



Hypoadrenocorticism in Dogs

Diagnosis



Examination



Treatment



Monitor



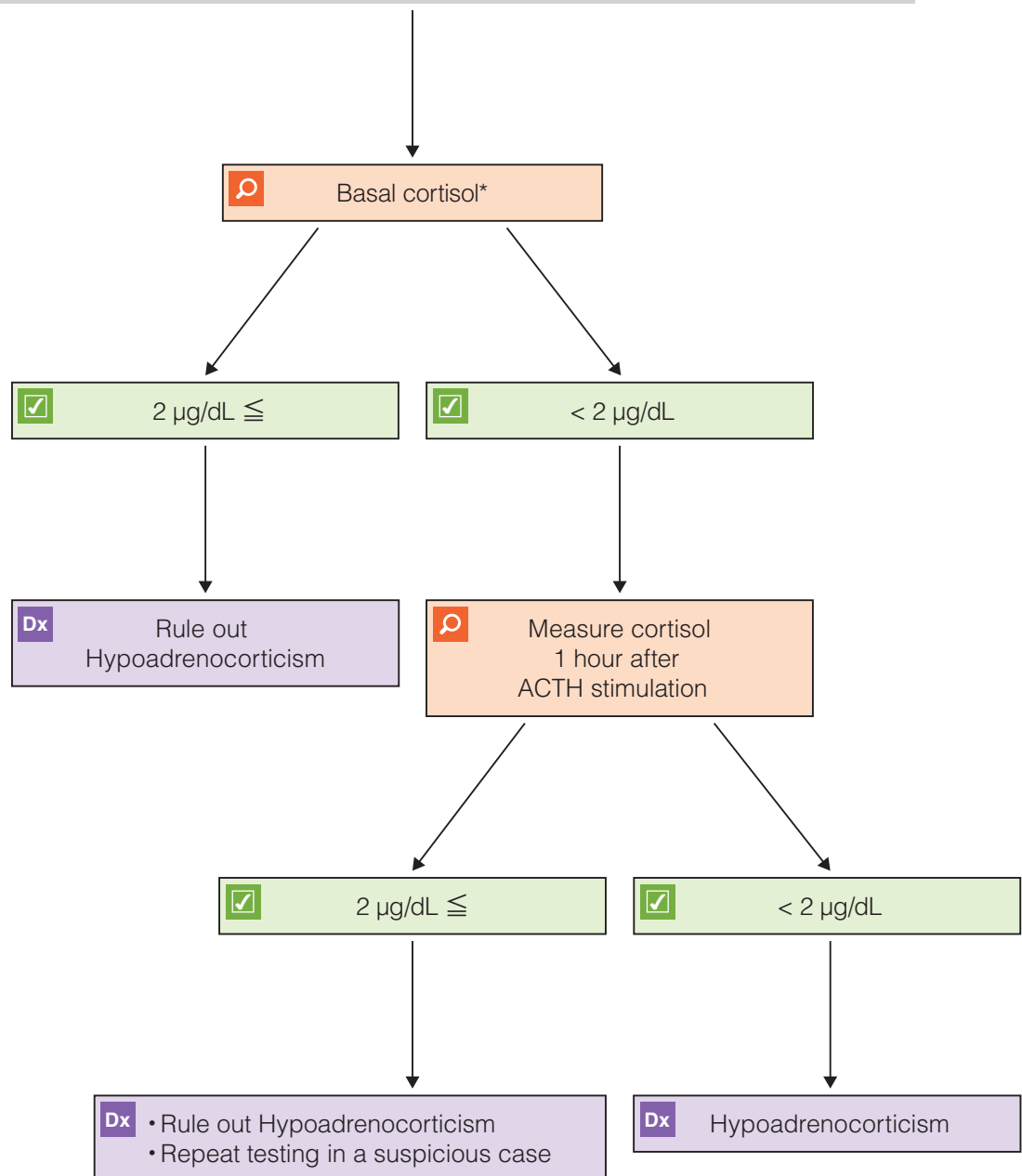
Diagnosis



Result

Check

- Check history, clinical signs, CBC or Blood chemistry for evidence that supports the possibility of Hypoadrenocorticism



*If Hypoadrenocorticism is strongly suspected in the dog, you can skip the basal cortisol measurement and proceed directly to the ACTH stimulation test.

Diagnosis and treatment of Hypoadrenocorticism

History and clinical signs

Acute to chronic onset of clinical signs:

Acute > Chronic in Typical (with electrolytes abnormality) Hypoadrenocorticism

Chronic > Acute in Atypical (without electrolytes abnormality) Hypoadrenocorticism

Clinical signs:

Lethargy, Decreased appetite, Vomiting, Diarrhea, Gastrointestinal bleeding, Polyuria/Polydipsia, Tremor, Collapse

CBC and Blood chemistry

CBC:

Anemia, Lack of stress leukogram (normal to increased lymphocyte counts)

Blood chemistry:

Low Na/K ratio, Hypercalcemia, Azotemia, Hypoalbuminemia, Hypocholesterolemia, Hypoglycemia

Dx Diagnosis (see front page)

Treatment

Typical Hypoadrenocorticism:

Physiologic dose of prednisolone (0.1 - 0.2 mg/kg/sid)

Deoxycorticosterone pivalate(DOCP) 1.1-2.2 mg/kg/sc/q4 weeks or Fludrocortisone acetate 0.01 mg/kg/po/bid

Atypical Hypoadrenocorticism:

Physiologic dose of prednisolone (0.1 - 0.2 mg/kg/sid)

Monitor

Determine the maintenance dose of prednisolone based on the clinical signs:

Resolution of clinical signs of Hypoadrenocorticism and no Cushing's signs (polyuria/polydipsia, panting, polyphagia)

Double the maintenance dose 2-3 days before and after a stress event (visiting new environment, trimming, traveling etc.)

Determine the maintenance dose of DOCP or Fludrocortisone acetate based on Na/K ratio:

Targeted Na/K ratio: 28-32

Dr. Masahiko Sato

DVM, PhD, DACVIM(SAIM), DAiCVIM(IM),

Chief of Internal Medicine Service at the Veterinary Specialists Emergency Center in Japan



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FUJIFILM Corporation

26-30, NISHIAZABU 2-CHOME, MINATO-KU, TOKYO 106-8620, JAPAN