

If You See the Signs, it's Time to Test

Early clinical signs

- Change in attitude/lethargy
- Decreased performance
- Regional hypertrichosis
- Delayed hair coat shedding
- Loss of topline muscle
- Abnormal sweating (increased or decreased)
- Infertility
- Desmitis/tendonitis
- Regional adiposity
- Laminitis

Advanced clinical signs

- Dull attitude/altered mentation
- Exercise intolerance
- Generalized hypertrichosis
- Loss of seasonal hair coat shedding
- Topline muscle atrophy
- Rounded abdomen
- Abnormal sweating (increased or decreased)
- Polyuria/polydipsia
- Recurrent infections
- Dry eye/recurrent corneal ulcers
- Infertility
- Increased mammary gland secretions
- Tendon and suspensory ligament laxity
- Regional adiposity (bulging supraorbital fat)
- Laminitis/recurrent sole abscesses

**Learn more about the Boehringer Ingelheim
IDPPID testing program at [IDPPID.com](https://www.idppid.com)**

QUESTIONS? Please contact Boehringer Ingelheim Customer Care at
888-637-4251 or CustomerCare@boehringer-ingelheim.com

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Diagnosing PPID

If **early** clinical signs
are observed



Recommended Diagnostic Test:

Thyrotropin-releasing hormone (TRH) stimulation test measuring ACTH¹

T-10 reference ranges:

Negative: <110 pg/mL
Equivocal: 110–200 pg/mL
Positive: >200 pg/mL



Recommended Diagnostic Test:

Resting ACTH¹

Negative: <50 pg/mL
Equivocal: 50–100 pg/mL
Positive: >100 pg/mL



If **advanced** clinical signs
are observed



Recommended Diagnostic Test:

Resting ACTH¹

Negative: <30 pg/mL
Equivocal: 30–50 pg/mL
Positive: >50 pg/mL



Recommended Diagnostic Test:

Resting ACTH¹

Negative: <50 pg/mL
Equivocal: 50–100 pg/mL
Positive: >100 pg/mL



¹Equine Endocrinology Group (EEG) PPID Recommendations, 2019.