

SARDS CASE REPORT #10

A veterinarian's perspective: Treating adrenal exhaustion in a dog affected with Sudden Acquired Retinal Degeneration Syndrome (SARDS)

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Emily is a 10-year-old dachshund who presented with acute blindness due to SARDS in April, 2008. Initial work up including CBC, Chemistry profile, T4 and ACTH stimulation tests were all within normal ranges. However Emily exhibited symptoms of depression, confusion, weight gain, increased appetite, increased thirst and urination. Some of these symptoms may have been attributed to the sudden blindness but as months passed her behavior and personality changes continued when most dogs would become acclimated to their blindness.

Emily's owner, Ms. Grenier, knew something else was ailing Emily. Ms. Grenier discovered research done by Caroline Levin RN on dogs with SARDS and concurrent adrenal exhaustion and hyperestrogenism and presented the information to me. It all made sense. Unfortunately neither I nor any of my colleagues with whom I have spoken had learned of this condition.

In October 2008 an Immunology and Endocrinology panel was sent to National Veterinary Diagnostics and found that Emily was experiencing hyperestrogenism, low immunoglobulins and low normal thyroid levels.

Emily was started on treatment as recommended by Levin's SARD protocol. Initially a low dose injection of Vetalog and Dexamethasone was given then oral Methylprednisone was continued. Other oral medications included Sulfasalazine and Thyroxine. Ms. Grenier also followed the diet and nutritional supplementation recommendations.

Within a few weeks Emily was less depressed, more enthusiastic on walks and had less excessive thirst and urination. After three months we repeated the immunology and endocrinology panel and saw improvements but not yet normal levels.

Over the next year Emily continued to improve on the treatment protocol. On recent recheck Emily's estrogen, thyroid and immunology levels are all within normal range. Emily is blind but otherwise her exam and behavior is back to her pre-SARDS self and is expected to live a normal life span with good quality of life.

| | 10-14-08 | 01-19-09 | 02-09-10 |
|--|----------------|----------------|----------|
| Cortisol ug/dL (including deoxycortisol precursors) | 4.00 H | 3.14 H | 2.36 |
| Total estrogen pg/mL | 35.11 H | 35.06 H | 34.98 |
| T3 ng/dL | 84.21 L | 97.89 L | 113.94 |
| T4 ug/dL | 2.05 | 2.19 | 2.47 |
| IgA mg/dL | 53 L | 59 L | 71 |
| IgG mg/dL | 1080 | 1123 | 1,153 |
| IgM mg/dL | 94 L | 99 L | 107 |