

Pawsitive Press

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Does This Fur Make Me Look Fat? Girl, You Need A Cheeseburger! The Challenges of Thyroid Disease

By: Christen Woodley, D.V.M.

Coming out of the holiday swing, chances are some of our pets may have put on some pounds. In the majority of pets this is going to be for the same reasons we put on the “lbs,” too much caloric intake and not enough exercise. However our pets can develop thyroid conditions that can contribute to their overall weight challenges. **HYPOTHYROIDISM** is a condition our canines can develop, whereas **HYPERHYROIDISM** is what our feline companions develop. So where our dogs are prone to gaining weight with thyroid disease, our cats are prone to losing it. Much like us, we want our pets to have a noticeable waistline, ideally an hour glass or peanut appearance when glancing from the ribs to the hips. And though I want to be able to feel the ribs, I don’t want to be able to see them. If you can see your pet’s ribs or backbone we would want to examine them to make sure we don’t have a medical condition



causing weight or muscle loss.

Hypothyroidism is a condition that we most commonly see develop in our dogs with age, though cases have been documented in dogs as young as two. Most commonly we see primary hypothyroidism, which can be due to gland atrophy, immune mediated disease, or neoplasia. Routinely we see idiopathic atrophy, idiopathic meaning we do not find the cause and atrophy meaning shrinking or decrease in size. Secondary hypothyroidism can develop when there is inadequate thyroid stimulating hormone secretion from an area of the brain called the pituitary gland. This particular type of thyroid disease is rare.

A lot of times hypothyroidism symptoms are gradual in onset. What most clients tell us is that

their dog just doesn’t have as much energy, they don’t want to exercise as much or go as far, and they are gaining weight with or without changes to diet. They can also suffer from hair loss or hair thinning and skin infections. Usually the hair loss is symmetrical and involves the tail and trunk regions. In rarer cases some pets can even suffer neurologic signs such as weakness and seizures.

Hypothyroidism is diagnosed via blood testing. Sometime this can take a panel of tests rather than one single test. Most times a total T4 (TT4) is done as a screening test. If the TT4 is in the middle to upper end of the reference range, hypothyroidism is typically ruled out. If the TT4 is in the low end of normal or below normal, then we have to determine if it is true or artefactual. Concurrent non-thyroidal illness, and in rare instances certain medications, can cause a false lowering of the TT4, a condition referred to as “sick euthyroid syndrome.” At this time, further blood tests are run to determine if treatment is warranted or not. The most common next step is a test called a free T4 by equilibrium

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dialysis (fT4). To avoid any confusion, unfortunately the test is not actually free! It is a highly specific blood test and if it reads low then we truly have a pet that could benefit from thyroid supplementation. In some instances we will run a more complete thyroid panel that also checks thyroid stimulating hormone, thyrotropin releasing hormone, and thyroglobulin autoantibodies to help give us a more complete baseline to evaluate.

Once diagnosed, hypothyroidism does require lifelong treatment with an oral supplement of sodium levothyroxine, most typically given every twelve hours. Once treatment has begun, we evaluate clinical response and thyroid levels one month later. Much like other metabolic diseases, it often takes some time in the beginning to get proper regulation of thyroid levels, so repeat blood tests are often necessary. Ideally we like to see an increase in activity, energy, hair regrowth, and weight control. Once a baseline has been achieved, we advise checking the thyroid and associated blood panels every 6 months. Regulation can vary over time despite the dog looking outwardly well and we want to make sure we are achieving the level of control in the best

interest of your pet.

Feline hyperthyroidism is one of the most common endocrine disorders in cats. It is caused by an unregulated overproduction of thyroid hormone by the thyroid glands, which is usually related to a benign enlargement of one or both thyroid lobes. Cancer of the thyroid gland is possible, but found in less than 2% of cats. Although this disease is usually diagnosed in older cats (95% are at least 8 years of age), the age range spans from 4 to 20+ years. There is no recognized breed or sex predilection for hyperthyroidism, although purebred cats seem to be less prone.

The thyroid gland acts as the thermostat for the metabolic rate of the body, controlling how fast or slow the body functions. Hyperthyroidism can have effects on multiple organ systems, since the increased thyroid hormone levels increase the cat's metabolic rate. The most common sign that your adult cat might have hyperthyroidism is if he begins to lose weight despite a voracious appetite. He can also display restlessness and/or hyperactivity. Other less common signs include increased thirst, vomiting and or diarrhea, decreased grooming, and seeking cool areas. A small percentage of cats have what is

referred to as "apathetic hyperthyroidism" with atypical symptoms. Clinical signs may include lethargy, weight gain and decreased appetite.

Similar to our diagnosis of canine hypothyroidism, feline hyperthyroidism is diagnosed via a blood test of the thyroid level. Sometimes further confirmatory testing is also necessary with a free T4 (fT4) test. Full lab work is always advised because we also need to assess other organs that can be affected by the disease and the treatment of the disease, such as the kidneys and liver. Some cats even need an echocardiogram, an ultrasound of the heart, because thyroid disease can also effect the heart.

Treatment of hyperthyroidism is geared at decreasing the overproduction of thyroid hormone. Which treatment route you take will depend on your cat's overall health and cost considerations. The two main methods of treatment are oral therapy at home with a drug called Methimazole, or treatment at a referral facility with radioactive iodine therapy. Methimazole is an oral drug given lifelong by you, the pet parent, at home. It is usually given 1-2 times per day depending on your cat's levels. There are also referral facilities in the area that can do Radioactive Iodine 131 Treatment,

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which carries an over 90% success rate. For patients that pass screening tests and are good candidates, this involves giving an injection and your cat staying at the referral facility an average of three days during the time its excretions are most radioactive. It does not require anesthesia and in only rare instances needs to be repeated.

If you think your dog or cat may be suffering from thyroid disease, we would love to discuss things and examine your pet to see if thyroid testing is warranted. Come to think of it, Fido isn't the only one around here getting fluffier...maybe I should get my thyroid checked too ;)



Tips for Handling Pet Poisonings or Accidental Ingestions

- 1-Keep the pet poison control number handy or simply bookmark the home page for easy reference.
- 2-If you suspect poisoning from a specific substance, pick up the remnants of the toxin, the box, the bottle and anything associated with it. Keep this “evidence” handy so you can answer your veterinarian or poison control’s detailed questions.
- 3-Attempt to ascertain how much of the substance could have been ingested. Think worst-case scenario for safety’s sake.
- 4-Try to establish a timeframe for when the poison may have been ingested. It makes a difference whether an hour might have lapsed...or an entire weekend.
- 5-If you’re not sure whether the offending item is poisonous, call a veterinarian you trust—immediately. Alternatively (in the middle of the night, for instance), call the pet poison control center right away. Do **NOT** rely on advice from friends, family, or neighbors. Though they may know the right answer, it’s always best to get the info first hand from someone who’s trained to address these issues.
- 6-**NEVER** induce vomiting or administer home remedies for poisonings without talking to a trained individual first. Caustic compounds can damage sensitive anatomic structures on their way back up. It’s best to let a professional do these things—or at least walk you through them.
- 7-Sometimes the item isn’t technically a toxin. Think Koosh ball, for example. Or an entire Kong toy. This is not the poison control’s purview anymore; it’s your vet’s—or the ER vet’s.
- 8-When you’ve determined that the poison your pet ingested requires veterinary attention, my preferred approach—whether it be Tylenol, plants or toilet bowl cleaner—is to open up a file with the ASPCA’s Poison Control Center. Poison control will advise your veterinarian as to the best course of treatment: induce vomiting or not, fluids or not, charcoal or not, antidotes, lab work, surgery, etc.
- 9-**Prevention** is the final point I need to make. Keeping tablets and capsules and cleaners and creams away from pets is obviously the best way to handle toxicities. But...
- 10-...you can’t do this properly without the **knowledge** of what’s toxic and what’s not. Read over the [ASPCA’s FAQ’s](#) when it comes to pet poisons. Some of the items may surprise you.

Animal Hospital of Dunedin
1355 Pinehurst Rd
Dunedin, FL 34698

Phone: 727-733-9351
Fax: 727-733-8165
E-mail:
practicemanager@tampabay.rr.com



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