MONITORING TREATMENT PROTOCOLS

Please indicate the treatment protocol on the request form
Please collect blood in plain or gel tubes

Canine Hypothyroidism

- tT4 can be assessed as early as two weeks after initiating or changing dose.
- When peak levels (high normal) occur may depend upon product used (approx. 3 hours or 4-6 hours)
- Trough levels occur before the next dose (low-normal).

For monitoring, peak levels may be sufficient. If clinical response is not as expected, then trough levels and concurrent TSH may also be assessed.

Feline Hyperthyroidism

- *Felimazole and Thyronorm*

tT4 levels should be assessed 3, 6, 10 and 20 weeks after commencing therapy and then every 3 months once stable.

- *Vidalta*

tT4 levels can be assessed as early as 10 days after commencing therapy. Further assessments should be made 3, 5 and 8 weeks after commencing therapy and thereafter every 3 months once stable

It is advisable to assess haematology, hepatic and renal parameters regularly.

Canine Hyperadrenocorticism

- Please view the manufacturer's information for appropriate monitoring for your patient
- Pre-Vetoryl cortisol may be requested as 'basal cortisol'
- If performing ACTH stimulation test, this should be initiated 4-6 hours post pill
- Ideally, electrolytes should be checked concurrently, especially in unwell or unstable animals

THERAPEUTIC DRUG MONITORING

Please indicate the treatment protocol on the submission form

Please collect blood in plain tubes only

Serum gel tubes are not suitable for therapeutic drug monitoring

Phenobarbitone

Serum levels require approximately 14 days to stabilise after commencing therapy or changing dose. Unless the dose is very high, there is usually minimal variation between peak and trough values. If it is feasible to take a trough sample in a fasted patient in the morning this is likely to provide the most consistent means of monitoring long term. It is recommended to assess at 2 weeks, 6 weeks and then every 6 months.

Monitoring of hepatic function and routine haematology is advised.

Potassium Bromide

Bromide has a long half-life (>20 days) and steady serum plasma concentrations may not be achieved for 3-4 months. Monitoring samples are recommended at 1 month, 3 months and then every 12 months, or 1 month after a dose change. It is recommended to collect samples more than 2 hours after dosing to avoid peak effect variability.

Monitoring of renal function is advised.