VETERINARY SPECIALIST ADVICE

Date: **Referring veterinarian:**

Referring Practice:

Carer's name:		**Pet's name:**	
Species: Dog			
Breed:	**Cross-breed**	**Age: 7y**	**Sex: FN**

Type of consultation: Internal medicine – follow up

Dear colleague

I have reviewed the aldosterone levels for the patient which were found to be low. This could be secondary to her previous use of dexamethasone or an early indication of developing typical hypoadrenocorticism, or possibly a combination of both. Given her clinical signs, I am inclined to believe she might be in the early phase of Addison's disease. This

theoretically increases her risk of an Addisonian crisis, especially during periods of stress or illness, which could be fatal.

The treatment for atypical Addison's disease generally includes steroids. In cases of low aldosterone levels, adding mineralocorticoids is advisable to reduce the risk of an Addisonian crisis. However, this is a controversial topic as there isn't a large body of evidence supporting that all such cases develop into typical hypoadrenocorticism.

We usually assess aldosterone reserve, and if it is low, we supplement with mineralocorticoids to prevent an Addisonian crisis. We tend to start with lower doses, and maybe more prolonged intervals, but monitoring of electrolytes and clinical signs is necessary as you would normally do when you use zycortal.

Given these considerations, I am inclined to treat cases with low aldosterone levels using mineralocorticoids. For this case we can use a lower dose of Zycortal (0.8 mg/kg) and repeat the injection every 4-8 weeks, depending on her condition and electrolyte levels during regular check-ups. Her electrolytes should be checked 10 days post-injection and again before each subsequent injection to ensure there are no significant concerns. If the electrolytes are normal and there are no concerns, you can slowly increase the intervals by 1 week until you reach a maximum of 7-8 weeks. I do not recommend prolonging the interval beyond this, as it increases the risk of an Addisonian crisis.

The patient is currently on higher doses of steroids due to chronic enteropathy, but the goal is to eventually manage her condition with diet alone once the inflammation is reduced. She will, however, need to remain on a physiological dose of steroids (0.2mg/kg PO SID) for life. During anticipated stress events, such as vet visits, household changes, or longer walks, her steroid dose should be doubled for that day to prevent complications due to stress. Strenuous exercise should be avoided as it could precipitate an Addisonian crisis.

We hope to manage her IBD with diet alone eventually and maintain her on a physiological dose of steroids with occasional DOCP injections. She will need to stay on her special diet for life.

If her carers cannot afford, or decide against mineralocorticoid supplementation, she will need to be closely monitored for any signs of an Addisonian crisis and she will remain at risk for the rest of her life.

I hope this information helps in planning her future care. Please feel free to contact me if you would like to discuss this case further.

Kindest regards

Magda Gerou-Ferriani DVM, CertSAM, DipECVIM-Ca,
MRCVS EBVS and RCVS Specialist in Small Animal Medicine

Disclaimer:
This report relies exclusively on the information provided by the referring practice. If any details have been omitted or are inaccurate, the conclusions and recommendations in this report may be affected.