

9 Questions Vets Need for a Successful Derm Exam



1

Why are you bringing your pet in today?

Don't forget to know the main concern the owner has about their pet. It doesn't mean you can't recognize and discuss an issue the owner didn't realize was occurring (such as a mild ear infection). But it is important to address the presenting problem and hear the owner's concern.

2

When did the problem start?

Knowing at what age a skin or ear problem started can help build guide your diagnostic plan. A dog that started being itchy at two years old may have atopic dermatitis higher on the differential list. A dog that started being itchy at thirteen years old may move epitheliotropic lymphoma higher on the list.

3

Is it itchy?

Not all dermatologic diseases are itchy. If a pet is not pruritic, you may be concerned about dermatophytosis, demodicosis, or an autoimmune disease more than an allergy. However, remember infections (bacterial or yeast) tend to be itchy and can occur secondary to any primary dermatologic disease.

4

Are humans or other pets in the household affected?

If other living beings started developing itch or lesions at the same time, you want to rule out the possibility of a contagious problem, such as dermatophytosis or sarcoptic mange first.

5

Is this issue seasonal?

Knowing if an itch only occurs during certain seasons will help differentiate between various allergies. Flea bite hypersensitivity (depending on geographic location) or atopic dermatitis may be seasonal. Cutaneous adverse food reactions tend to be non-seasonal.

6

What previous treatments have been used? Were they effective?

Obtaining a complete drug history for the pet is important. Have medications like Apoquel, Cytopoint, or steroids historically helped the itch when given, but the owner stopped treatment? Sometimes an owner doesn't understand that allergies are chronic and continual medications may be necessary to control their pet. If those medications haven't been helpful in the past, then we might not be dealing with allergies, or a flare factor (such as secondary infection) was potentially not properly identified and treated.

7

Is your pet on flea prevention? Which one and how often?

This is geographic-dependent. To rule out flea bite hypersensitivity as a component, high-speed-of-kill flea prevention (such as the isoxazolines) has to be given consistently year-round. Over-the-counter products don't tend to be effective and missing doses of quality flea medication can be a simple fix. Fleas do not have to visibly be seen by the veterinarian or owner for them to be problematic in an itchy pet.

8

What is your pet's environment?

Knowing if a pet is 100% indoor versus an outdoor pet with lots of exposure to wildlife will be helpful in developing a treatment plan. Also, has there been a recent change in environment such as a cross-country move that could indicate atopic dermatitis if symptoms were not present at the previous location?

9

Are there other diseases your pet has?

Co-morbidities may guide our therapeutic selection, but they can also change our diagnostics. If a pet is hypothyroid and breaking out with pyoderma, maybe post-pill values need to be rechecked. If a pet is immunocompromised from metastatic neoplasia, maybe we should rule out demodectic mange for new lesions.