Hyperthyroidism in the Dog

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4 days. Food and fluids were administered with aid of a bulb syringe as the patient was unable to manipulate her jaws for several days. Twenty cc. of 5 per cent dextrose solution was administered subcutaneously on two alternate days to aid in combating dehydration.

Gradual improvement was apparent within 7 or 8 days and the patient began to consume some food and liquids voluntarily. The wires and sutures were removed on the 14th day. The mucous membrane of the palate healed by primary union. Although her jaws were in slight malalignment the patient's appetite was excellent and her ability to eat was good. The patient was released from the clinic on the 17th day.

Lowell B. Johnson, '59

Hypothyroidism in the Dog. Apparent thyroid deficiency has been reported as a cause of vague dermal symptoms in the dog. This is seen in the middle-aged animal which, when presented, usually has a lethargic attitude and is occasionally obese. The dog is usually admitted to the hospital for treatment with the complaint of hair loss over much of the body area. The skin appears dry in the areas of alopecia. A higher incidence of the disease seems to occur in the spayed female bitch.

In the field a diagnosis of hypothyroidism is usually made upon presentation of an animal with bilateral hair loss, lethargic attitude and a positive response to thyroid therapy. Many believe this response is incidental and doubt that thyroid deficiency is the primary cause of the condition. The cholesterol level in the blood is high in this syndrome. A blood cholesterol level of over 250 mg. per cent can be considered indicative of a hypothyroid malady.

A spayed 4-year old, female English Setter was presented to the Stange Memorial Clinic May 9, 1958. The dog had a bilateral, diffuse dermatosis which had become progressively worse during the last 9 months. A diffuse alopecia was noted over the entire surface of the body. The bilateral tendency of hair loss made one suspicious of an endocrine disturbance. Skin scrapings were taken which were free of external parasites. The dog's previous ration appeared quite adequate in the required nutritional constituents. The animal appeared slow in its actions.

On May 12 a blood sample was taken for the determination of the cholesterol level. The level of the blood cholesterol was found to be 720 mg. per cent. This was very indicative of hypothyroidism. Therapy was started by giving one Thyro-Thiamine (Parke-Davis & Co.) tablet twice daily. Because of a possible hormone connection, 1 mg. of oral diethylstilbesterol was given daily to the spayed female bitch.

By May 15, the patient appeared more active than previously. The same treatment was continued daily.

On May 20, another blood cholesterol level was determined. The results of it indicated improvement although no change appeared in the skin and hair coat. The cholesterol level was 398 mg. per cent. As a result of the response to the therapy it was decided that the animal could be discharged from the clinic. On May 24, the dog was sent home. Thyro-Thiamine was dispensed.

The English Setter was returned for another blood cholesterol test on June 27. It was 286 mg. per cent. At this time the skin and hair coat appeared near normal.
The owner was contacted October 13, and it was reported that the dog was bright and alert at this time. The skin and hair coat were back to normal. One tablet of Thyro-Thiamine was still given daily.

Robert L. Maahs, '59

Urinary Obstruction Treated With Urethrostomy. On May 2, 1958 a 5-year old, male English Bulldog was admitted to the Stange Memorial Clinic. The patient was very depressed and dehydrated. The pertinent history included complete anorexia, lethargy and difficult urination with dribbling. Physical examination revealed a large, fluctuating structure in the anterior ventral abdomen. Catheterization yielded approximately one pint of urine, and the abdominal mass diminished in size accordingly. An attempt to palpate the prostate per rectum was unsuccessful. The heart rate was 180 per minute, and the patient’s temperature was 105.6. A tentative diagnosis of urethral blockage with distention of the bladder and accompanying cystitis was made.

Laboratory Analysis

Urinalysis: Bacteria (no culture was made) and white blood cells. Blood examination revealed 50,000 W.B.C. per mm³ and blood urea 160 mg. per 100 cc.

Treatment

It was decided to use medicinal treatment until the site of urethral obstruction could be located. This consisted of 2 cc. of Combiotic (Charles Pfizer & Co.), 3 Urised tablets (Chicago Pharmacal Co.) three times daily, 250 mg. chloramphenicol three times daily (Chloromycetin-Parke-Davis) given orally, and 250 cc. of 5 per cent dextrose subcutaneously twice daily.

The temperature on May 3 had dropped to 101.8 and the patient was again catheterized, removing two pints of urine from the bladder. The presence of a calculus at the posterior pole of the os penis was indicated by a grating as the catheter was passed.

This finding allowed tentative elimina-