Abnormality	Concern	Allergic Disease	Endocrine Disease	Behavior Disorder
Common signalment		 Usually young patients (age of onset between 1 and 4 years) that become progressively worse in time Can affect any breed or sex of patient, but purebred dogs more commonly affected 	 Often middle-age patients, but can occur in younger dogs Can affect any breed or sex of dog, but specific breeds are affected 	Any breed
Medical history	Seasonal pruritus?	Yes or no	Yes or no	No
	Primary lesions?	Erythema and maculopapular lesions	Can occur secondarily with infections	Not usually
	Other patients in household simi- larly affected?	Usually not	No	No
	Weight changes?	No	Possibly	Yes or No
	Other clinical signs?	Usually not	Possibly	No
Physical examination findings	Inflammatory changes	Yes	Usually not	Usually not
	Alopecia	Focal or traumatic	Can be symmetrical or at least bilateral	Can be localized to generalized
	Skin thickness	Thickened (lichenified)	With chronic infection, skin can be thickened (lichenified), but skin can also be thin and fragile	Can be normal
	Skin temperature	Warm	Cool	Normal
	Systemic effects	None or weight loss from pruritus	Systemic signs observed can be pendulous abdomen, increased thirst and urination, weight gain, dull coat	Usually not
	Hair easily epilated	No	Possibly	No
Clinical diagnostics recommended	Cytology	Yes, to check for second- ary bacterial or yeast infection	Yes, to check for secondary bacterial or yeast infection	Yes, to check for secondary bacterial or yeast infection, but usually not evident
	Skin scraping	Yes, to detect mite infestation	Yes, to detect secondary to demodicosis	Yes, to detect mite infestation, but usually not a concern
	DTM culture	Yes, to detect dermato- phyte infection	Yes, to detect for other causes of hair loss	Yes, to detect mite infestation, but usually not a concern
	Blood work	Possibly, depends on medical history and physical presentation	Yes—CBC, serum chemistry profile, urinalysis and thyroid testing are indicated	Yes—Blood test results are generally normal

Table provided by Andrew Rosenfeld, DVM, Dipl. ABVP, and Kelly Moffat, DVM, Dipl. ACVB.