



Example Report **Consulting**



Clinical
Support
Services

WRITTEN ADVICE: INTERNAL MEDICINE

Owner: Jones

Patient: Bella

Species: Canine

Sex: Female Neutered

Age: 10 years (29/Oct/2014)

Weight: 7.9 kg

Reference: TELE-29272

Date: 30-October-2024

Referring Veterinarian: Grace Smith

Referring Practice: Robinson Clinic

Patient ID: Bella F

Dear Grace Phillips,

Thank you for requesting advice from the Teleconsulting team about Bella

We hope you find the summary of our advice helpful to support your management of this case. If you have any further questions or updates on Bella you can add these via the consult chat on the platform/app.

Clinical History

Ongoing diabetes since 2019 - was on Caninsulin BID but then became unstable. Switched to Prozinc recently on 8 IU SID - still uncontrolled. Owner reports weight loss, PU/PD mainly at night. Fed BID 7:30am and 6:30pm, insulin given in the am.

Questions to be answered

Not as familiar with Prozinc. How much should I increase the dose? Is there anything else we should be doing? I'm considering adding in Librela for osteoarthritis - is this okay?

Case Review

Laboratory diagnostics

Urinalysis: 29th October - Glucose 4+, USG 1.039, on 8 IU currently

17th October - Glucose 4+, Fructosamine 524, increased to 8 IU SID

16th September - started 7 IU Prozinc, nadir 14 (1 week after starting Prozinc)

Bloods today - Glucose 25.69 (3.89-7.95), creat 36 (44-159), ALP 254 (23-212), chol 4.26 (2.84-8.26)

Haem - within normal limits

Problem List / Working Diagnosis

Problem list

Diabetes since 2019; initially caninsulin. Now on Prozinc 8IU SID AM

1. Weight loss
2. PU/PD esp at night
3. Fed 7.30am 6.30 pm

Case Summary

Answers to questions

1. Not as familiar with Prozinc. How much should I increase the dose?
2. Is there anything else we should be doing?
3. I'm considering adding in Librela for osteoarthritis - is this okay?

1. Since changing from caninsulin, owners feels thirst/urination are more obvious, especially overnight. On Caninsulin glucose curves were not great. Prozinc can be used SID due to relatively long half life, but in some patients BID is needed due to duration of action. It tends to have longer duration in dogs, so often SID is acceptable. As discussed if we can apply Freestyle Libre we might get more information about duration of action to inform if we consider changing to twice daily or back to caninsulin.

Prozinc

Starting dose is 0.25-0.5 IU/kg q 12hrs or 0.5-1.0 IU/kg SC q 24hrs

Dose adjustments 0.5-1IU per injection.

Current weight is 7.9kg so you are now on approximately 1IU/kg/24hrs

I have suggested increasing to 8.5 IU SID whilst investigating the libre.

ALP elevation is within realms of unstable diabetes. Low creatinine reflects low body condition.

2. Ideally I would place a Freestyle Libre to gain more information about response to Prozinc and to inform if it would be valid to consider twice daily if duration of action seems short.

We also discussed there are no clear signs of insulin resistance on recent mini curve and at the moment the unstable diabetes is likely driving the clinical signs, but if you see ongoing weight loss with good glycaemic control I would consider checking B12/folate/TLI/PLI in case we have concurrent malabsorption.

3. Use of Librela for osteoarthritis should be fine.

As discussed, we're happy to provide ongoing case support for complex cases like Bella. Please let us know how she gets on and feel free to ask any further questions.

Specialist:

Kate Murphy BVSc(Hons) DSAM DipECVIM-CA FRCVS PGCert(HE)

EBVS® European Veterinary Specialist in Small Animal Internal Medicine & RCVS Specialist in Small Animal Medicine

Head of Teleconsulting Clinical Services

This advice is based on the available history and information provided and not on a physical examination of the patient. It must therefore only be interpreted by the veterinarian responsible for the care of this patient.