



Veterinary Surgeon: *David Grant*

Name: *Judy*

Breed: *Jack Russell Terrier*

Sex: *Female*

Original Complaint: *Pruritis*

THE ALLERGY DETECTIVE CASE FILES

JUDY THE JACK RUSSELL

HISTORY

Judy, a rescue dog, had only been with her new owners for a few weeks when they brought her to vet David Grant with pruritis on her axillae, hindlegs, eyes and ears.

A dermatological examination revealed marked periocular hyperpigmentation, right axilla lichenification, chronic otitis externa, mild pedal pyoderma, positive pinnal reflex and bacterial lesions on the ventral abdomen.



David Grant BVetMed MRCVS



ACTION

Initially David tested for mites, Malassezia and fleas. A positive result was returned for Malassezia and topical and systemic therapy commenced to treat this successfully.

Further treatments administered included antibiotics, medicated shampoo and selamectin. A six week food trial was also initiated feeding a hypoallergenic food (Hill's ultra light zd).

After 4 months Judy's condition had not significantly improved. She was placed on cyclosporine and a blood sample was sent to Avacta Animal Health for a **SENSITEST®** Environmental Allergy Test.

RESULT

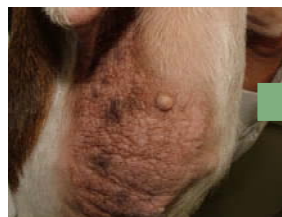
In July, 5 months after first visiting David, Judy's symptoms began to improve. The results of her Allergy Test indicate that the environmental allergens that may affect her are those that are seasonal, with levels peaking between February to September.

Looking forwards, if Judy relapses next year when her positive environmental allergens peak then David may consider immunotherapy (desensitisation vaccines).

Before



After



CASE PENDING

THE ALLERGY DETECTIVE CASE FILES

JUDY THE JACK RUSSELL

CASE NOTES



Veterinary Surgeon: David Grant BVetMed MRCVS
Name: Judy the Jack Russell
Breed: JRT
Sex: Female

RELEVANT HISTORY-first examination 9.1.07

Been in possession a few weeks only-rescued.
Current owner is the third
Previously treated for FAD
Dog is well and fed on Iams + a little meat
Owner first noticed pruritus, especially axillae, hind legs, eyes and ears.
Pruritus score 5/10
Started flea control (selamectin) 2 weeks ago

DERMATOLOGICAL EXAMINATION

Marked periocular hyperpigmentation
Right axilla lichenification
Chronic otitis externa
Mild pedal pyoderma
Positive pinna reflex
Bacterial lesions ventral abdomen

INITIAL DIAGNOSTIC TESTS PERFORMED

Multiple skin scrapings - negative for mites
Tape strips-positive for *Malassezia*
Coat brushings and combing -negative fleas
Therapeutic plan -control secondary pyoderma and *Malassezia* with topical and systemic therapy.
Continue with selamectin. Treatment for eyes and ears topically

SECOND EXAMINATION 9/2/07

Ears very much better
Some improvement eyes
Less lichenification in axilla
Pruritus score marginally better 4/10
Dog settles more easily at night
No change in treatment

THIRD EXAMINATION 28/3/07

Dog has had 7 weeks of antibiotic, 3 x times weekly shampoos
Selamectin x 3(properly applied)
Lichenification improving but pruritus score back to 5/10
No evidence bacterial lesions
No *Malassezia* detected on tape strips

FURTHER INVESTIGATION

A food trial with Hill's ultra light z/d was started-initially aiming for six weeks
Antibiotics were stopped
Topical treatment of lesions was continued three times weekly
Axilla lesion was covered with a vest at night to stop self trauma

FOURTH EXAMINATION 2/5/07

Slow improvement in axilla lesion
No improvement ocular lesions
Ears remain in remission
Pruritus score has increased to 6/10
Most likely diagnosis is Atopy
However diet continued for 2 weeks more

FIFTH EXAMINATION 16/5/07

No change
Serological testing-correlation with history + possible vaccination
Control of symptoms with one of or combinations of essential fatty acids, antihistamines chinese herbal medicine, cyclosporine, glucocorticoids etc
Blood taken for IgE measurement (SENSITEST® Environmental Allergy Test).
While awaiting results dog started on cyclosporine
The results were positive for: Grass pollens-Red top, Sweet vernal,
Tree pollens-Hazel,Hawthorn, Weed Pollen-Mugwort
Suggested seasonality from February to September

SIXTH EXAMINATION-6/6/07

Considerable improvement
Pruritus score 2/10-negligible
Lichenification very much improved

PROPOSED OPTIONS FOR JUDY

According to serological results we might expect natural remission in the autumn.
Aim is to achieve very good control with cyclosporine and taper off treatment in the autumn and see if remission without drugs

Options would then be:-

Immunotherapy vaccination to attempt prevention of relapse
Control symptoms during season.
SENSITEST® Food Allergy Test