

# Dog and Small Animals Vet

## Dr Adam Gordon – Maroubra Veterinary Hospital

Adam Gordon graduated from the University of Sydney in 1990. He completed a Masters degree in Veterinary Studies at Murdoch University in 2002. Adam has been in companion animal practice since 1990 and is principal of Maroubra Veterinary Hospital.

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## Hypoadrenocorticism

Tasha is a 4 year old female Cocker Spaniel. Her owners, Pat and Jean are retired and dote on Tasha. They are very observant owners and are familiar with Tasha's various habits and peccadilloes. Pat and Jean's grandson Henry lives with them. Henry has cerebral palsy, and as a result is sometimes a little clumsy around Tasha. Tasha and Henry share a special bond, Henry adores Tasha, and Tasha is extremely tolerant of the odd episode of having her feet stepped on or fallen on.

In January last year Tasha's owners thought she didn't seem quite right. Early in the month she had been to the grooming parlour, and they initially thought that her nose may have been a bit out of joint from being groomed. Five months later Tasha was still not right. There was nothing concrete that her owners could put their finger on. She just seemed vaguely unwell, a bit quieter than usual, occasionally off her food, a bit more timid and less tolerant of Henry playing with her.

I saw Tasha in May. I performed a thorough physical examination which was unremarkable other than a mild ear infection. Blood tests were also normal at this time. I treated Tasha with some antibiotic ear drops and some medicine to reduce the swelling and pain in her ear.

Tasha re-presented late in June. She was now obviously unwell. She had been vomiting for the last 5 days and was not eating. Her owners noted that she was the brightest she had been for some time straight after her last visit, but that only lasted a few days before she reverted to her old signs. When I examined Tasha it was clear that she was a very unwell dog and needed to be hospitalised and have some diagnostic tests run.

I admitted Tasha and immediately started her on some intravenous fluids as she was very dehydrated. I also collected some blood from her so we could run some tests. Fortunately at our hospital we have an in-house laboratory analyser, which means that we can have blood results in 10 minutes rather than having to wait several hours. In Tasha's case time was of the essence as she was in such a serious condition and not stable.

The blood tests showed a number of problems. One of the more significant findings was that Tasha had a severe imbalance in the level of electrolytes in her blood. Electrolytes are the various salts that are in the blood. Specifically,

she had alterations in the level of sodium and potassium in her blood. Her sodium level was low, and her potassium level was dangerously high. High potassium levels slow the heart down, and will eventually cause cardiac arrest.

There are relatively few diseases that cause the combination of low sodium and high potassium in the blood, which means we could narrow down the list of diseases that could be making Tasha sick. Tasha's history, clinical signs and blood results all pointed to one disease in particular. That disease was one known as hypoadrenocorticism, or Addison's disease.

The test for Addison's disease takes a couple of hours to perform and then the results take about another six hours. During this time we continued to treat Tasha's dehydration as well as starting treatment to lower her potassium level and protect her heart from the effects of the high potassium. We also made the decision to start treating her as if she did have confirmed Addison's disease. If she did not have Addison's disease this treatment would not pose any serious risk to her. Conversely, if she did have Addison's disease and we delayed treating her there would have been a significant risk that she would die before we got her blood test results back.

Tasha's condition improved dramatically over the next 6 hours. Her blood test results confirmed that she did in fact have Addison's disease. Fortunately the treatment is quite straightforward and inexpensive. Her long term outlook is excellent. As long as she continues to receive her medication should be able to lead a normal life.

Addison's disease is a rare disease that is the result of failure of the adrenal gland to function properly. The immune system malfunctions and destroys part of the adrenal gland resulting in hormone deficiency.

The signs seen in the dog with Addison's disease are typically vague, and include lethargy, depression, weakness, weight loss, poor appetite and vomiting. The disease often runs a waxing and waning course in affected dogs. That is to say they will go through periods when they are quite well and then appear unwell for a while, before appearing to be quite well again.

This vague waxing and waning pattern fit well with Tasha's history. There was another important piece of Tasha's



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history that was suggestive of Addison's disease. When we saw Tasha for her ear infection part of the treatment was a drug to reduce the inflammation and swelling of her ear. This drug happens to perform the same function as one of the hormones that the adrenal gland normally produces. As you would expect in a dog with Addison's disease, she improved significantly after that drug was given to her. As the effect wore off over a 3 to 4 day period she became unwell again.

In the early stages of Addison's disease the diagnosis can be challenging. Eventually the affected dog will have the characteristic changes in sodium and potassium in the blood, which is an important clue that the dog has Addison's disease. Some dogs with the disease present to hospital in what is called an "adrenal crisis". These dogs are critically unwell and will die in a short space of time if the disease is not diagnosed promptly and appropriate treatment started.

Treatment of Addison's disease is straightforward, and involves giving

the dog the hormones that the adrenal gland can no longer produce. If treatment is stopped the disease will return so the dog needs to be treated for life. In Tasha's case she returned to her old self in a short period of time, and was once again playing boisterously with Henry.



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