet (12 wks)	7/7 3	6/9 1	6/7
to final diet (12 wks)	10/10	7/10	6/7
sustained (26 wks)	7/7	7/7	4/4

Five dogs were lost to follow-up for various reasons:

- 2 dogs were euthanized due to non-gastrointestinal diseases.
- 1 dog was re-homed.
- 1 dog: lost owners contacts
- 1 dog had behavior issues.

Diet as monotherapy was associated with marked decreases in CCECAI and fecal scores.

PLE dogs group

One of the two subjects was withdrawn for inappetence 3 weeks after the crossing over.

DIET	HF n =5	HF n = 3
RESPONSE		
to initial diet (12 wks)	5/5 2	1/3
to final diet (12 wks)	6/7	1/3
sustained (26 wks)	6/6	1/1

Serum analysis

Serum cobalamin

No significant baseline difference

Higher at 12 wks than baseline

Maintained by diet

Group	Diet	N	Serum cobalamin (pg/ml) Baseline	12 weeks*	Delta
Non-PLE	Control	6	565 (149-1176)	688 (554-1001)	177 (611 to 852)
	HF	7	275 (183-1001)	473 (251-1373)	74 (386 to 789)
	HF +	9	619 (237-969)	853 (669-1908)**	335 (83 to 1640)

Note: Data shown as median (range). Delta = 12 weeks-baseline. *P < .05 12 weeks vs baseline.**P < .05 vs HF at 12 weeks.

Serum folate

Within the normal range at baseline in all but 2 dogs

Significantly lower at 6 wks than baseline

Restored by the enriched diets

Group	Diet batch A	N	Folate (pg/ml) Baseline	Post-diet A*
Non-PLE	Control	5	14.9 (8.67-21.9)	4.29 (2.98-5.14)
	HF	5	7.53 (4.85-19.2)	3.17 (2.22-6.47)
	HF +	4	13.15 (6.9-17.9)	6.5 (2.7-11.9)
PLE	HF	4	10.35 (8.47-12.5)	4.67 (2.96-8.69)
	HF +	0	NA	NA
Group	Diet batch B		Folate (pg/ml)	
		N	Baseline	12 weeks diet B
Non-PLE	Control	1	11.2 (11.2-11.2)	13.8 (13.8-13.8)
	HF	2	10.62 (6.33-14.9)	19 (13-25)
	HF +	6	13.45 (6.55-23.2)	15.25 (11.9-20.7)
PLE	HF	0	NA	NA
	HF +	1	24 (24-24)	6.85 (6.85-6.85)

Note: Data shown as median (range). Diet batch A: Folic acid 0.3 mg/kg (control) and 0.45 mg/kg (HF, HF+); Diet batch B: Folic acid 5 mg/kg (control, HF, HF+).
*P < .05 vs baseline for all diets.

Conclusions

- Long-term clinical remission can be achieved in dogs with CE and a subset of those with PLE by transitioning to a limited ingredient diet.
- The response seems to be more related to the ingredient restriction rather than targeting immunogenic antigens.
- Higher inclusion of B-vitamins in the diet can effectively increase and normalize serum concentrations of cobalamin and folate in dogs with CE.
- Fish-based hydrolyzed diets have shown promise in supporting clinical recovery and remission in dogs with PLE.