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Fecal microbiota transplantation as a multimodal approach for protein-losing enteropathy in two dogs: case reports with rapid albumin normalization

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Keywords: Protein-losing enteropathy (PLE), Chronic enteropathies, Fecal microbiota transplantation (FMT), Gut dysbiosis, Hypoalbuminaemia, Multimodal therapy.

Introduction: Protein-losing enteropathy (PLE) in dogs is characterized by excessive intestinal protein loss, resulting in hypoalbuminaemia and, in severe cases, ascites or peripheral oedema (Peterson & Willard 2003). Standard therapy includes dietary management and immunosuppressive drugs such as corticosteroids, but responses are often incomplete or relapses occur frequently (Salavati Schmitz et al. 2019). Fecal microbiota transplantation (FMT) has recently emerged as a promising adjunctive therapy in canine chronic enteropathies, aiming to restore gut microbial balance and improve mucosal health (Pérez-Accino et al. 2025). Here, we present two canine PLE cases, both previously managed with prolonged immunosuppressive and dietary therapy (duration of pretreatment: 4 and 8 months), in which a multimodal approach including FMT led to rapid and sustained normalization of serum albumin-exceeding levels achieved with conventional therapy alone.

Case Reports: Patient 1, an 11 years and 10 months old male Jack Russell Terrier, was diagnosed with steroid-responsive PLE and ascites. Initial pretreatment consisted of prednisolone and a low-fat hypoallergenic diet for 4 months. Despite clinical improvement, serum albumin remained low (initial value: 1.2 g/dl; after pre-

treatment: 2.5 g/dl). Only after FMT albumin did rapidly rise to 3.0 g/dl, the highest value during the disease course.

Patient 2, a 5 years and 7 months old neutered male Fox Terrier, received a combination of hypoallergenic diet, prednisolone, cyclosporine, and probiotics for 8 months. Serum albumin remained reduced despite therapy (initial value: 1.41 g/dl; after pretreatment: 1.84 g/dl). After FMT, albumin normalized rapidly to 2.15 g/dl, which was not previously achieved.

Discussion: These case reports highlight the potential role of FMT as part of a multimodal therapeutic approach in treatment-refractory PLE. Notably, in both dogs, the highest recorded serum albumin values were documented shortly after FMT, which was not possible with prior steroid and dietary therapy alone. Previous studies have shown that FMT in canine chronic inflammatory enteropathies can increase microbial diversity and improve clinical parameters (Pérez-Accino et al. 2025). The present cases suggest that FMT may positively influence not only stool consistency but also systemic parameters such as albumin. Controlled studies are needed to evaluate the optimal integration of FMT into multimodal treatment strategies for PLE.

References

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