

The complaint

Mr R complains that Covea Insurance plc turned down his pet insurance claim.

Any reference to Covea includes the actions of its agents.

What happened

In February 2017, Mr R took out a pet insurance policy with Covea. The policy provides cover for his dog.

In early 2023, Mr R's dog was diagnosed with protein-losing enteropathy secondary to inflammatory bowel disease. I understand Mr R submitted claims relating to these conditions, which Covea accepted.

However, after Mr R submitted a further claim later that year, Covea concluded that the conditions were related to the dog's allergic disorder that predated the start of the policy. It turned down the claim on the basis that the conditions were pre-existing and therefore not covered. Unhappy with this, Mr R brought a complaint to this Service.

Our investigator didn't recommend the complaint be upheld. He thought it hadn't been unreasonable for Covea to conclude that Mr R's dog had suffered from unmanaged dietary allergies since before the policy had started, which had led to his conditions.

Mr R didn't accept our investigator's findings, and so the matter has been passed to me for a decision.

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.

The policy says Covea won't cover the cost of any treatment for a pre-existing condition. This is defined in the policy as:

- *An injury that happened or an illness that first showed clinical signs before your pet's cover started, or*
- *An injury or illness that is the same as, or has the same diagnosis or clinical signs as an injury, illness or clinical sign your pet had before its cover started, or*
- *An injury or illness that is caused by, relates to, or results from, an injury, incident, illness or clinical sign your pet had before its cover started. No matter where the injury, illness or clinical signs are noticed or happen in, or on, your pet's body...*

Covea says Mr R's dog's protein-losing enteropathy is secondary to his inflammatory bowel disease, and that the dog has suffered from unmanaged dietary allergies since before the policy started which can cause these conditions. In turning down the claim it referred to a food allergy test that took place in February 2014 which found the dog had various allergies,

as well as some instances of digestion issues between November 2014 and December 2016.

Mr R's dog's vet provided her opinion. She said food allergy tests in dogs are highly unreliable, and aren't recommended for diagnosis of food allergies for skin or gastrointestinal issues. She noted that in turning down Mr R's claim, Covea had mentioned three incidents of gastritis or diarrhoea over a two-year period in which dietary indiscretion was suspected. She said dogs commonly eat things they shouldn't and three incidents over that period is not unusual in a healthy dog. Finally, she confirmed the dog hadn't shown any signs of protein-losing enteropathy until 2023, and the signs were severe and markedly different to anything the dog had previously presented with. In her opinion, this was a new condition for the dog and unconnected to his skin workup and mild gastritis from seven to nine years ago.

Mr R has also provided a letter from Mr B, a vet. Mr B said that Mr R's dog was referred to veterinary specialists in February 2023 for investigation of hypalbuminaemia with consequent pleural effusion and ascites, secondary to a protein-losing enteropathy. He said he understood that the insurance claim for the dog's condition of protein-losing enteropathy had been turned down because Covea thought the dog had had an underlying issue with his digestion relating to his pre-existing allergic disorder. Mr B said he'd reviewed the pet's clinical record and found several inconsistencies with this conclusion. He made the following points:

- The dog had no evidence of protein-losing enteropathy prior to February 2023.
- The dog had a blood test for allergies in 2014 with several positive results. However, these were performed primarily due to clinical signs relating to his skin. He said food allergies causing gastrointestinal signs cannot be diagnosed using serological tests, and the diagnosis is made using clinical signs and a food trial. The dog had a food trial in 2014 with no discernible response.
- While the dog had had intermittent gastrointestinal signs before the policy started, this is often seen in dogs at the same frequency who do not have underlying inflammatory bowel disease or protein-losing enteropathy so is not diagnostic of these conditions. He said dogs most commonly have bouts of vomiting or diarrhoea secondary to dietary indiscretions or infectious causes.
- He confirmed the dog has protein-losing enteropathy secondary to inflammatory bowel disease, and said this was diagnosed by assessment of clinical parameters together with the results of endoscopic biopsies, taken in 2023. The dog had not previously had biopsies which documented the presence of inflammatory bowel disease.

I've also considered the vet's notes. I've been provided with these between October 2013 and July 2017, and between December 2020 and September 2023.

The food allergy test that took place in 2014 found that Mr R's dog was allergic to a number of things, including various foods. I appreciate this test was carried out because of the dog's skin problems, rather than gastrointestinal issues at the time. I've also noted Mr B's explanation that food allergies causing gastrointestinal signs aren't diagnosed using blood tests.

However, I see that between December 2020 and February 2023, the dog experienced ongoing gastrointestinal problems. The vet thought there may be ongoing gastritis/dietary intolerance, or inflammatory bowel disease.

Mr B has said the diagnosis for food allergies causing gastrointestinal signs is made using clinical signs and a food trial. I see an allergen free diet trial was recommended by the vet on

several occasions, but Mr R chose not to stick to this, so the impact of food allergies causing the gastrointestinal issues couldn't be confirmed. Though Covea makes the point, not unreasonably, that the allergen free diet was only complied with after the dog had been seen at the veterinary specialists, and he then improved. Whilst Mr B says the food trial in 2014 had no discernible response, the dog wasn't experiencing the gastrointestinal issues at the time, only skin problems.

I've seen a summary of the veterinary specialists report, and this said the diagnosis was inflammatory bowel disease, and also said '*lymphocytes and plasmacytes are typically seen in chronic gut infection but the eosinophils suggest a parasitic (already treated for) or allergic component*'. It doesn't seem unreasonable for Covea to say an allergic component in the diagnosis seems likely given the dog's history and previously confirmed allergies.

I appreciate the dog's vet thought the diagnosis of protein-losing enteropathy was a new condition and unrelated to previous issues, though this was secondary to the inflammatory bowel disease. My understanding based on Covea's submissions is that an inflammatory condition, such as inflammatory bowel disease, can lead to protein-losing enteropathy.

On balance, I think the evidence does support that the dog's gastrointestinal problems that led to a diagnosis of inflammatory bowel disease and protein-losing enteropathy were most likely related to his allergic disorder that pre-dated the start of the policy (even though this didn't present as gastrointestinal issues until after the policy started). I recognise my decision will disappoint Mr R, but I find it was reasonable for Covea to turn down the claim because the conditions fell under the policy definition of a pre-existing condition.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr R to accept or reject my decision before 21 February 2024.

Chantelle Hurn-Ryan
Ombudsman