

The complaint

Mr C's complaint is about the refusal of claims made under his pet insurance policy with Casualty & General Insurance Company (Europe) Ltd ("C & G").

What happened

In August 2023, Mr C's dog underwent tests and treatment for a lump under its jaw. The lump was removed surgically on 7 August 2023 and it was diagnosed as lymphadenitis. Mr C made a claim under the policy for the costs of the treatment. C & G accepted the claim. The costs were more than the policy limit, so C & G paid the policy limit in settlement of the claim.

Mr C says that following the surgery to remove the lump, his dog did not improve and it developed neurological problems, including an altered gait and a head tilt. Mr C took his dog to the vet who said it was showing signs of sepsis and was hospitalised and treated. Mr C submitted a claim for the costs of this treatment but C & G said it was a continuation of the first claim and, as it had already paid the policy limit for the first claim, there was no further payment due.

Mr C's dog continued to be unwell and in early September 2023 showed signs of pancreatitis and gastroenteritis. As the dog was so unwell, Mr C was advised to euthanise it. Mr C made a third claim for the costs of that treatment, which was also refused on the same basis that it was a continuation of the first claim and the policy had already paid out the policy limit.

Mr C is very unhappy with this. He says C & G is trying everything it can to avoid paying the claims. He says his dog had three separate and distinct conditions. Mr C says that it is common sense that the surgical removal of a mass in the dog's neck cannot be linked to neurological symptoms and suspected sepsis, so the second claim should be met. He has also provided a letter from one of the treating vets stating that pancreatitis and haemorrhagic gastroenteritis are not linked to lymphadenitis, so the third claim should also be met based on this.

C & G referred the matter to an independent vet to review. This vet said that the dog likely had an ongoing inflammatory / immune-mediated lymphadenitis and it is very unlikely that this abnormal immune response was not the reason for the multiple problems that co-existed over the short treatment period between 2 August 2023 and 18 September 2023. C & G therefore maintained its position that the issues that Mr C's dog suffered were all linked to the first claim and does not agree that there are three separate claims.

Mr C remained unhappy with C & G's response and so referred his complaint to us.

One of our Investigators looked into the matter. He did not recommend the complaint be upheld, as he considered there was not enough evidence that there were three separate conditions.

Mr C does not accept the Investigator's assessment. He provided a further letter from the treating vet in support of his claim and complaint, which says again that she considers the "*presumed immune-mediated lymphadenitis*" to be a separate condition from the "*haemorrhagic gastroenteritis and pancreatitis*".

The Investigator provided this report to C & G and it had the matter reviewed again by an independent vet who also provided another report, which said "*it is very unlikely that the presumed immune-mediated lymphadenitis and haemorrhagic gastroenteritis with pancreatitis are two separate unrelated conditions*".

The Investigator remained of the opinion that C & G was entitled to rely on its expert's report and refuse the second and third claims. As the Investigator was unable to resolve the complaint, it has been passed to me.

Mr C has made a number of points in relation to the initial complaint and in response to the assessment. I have considered everything he has said but have summarised his main points below:

- There was no diagnosis of a widespread inflammatory syndrome, it was only a possibility, so there is no definitive link between the confirmed diagnosis of haemorrhagic gastroenteritis and pancreatitis and a possible diagnosis of inflammatory syndrome.
- In any case, even if the dog had a more widespread inflammatory syndrome, it does not mean that it would inevitably lead to pancreatitis and haemorrhagic gastroenteritis. These are two separate conditions with different presentations.
- The dog had two ultrasound scans of the abdomen at the specialist hospital. The first report showed gastrointestinal lymphadenopathy as well as the second. Therefore, it is not reasonable to say that the lymphadenopathy mentioned on the second report is enough to link to the pancreatitis and haemorrhagic gastroenteritis, which again are two separate problems.
- C & G has only really referred to the third claim and there has been no proper consideration of the second claim.
- A detailed letter has been provided by the treating vet on why the conditions for the third claim are not linked. As this is from the treating vet, this should carry more weight than the opinion from C & G's vet, who never saw his dog and only reviewed the letters and documents provided to them.
- There was a discrepancy identified between the two vet reports provided by C & G, which should highlight their inaccuracy because they had never treated his dog.
- It is not appropriate to make a decision on this complaint on whether C & G's vet reports have been written more persuasively. The decision should be entirely based on clinical evidence and whether it can be definitively proven that the problems in these claims were linked, which it can't, and so this should automatically mean that the claims should be paid out.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Policy cover

Mr C's policy provided cover for vet treatment with an annual limit of £2,000 per condition. The policy says:

*"What you are covered for
We pay up to the Annual Benefit Limit as specified in your Certificate of Insurance for costs of treatment recommended and administered by a vet, for your pet, as a result of an illness or injury..."*

"When applying the excess and the terms of this policy, any treatment for a related condition will be considered as one condition (related condition), regardless of when the treatment occurred."

"Condition" is defined in the policy as being:

"an illness or injury or any symptoms or clinical signs of an illness or injury affecting your pet".

The policy also says that a *"Related condition Means a condition that is either a recurring illness and/or injury or lump; or related to a previous illness and/or injury or lump; or caused by a previous illness and/or injury or lump. When applying the excess and the terms of this policy, any treatment for a related condition will be considered as one condition, regardless of when the treatment occurred."*

Mr C made three claims, the first for treatment between 2 and 8 August 2023, the second for treatment between 21 August and 1 September 2023 and the third for treatment between 11 and 18 September 2023.

Mr C says that C & G has not definitively proven that the problems in these claims were linked, so this should automatically mean that the claims should be paid. However, it is for a claimant to prove his claim, which means the burden is on Mr C to prove that, it is more likely than not, the claims were *not* linked. Which means he has to establish it is more likely than not that the dog suffered from three entirely separate and distinct conditions within this period of time. I do not think he has been able to do so and I will explain why.

Are the claims linked?

I have read the treating vet's letter after the claims were refused. The vet wrote on 24 October 2023:

*"Previous diagnosis: Lymphadenitis
Diagnosis leading to euthanasia: pancreatitis with haemorrhagic gastroenteritis and subsequent development of sepsis.*

I have been asked to clarify ... [the dog's] diagnosed conditions. ...[It] had been diagnosed previously with an inflammatory / immune-mediated lymphadenitis for which ...[it] was receiving immuno-modulatory therapy.

However, on 17th September, ...[it] presented as an emergency with clinical signs consistent with haemorrhagic gastroenteritis and diagnostic findings confirming this and also demonstrating a pancreatitis. These conditions led to clinical deterioration with likely development of sepsis. Pancreatitis and haemorrhagic gastroenteritis are not linked to the previously diagnosed immune-mediated lymphadenitis."

In March 2024, the treating vet also wrote that the dog was seen on 16 September 2023

"with diarrhoea which had become haemorrhagic with associated vomiting. Abdominal ultrasound scan at this stage showed distinct changes with inflammatory change within the pancreas and the whole of the gastrointestinal tract, i.e. an acute inflammatory gastroenteritis with associated pancreatitis, bearing no relation to the previously diagnosed immune-mediated lymphadenitis.

We see many dogs with pancreatitis and gastroenteritis. They do not tend to present initially with swellings in the neck. Conversely, we do see a limited number of immune-mediated or inflammatory lymphadenitis cases and these do not show progression to haemorrhagic gastroenteritis with pancreatitis and therefore I find it difficult to see how a link between the two conditions can be made."

Mr C says that as this is from the treating vet, it should be accepted as definitive that the first and third claims are not linked. He also says that common sense should dictate that the second claim, for neurological issues and sepsis cannot be linked to the first claim either.

However, I have to consider all the evidence available, including the contemporaneous notes and documents and the evidence provided by C & G's vet. Having done so, I do not think there is convincing evidence that there were clear diagnoses of separate conditions during the treatment stages. I will explain why.

In August 2023, Mr C's dog had been diagnosed with inflammatory lymphadenitis and was undergoing immunosuppressive therapy. After the surgical removal of one mass under its jaw, Mr C returned not long afterwards as there were several new masses.

I have read the letter from one of the treating vets dated 29 August 2023, which says the dog had been presented again as it had several new masses, including in the region of two lymph nodes and developed a head tilt. It was planned to do another biopsy and an MRI but when the dog was assessed for anaesthesia, it was thought it had sepsis and it would be unsafe to anaesthetise it. The dog was admitted and while in hospital had a biopsy of the new masses and an ultrasound which found masses in abdomen as well. The letter also says the dog *"has posed to be a very challenging case and a definitive diagnosis remains elusive"*.

On 2 September 2023, the vet wrote a discharge letter which said that neoplasia or an inflammatory disease were considered possible and *"inflammatory lymphadenitis remains a possibility as part of a more widespread inflammatory syndrome such as systemic lupus erythematosus which can involve the central nervous system"*. He also said the prognosis was poor.

The reason for attending the vets again was development of further masses, similar to the one treated under the first claim, as well as some new neurological symptoms. I have not seen any evidence that sepsis (unrelated to the recent surgery) or a neurological condition were diagnosed as a separate, stand-alone, conditions. I do not therefore consider that Mr C has established that the treatment included in the second claim was for a new condition.

On 17 September 2023, the dog was admitted as an emergency with haemorrhagic gastroenteritis and suspected pancreatitis. And the scan report done the next day says:

"The lymphadenopathy is compatible with the previously diagnosed lymphadenitis, and the intestinal changes indicative of concomitant severe gastroenteritis... Additional pancreatic abnormalities ... possible degenerative changes and/or small foci or cortical calcification secondary to steroid treatment. Hepatic changes

differentials include steroid/vacuolar/fatty hepatopathy, reactive hepatopathy secondary to GIT disease/pancreatitis.”

It seems to me that the use of the word "concomitant" suggests the gastroenteritis was considered at that stage to possibly be linked to the lymphadenopathy and lymphadenitis.

On 20 September 2023, one of the treating vets wrote:

*“Diagnosis: Lymphadenitis
Presenting complaints: Haemorrhagic gastroenteritis with likely pancreatitis”.*

While I cannot be certain, this also suggests the vets were considering the dog under the one diagnosis of lymphadenitis.

The treating vet's letter of 14 March 2024 also says that she is writing in support of the claim that the dog had two separate conditions – presumed immune-mediated lymphadenitis and haemorrhagic gastroenteritis with pancreatitis. (This again does not support Mr C's assertion that the second claim was for separate conditions.)

The 14 March 2024 letter also says:

“We see many dogs with pancreatitis and gastroenteritis. They do not tend to present initially with swellings in the neck. Conversely, we do see a limited number of immune-mediated or inflammatory lymphadenitis cases and these do not show progression to haemorrhagic gastroenteritis with pancreatitis and therefore I find it difficult to see how a link between the two conditions can be made.”

I do not think this establishes that the conditions cannot be linked.

Mr C says that the dog had multiple conditions existing at the same time but acknowledges the treating vets could not make a "confirmed diagnosis for her, other than the final diagnosis of pancreatitis and haemorrhagic gastroenteritis".

I have also considered the reports provided by C & G. The first report provided by C & G's vet says:

“Conclusion: As the non-treating vet based on the information presented to me, I can conclude that it is very unlikely that the clinical symptoms that were being investigated and for which... [the dog] was being treated for throughout August and September to the day she was euthanized on 18/09/2023 were not caused by the same underlying condition, namely an immune mediated disorder which likely in this case is predominantly immune-mediated lymphadenitis.”

Mr C highlights that the first vet report from C & G referred to cytology being done at the time of diagnosis of the gastroenteritis but it is agreed this was not done then. I do not think this changes anything or means the reports obtained by C & G are not reliable.

C & G's second vet report says gastro-intestinal symptoms had already been presenting when the dog was first seen, which accompanied the suspected lymphadenopathy in August 2023, so it is "naïve to assume that the condition for which... [the dog] required ongoing treatment that is known to be a condition that not only affects one organ but multiple will not play a role in ... [the dog's] presentation on 16/09/23 and that this is an entirely new condition ... It is well known that an autoimmune disease can affect multiple organs and systems in the body, including the gastrointestinal tract. While conditions such as SLE primarily targets the immune system, autoimmune conditions can indirectly lead to

complications involving the pancreas and gastrointestinal (GI) symptoms, including pancreatitis and gastroenteritis. Pancreatitis is a well-known side effect from immune mediated inflammatory reaction.”

The vet also says that just because the treating vet has not seen links between the two conditions, doesn't mean it is not possible and that some medications (such as corticosteroids or immunosuppressants that the dog was on, can increase the risk of pancreatitis as a side effect as well as haemorrhagic gastroenteritis. And *“it's highly improbable that ... [the dog] would develop an additional separate medical issue such as HGE [haemorrhagic gastroenteritis] with pancreatitis whilst receiving ongoing treatment for her immune-mediated inflammatory condition, which predisposes ... to such complications”*.

It is of course difficult for me to be certain but while I acknowledge that different unrelated conditions can exist at the same time, it is difficult to put aside the fact that there was rapid onset of all these symptoms within a matter of weeks. I find C & G's vet's opinion persuasive that it is unlikely that three serious separate illnesses would manifest within this time. The reports have explained why the symptoms could have developed in the way they did and that they are likely linked to the condition treated under the first claim. While C & G's vet did not treat Mr C's dog, they are suitably qualified to review the medical notes and provide an opinion. The new masses, neurological symptoms, symptoms of sepsis, and the gastroenteritis and pancreatitis may have been new presentations but there is no conclusive evidence they were not all linked.

Having considered all the evidence provided to me carefully, I am not persuaded that it is more likely than not that the claims were for three separate conditions and therefore I do not consider C & G needs to meet the second and third claims. Therefore despite my natural sympathy for Mr C's position, I do not consider the complaint should be upheld.

My final decision

I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr C to accept or reject my decision before 8 July 2024.

Harriet McCarthy
Ombudsman