

# DERMATOLOGY WORK-UP

## SEVERITY OF ITCHING

1 2 3 4 5 6 7 8 9 10  
Minor Severe

PET'S NAME: \_\_\_\_\_

## 1 WHAT ARE THE INFECTIONS?

Perform 3-Slide Technique™ during the physical exam on multiple sites/lesions.

**Slide 1** Skin Scrape (hairplucks): \_\_\_\_\_ Positive for \_\_\_\_\_ / \_\_\_\_\_ Negative

**Slide 2** Ear Swab: \_\_\_\_\_ Positive for \_\_\_\_\_ / \_\_\_\_\_ Negative

**Slide 3** Tape Prep/Impression Smear: \_\_\_\_\_ Positive for \_\_\_\_\_ / \_\_\_\_\_ Negative

- Pyoderma
- Demodex
- Dermatophytosis (if suspected, confirm with DTM culture)
- Otitis (Cocci, Yeast, Pseudomonas)
- Pododermatitis (Cocci, Yeast)
- Yeast Dermatitis

## 2 COMMON ALLERGIC SIGNS<sup>1</sup>

### A. LUMBAR DERMATITIS

**Flea Allergy:** (very reliable pattern)

1. Caudal 1/3 of body
2. Flea comb identifying fleas or flea dirt
3. Multiple animals involved or humans affected
4. Variable response to steroids
5. Fall and Spring are often worse but can be year-round

### B. EAR-SCRATCH TEST

**Scabies:** (1-2 are highly reliable)

1. Positive pinnal pedal reflex is 80% diagnostic
2. Ear margin, distal legs, lateral elbow, ventrum
3. Variable responsive to steroids
4. Confirmed by response to treatment
5. Skin Scrapes are often falsely negative

### C. PERIANAL DERMATITIS

**Food Allergy:** (less common but 1-5 increase probability)

1. Perianal dermatitis
2. GI symptoms; more than 3 BM/day, diarrhea, vomiting, flatulence
3. Less than 1 year or older than 5 years at onset
4. Labradors and German Breeds may be predisposed
5. Variable response to steroids

### D. FOOT LICKING

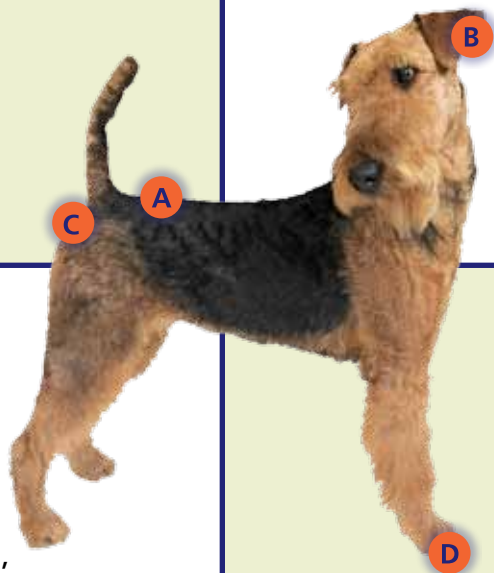
**Atopic Dermatitis:**

(1-5 are highly reliable)

1. Started at 6 months–3 years of age
2. Front feet affected
3. Inner ear pinnae erythema
4. Lives indoors
5. Ruling out Scabies (ear margin dermatitis) and Flea allergy (lumbar dermatitis)
6. Seasonal symptoms progressing to year-round

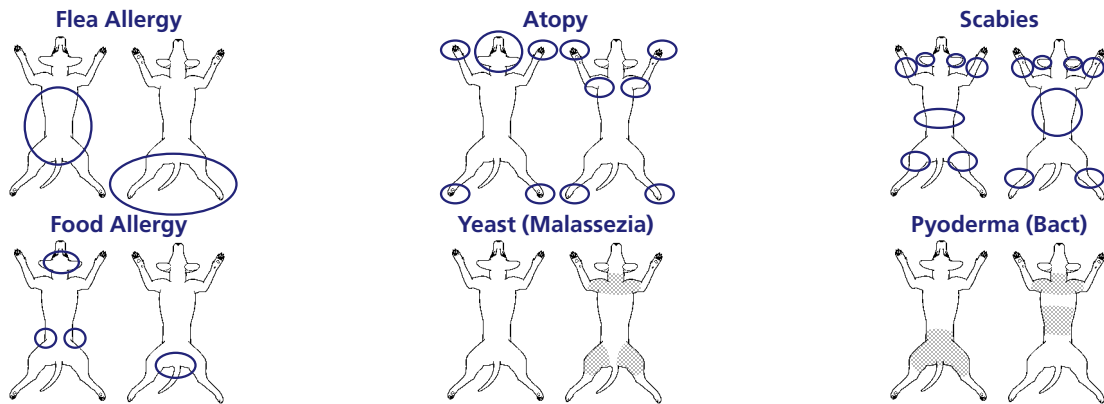
**Hypothyroidism:** (can mimic allergic dermatitis)

1. Recurrent infection may cause pruritus
2. Lethargy, weight gain, dry coat, hypotrichosis
3. Nonpruritic when infections are resolved



2

PATTERN RECOGNITION



3

TREAT THE ACUTE FLARES:

Cause	Recommended Treatment
Bacterial Pyoderma	
Yeast Infections	
Otitis	
Flea Infestation	
Scabies Treatment	
Steroid "Crisis" Therapy	
Topical Short-Term Steroid	

TREATMENT, CONTROL AND PREVENTION OF FUTURE FLARES:

Cause	Recommended Treatment
Atopy	Immunotherapy Allergy Vaccine
	Atopica® (Cyclosporine capsules, USP) MODIFIED
Thyroid Supplementation bid	

AVOIDING THE TRIGGERS:

Cause	Treatment	Recommended Treatment
Bacteria Yeast Pollens	<b>Regular bath</b> with an antimicrobial shampoo. <b>Wipe off affected areas</b> (feet, face, etc.) as often as possible	
Otitis	<b>Routine Ear Treatment/cleaning</b>	
Flea and Intestinal Parasites	Year-round Prevention	
Food Triggers	Restricted diet	
House Dust Mites	Dehumidify, replace dog bed, anti-allergy spray (benzyl benzoate)	

PROMOTE SKIN HEALTH AND RESTORE BARRIER FUNCTION:

Cause	Recommended Treatment
Essential Fatty Acids	
Antihistamines	
Soothing, Leave on Conditioner	

RECHECK APPOINTMENT: \_\_\_\_\_

<sup>1</sup>Source: Keith Hnilica, DVM, MS, DACVD.

<sup>2</sup>Source: R.S. Mueller DipACVD, FACCVC, S.V. Bettengay BVSc, FACCVC, and M. Shiohstone BVSc, DipACVD, FACCVC: Value of the pinnal-pedal reflex in the diagnosis of canine scabies, *The Veterinary Record*, Vol 148, Issue 20, 621-623.

<sup>3</sup>Source: The ACVD task force on canine atopic dermatitis (XIV): clinical manifestations of canine atopic dermatitis, 2001.

<sup>4</sup>Source: Craig Griffin, DVM, DACVD.

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# WHAT IS MAKING MY DOG SO ITCHY?

## Evaluation Form

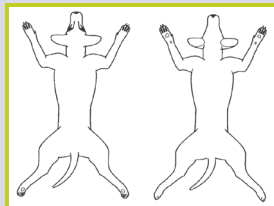
A thorough history can help us find the source of your dog's itching more quickly. Please answer the following questions to help guide the diagnostic process.

Date \_\_\_\_\_ Pet owner name \_\_\_\_\_  
Name of dog \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

## PHYSICAL EVALUATION

Please check any that describe your dog and circle problem areas on the drawing.

- Hair loss
- Foul odor
- Inflammation or redness
- Itching/Scratching
- Otitis (ear infections)
- Licking/Chewing
- Skin lesions (sores)
- Changes in skin (reddish brown stains, discolorations and/or areas that are thick and leathery)
- Other \_\_\_\_\_



**CIRCLE PROBLEM AREAS**  
(Itching, hair loss, lesions, etc.)

- Has your dog ever had ear problems?  Yes  No
- Does your dog have any chronic gastrointestinal signs like diarrhea or vomiting?  Yes  No

## SEVERITY EVALUATION

On a scale of 0 to 10 rank the severity of your dog's symptoms.

### SEVERITY OF CONDITION OVERALL

0 1 2 3 4 5 6 7 8 9 10  
No symptoms Severe

### SEVERITY OF SKIN LESIONS

0 1 2 3 4 5 6 7 8 9 10  
No lesions Severe

### SEVERITY OF SCRATCHING/LICKING/CHEWING

0 1 2 3 4 5 6 7 8 9 10  
No signs Severe

## ONSET AND SEASONALITY EVALUATION

- Is this the first time your dog has experienced these symptoms?  Yes  No
  - If no, at what age did the symptoms first occur?  <1 yr  1-3 yrs  4-7 yrs  7+ yrs
  - If no, has it occurred around the same time of year each time?  Yes  No
  - If no, approximate time of year symptoms occur. \_\_\_\_\_
- How long have the current symptoms been going on? \_\_\_\_\_
- Did the itch start gradually and over time become worse?  Yes  No
- Did the itch come on suddenly without warning?  Yes  No
- Was there a "rash" first or itching first? Or simultaneous?  Rash first  Itch first  Simultaneous

## PARASITE CONTROL

- Is your dog on a flea/heartworm preventative?  Yes  No
  - If yes, what product(s)? \_\_\_\_\_
- What months do you administer the preventative? \_\_\_\_\_
- When was the last time you administered the parasite control? \_\_\_\_\_

## LIFESTYLE EVALUATION

- Where does your dog live?  Indoors  Outdoors  Both
  - If outdoors, please describe environment: \_\_\_\_\_
- Are there other pets in your household?  Yes  No
  - If yes, do these pets have the same symptoms?  Yes  No
  - If these pets are cats, do they go outside?  Yes  No
- Do you board your dog, take him or her to obedience school, training or groomers?  Yes  No
  - If yes, when was the last time you took your dog? \_\_\_\_\_
- Have you taken your dog on a trip to another location?  Yes  No
  - If yes, please indicate when and location: \_\_\_\_\_
- Have you recently moved?  Yes  No
- Have you been to a new dog park or walking trail?  Yes  No
- Have you used any new shampoo or topical skin treatments recently?  Yes  No
- Are any humans in your household exhibiting signs?  Yes  No

## DIETARY EVALUATION

- What pet food are you feeding? \_\_\_\_\_
- Do you feed the same food all the time or provide a variety?  Always same  Variety
- Have you changed his or her diet recently?  Yes  No
- Do you give your dog packaged treats?  Yes  No
- Do you feed your dog “human” food?  Yes  No

## RELATIONSHIP/BEHAVIORAL EVALUATION

Indicate if and how your dog’s itching has affected his/her behavior and relationship with you. (CIRCLE ALL APPROPRIATE ANSWERS)

### SLEEPS THROUGH THE NIGHT

Always      Usually      Occasionally      Never

### ACTIVITY LEVEL

Inactive      Much less active      Somewhat less active      No change

### SOCIAL BEHAVIOR

Unsocial      A lot less social      Somewhat less social      No change

### RELATIONSHIP CHANGES

Fewer walks      No longer sleeps in bed/same room      Interacts less with family

## PRIOR TREATMENTS

- Has your dog been treated for itching before?  Yes  No
- Indicate previous treatments administered to your dog: (CHECK ALL THAT APPLY)
  - Steroids  Shampoos  Sprays  Ointments  Antibiotics  Hypoallergenic food
  - Essential fatty acids  Antihistamines  Immunotherapy
  - Other (PLEASE SPECIFY) \_\_\_\_\_

### Next Steps

#### Physical Exam:

A thorough physical evaluation of your dog will help us identify obvious problems and conditions like parasites.

#### Laboratory Testing:

**Ear Swab** – To identify any infections in the ear including yeast and/or bacteria.

**Skin Scrape/Hair Pluck** – To detect scabies or demodex mites.

**Impression Smear/Tape Prep** – To detect other parasites and check for presence of yeast and/or bacteria.