

TABLE 1

Summary of Categorical Approach to Diagnosing Suspected Canine Hypothyroidism

GROUP 1	GROUP 2	GROUP 3
Classic clinical HT	No HT signs with low TT4	Possible HT with normal TT4
<i>Clinical Presentation:</i>		
<ul style="list-style-type: none"> • Clinical HT • Low TT4 	<ul style="list-style-type: none"> • No clinical HT • Low TT4 	<ul style="list-style-type: none"> • Clinical HT • Normal TT4
<i>Next Steps:</i>		
↓	↓	↓
<ul style="list-style-type: none"> • Measure fT4 and TSH to confirm diagnosis • Treat with supplementation • Monitor levels 4 weeks after starting medication or dose adjustments until controlled, and then every 6 to 12 months 	<ul style="list-style-type: none"> • Review history & medications • Evaluate for NTD • Monitor for clinical signs, retest as indicated 	<ul style="list-style-type: none"> • Evaluate for NTD • Perform fT4ed, TSH, +/- anti-T4 autoABs • Treat with supplementation if indicated • Monitor levels 4 weeks after starting medication or dose adjustments until controlled, and then every 6 to 12 months

Anti-T4 autoABs, anti-thyroxine auto-antibodies; fT4, free thyroxine level; fT4ed, free thyroxine level by equilibrium dialysis; HT, hypothyroidism; NTD, nonthyroidal disease; TSH, thyroid-stimulating hormone level; TT4, total serum thyroxine level.

The 2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines are available at aaha.org/endocrine-disease.

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2023 AAHA.

