Hypothyroidism suspected on basis of history and clinical signs

Check history for recent administration of thyrosuppressive drugs, eg prednisolone, potentiated sulphonamide

Routine hematology and biochemistry to exclude other systemic diseases

Hypercholesterolemia, mild anemia and mild increases in liver enzyme may be seen in hypothyroidism

**T4 / cTSH assay**

- **Low T4** <15 nmol/l
  - Normal cTSH <0.6 ng/ml
    - Sick euthyroidism? Hypothyroidism?
  - Increased cTSH >0.6 ng/ml
    - Hypothyroidism very likely

- **Low-normal T4** 15-25 nmol/l
  - Normal cTSH <0.6 ng/ml
    - Hypothyroidism likely
  - Increased cTSH >0.6 ng/ml
    - Hypothyroidism unlikely

- **Normal T4** 25-80 nmol/l
  - Normal cTSH <0.6 ng/ml
    - Hypothyroidism very unlikely
  - Increased cTSH >0.6 ng/ml
    - Significance unclear
      - Consider: Sick euthyroidism? Normal breed variation? Early hypothyroidism

- **High T4** 80 nmol/l
  - Anti-T4 antibodies
    - High titer Index >2.0
    - Low titer Index <2.0
      - Significance unclear
      - Consider: Estrus? Hyperthyroidism? Thyroxine treatment?

Hypothyroidism still suspected

Consider dynamic thyroid function test, eg TRH stimulation test or retesting after 3 months