Basal cortisol ranged between <13.8 to 988 mmol/L (median 90 mmol/L). A result <55 mmol/L was obtained in 327 cases (27.7%). Basal cortisol was retested in 136 patients and 82/136 were <55 mmol/L; ACTH stimulated cortisol was tested in 225 dogs. Hypoadrenocorticism was the final diagnosis in 17 dogs (1.4%). Multivariate logistic regression analysis was performed on the 327 dogs with an initial basal cortisol <55 mmol/L to explore routine blood variables and the most common presenting signs associated with hypoadrenocorticism. The following changes were associated with hypoadrenocorticism within this group: increased potassium (P = 0.003), decreased cholesterol (P < 0.001), increased globulin (P = 0.003) and increased urea (P = 0.029). Overall, the most common diagnosis was chronic primary inflammatory enteropathy (18.2%), followed by pancreatitis (4.5%) and kidney disease (3.5%). A final definitive diagnosis was not obtained in 16.5% of patients.

In this study, basal cortisol screening for hypoadrenocorticism was frequently assessed in a population of dogs due to its wide variety of clinicopathological abnormalities and it was the final diagnosis in only 17 of 1182 dogs (1.4%) tested for clinical suspicion presenting to a referral institution. No presenting clinical signs were specifically significantly associated with hypoadrenocorticism.

Disclosures

This work did not receive any funding Alisdair Boag is employed by there University of Edinburgh and has received funding for unrelated work from the Wellcome Trust, Society of Comparitive Endocrinology and the Society for Endocrinology and has no conflicts of interest.

ESVIM-P-1

Respiratory and digestive abnormalities in a population of dogs with chronic idiopathic lymphoplasmacytic rhinitis

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Chronic idiopathic lymphoplasmacytic rhinitis (CILPR) is a common inflammatory disorder of the nasal cavity in dogs due to unknown etiology. The definitive diagnosis is made by exclusion of other causes of nasal disease and specific therapeutic protocols are lacking. In human medicine, a relationship between CILPR and gastrointestinal symptoms has been postulated, and a remission of respiratory signs after clinical trials with oral proton-pump inhibitors, prokinetics and/or diet has been observed. The aims of the present study were to describe history, clinical presentation, endoscopic and histopathologic concurrent respiratory and digestive abnormalities; and to evaluate the eventual improvement of respiratory signs after treatments for gastrointestinal signs. The following information from 25 dogs with CILPR was recorded and studied: respiratory/digestive signs, airway/digestive endoscopic abnormalities, histologic evaluation of respiratory and gastrointestinal tract biopsy specimens, clinical response to different treatment strategies. Overall, a high proportion of dogs (88%) showed endoscopic gastrointestinal lesions, while thirteen dogs (52%) had concurrent gastrointestinal signs. Most esophageal and duodenal endoscopic abnormalities were classified as moderate/severe. Most gastric endoscopic abnormalities were classified as mild. Respiratory and gastrointestinal histologic evaluation identified mostly chronic inflammation. All dogs that received only treatments for gastrointestinal signs (30.4%) showed remission or marked improvement of respiratory signs at two-month follow up. A significant association between age and respiratory symptoms was found. Nasal clinical signs of some dogs treated exclusively with gastrointestinal approach notably improved or disappeared. Further studies are need to explore the possibility of a cause-effect relationship between the two processes.

Disclosures

No disclosures to report.

ESVIM-P-3

Influence of concurrent lower respiratory tract disease on point-of-care lung ultrasound in small-breed dogs with mitral valve disease

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Small-breed dogs commonly suffer with concurrent heart and respiratory disease. In previous studies, various respiratory etiologies can produce false-positive results with point-of-care lung ultrasound (POC-LUS) for cardiogenic pulmonary edema (CPE). Therefore, we hypothesized that small-breed dogs with lower respiratory tract disease (LRTD) have increased numbers of B-lines and are prone to misdiagnosis.

Eighty-four small-breed dogs with preclinical stage B mitral valve disease (MVD) were included. POC-LUS was obtained by a single clinician using the Vet BLUE protocol. The number of B-lines was recorded at each scan site. The presence/absence of LRTD was assessed by clinicians blinded to the POC-LUS results.

LRTD was present in 72.6% of MVD dogs. When a previously used criterion for CPE diagnosis (≥2 sites with >3 B-lines/site) was applied, false-positive results were observed in 14.3% of dogs with preclinical MVD. Total B-line score was significantly higher in dogs with LRTD compared with dogs without LRTD (4 vs. 0, P = 0.0009); however, the proportion of false-positive results was not statistically different between dogs with and without LRTD (18.0% vs. 4.3%, P = 0.17). Multivariable logistic regression showed that with presence of abnormalities other than B-line on POC-LUS (eg, thickened pleura or consolidation) could predict false-positive results (OR = 14.6, P = 0.006) after adjusting for the effects of LRTD and echocardiographic hemodynamic parameters.

In conclusion, small-breed dogs with concurrent MVD and LRTD could have increased B-lines before CPE development. Adhering to