Take the patient’s history, observe clinical signs, and perform a physical examination and diagnostic tests, including flea combing, and a skin scraping, trichogram, ear swab, impression smear, and acetate tape test with cytologic examinations.

If external parasites are found or year-round flea control therapy has not been administered, and the clinical signs are compatible with infestation, then administer flea control therapy for the affected patients and all animals in the household. Also advise owners about environmental control.

The pruritus resolves, so problem solved!

If there is evidence of yeast or a bacterial infection such as papules, pustules, or epidermal collarettes or if a cytologic examination reveals yeast or bacteria, neutrophils, or intracellular bacteria, then initiate antibiotic or antifungal therapy. (Perform a culture if the bacterial infection is unresponsive to empiric therapy.)

If the pruritus resolves, reexamine the patient.

If there is no evidence of infection, and the patient receives good-quality year-round external parasite control therapy, then initiate a hydrolyzed protein elimination diet trial.

If the pruritus continues with no visible lesions, make sure that the appropriate external parasite control therapy is being administered.

If the pruritus resovles, investigate nonallergic causes of secondary infection (primary seborrhea, endocrine disease).

If there is no evidence of infection, and the patient receives good-quality year-round external parasite control therapy, then initiate a hydrolyzed protein elimination diet trial.

If the pruritus does not resolve, begin treatment for atopic dermatitis.

If the pruritus resolves, challenge the elimination diet trial to confirm the diagnosis. Then initiate an individual ingredient trial.

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