

Diagnosing and treating cases of suspected canine Cushing's syndrome or Addison's disease

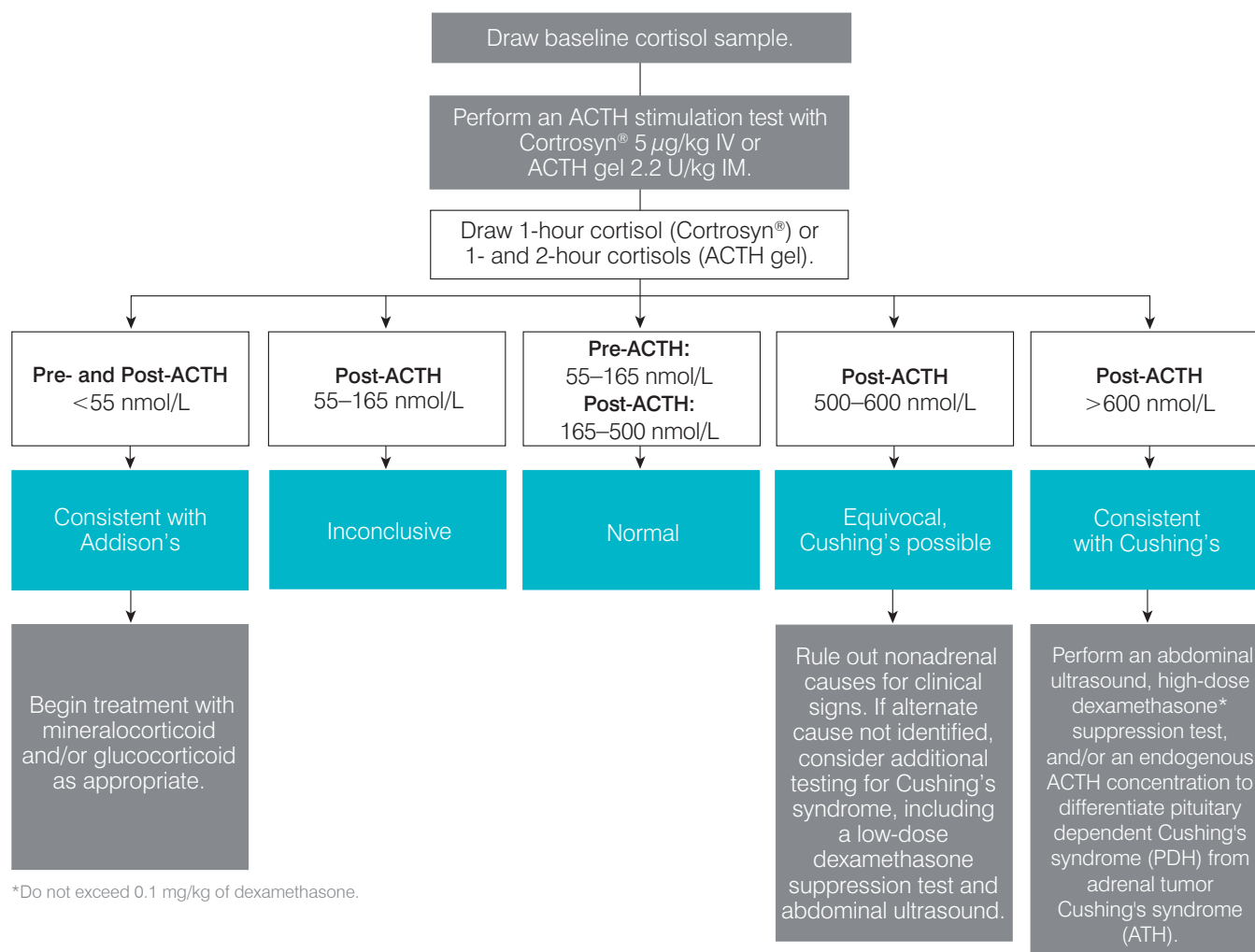
PLEASE NOTE: Administration of exogenous steroids or stress related to concurrent illness may affect the results and interpretation of ACTH stimulation test and dexamethasone suppression test. For patient-specific interpretations provided through IDEXX DecisionIQ™, please view your results in VetConnect® PLUS.

Diagnose

ACTH stimulation test

Diagnostic protocol for cases of suspected canine hyperadrenocorticism (Cushing's syndrome) or hypoadrenocorticism (Addison's disease)

History, physical exam, CBC, chemistry panel, electrolytes, and urinalysis consistent with Cushing's syndrome or Addison's disease.



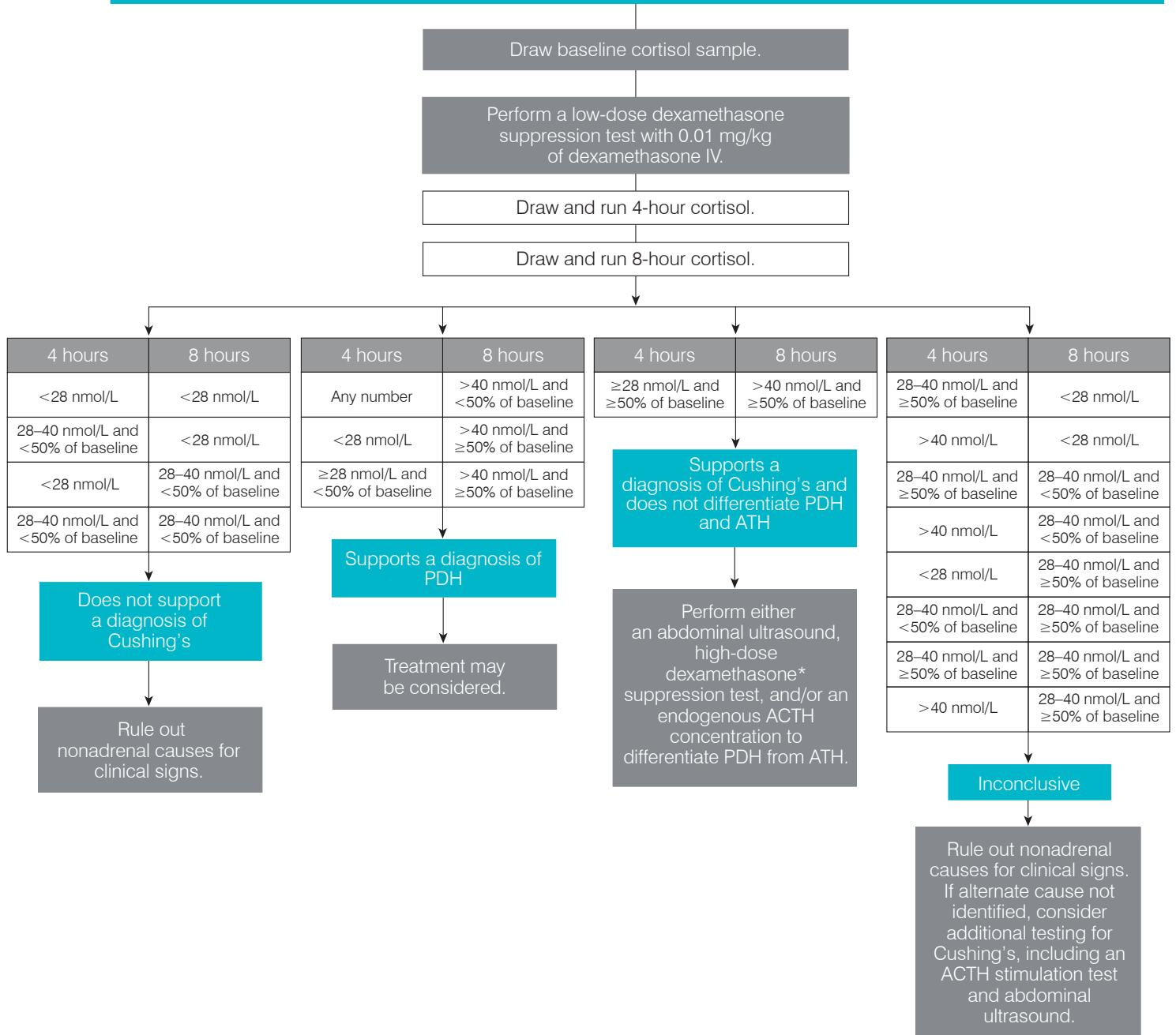
*Do not exceed 0.1 mg/kg of dexamethasone.

Diagnose

Low-dose dexamethasone suppression protocol

For cases of suspected Cushing's syndrome

History, physical exam, CBC, chemistry panel, electrolytes, and urinalysis consistent with Cushing's syndrome.

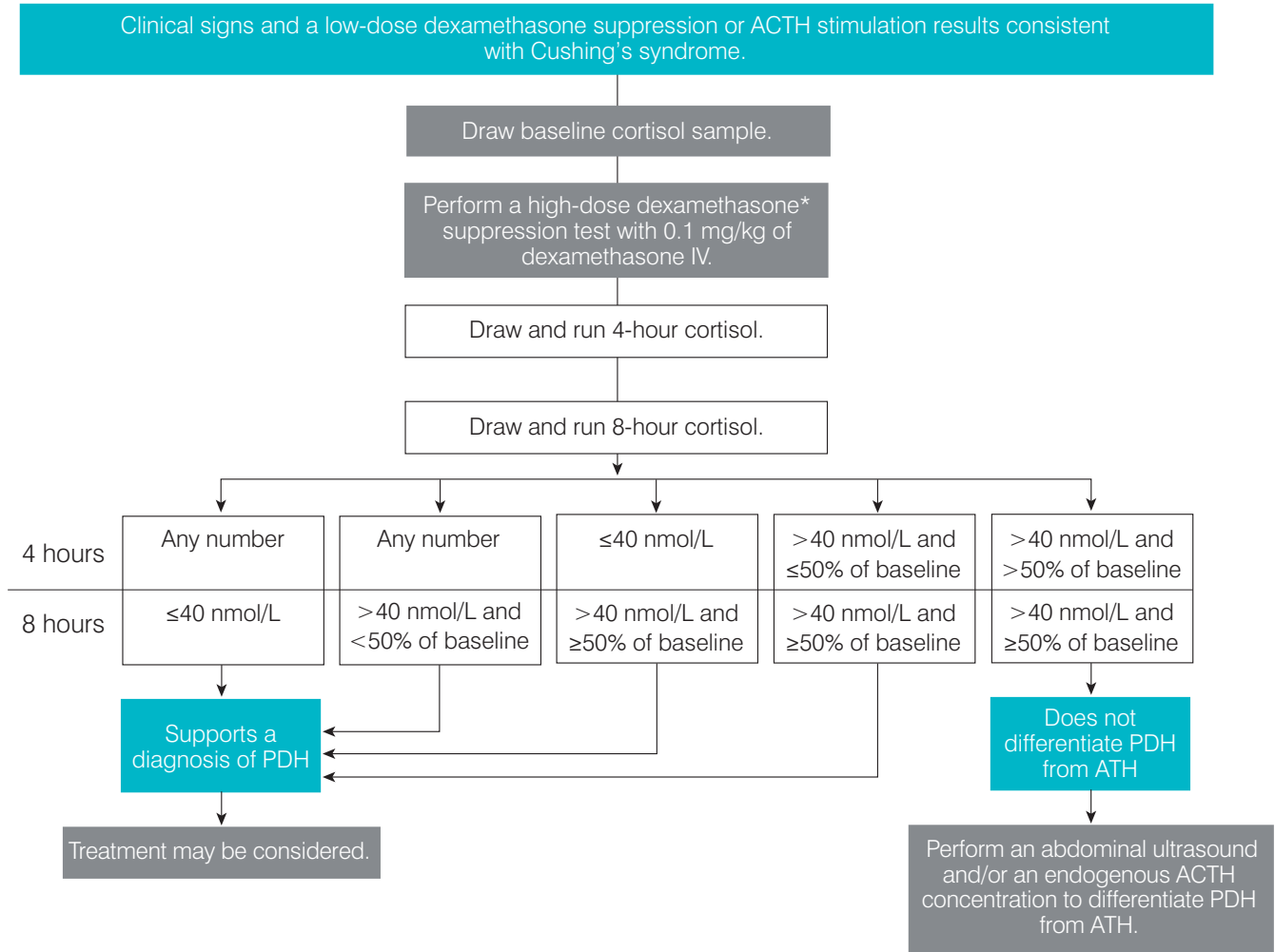


*Do not exceed 0.1 mg/kg of dexamethasone.

Diagnose

High-dose dexamethasone suppression protocol

For determination of pituitary-dependent versus adrenal tumor Cushing's syndrome

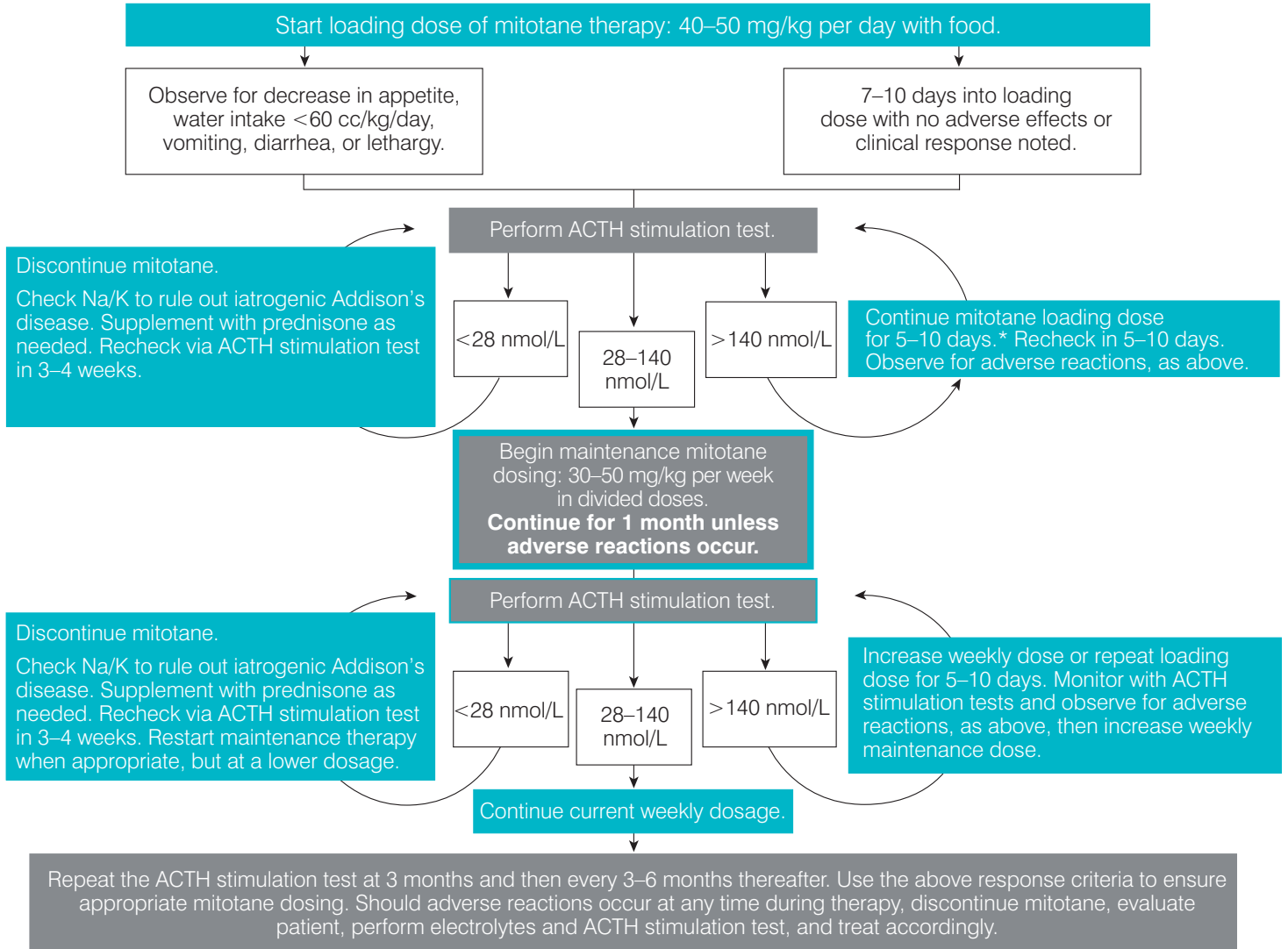


*Do not exceed 0.1 mg/kg of dexamethasone.

Treat

Mitotane (Lysodren®) dosing and monitoring

Treatment of pituitary dependent Cushing's syndrome

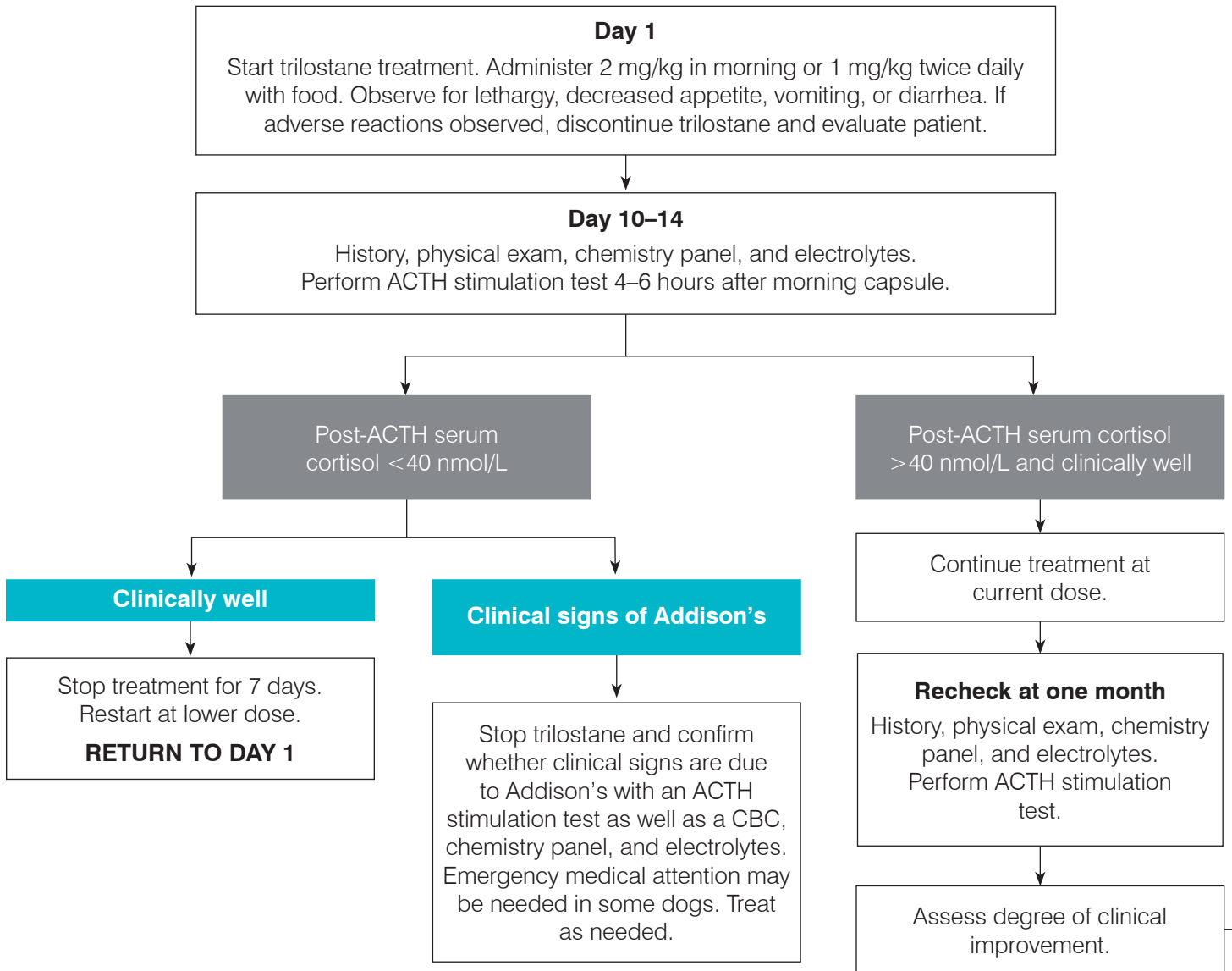


*If ACTH stimulation is still >5 µg/dL after initial 5–10 days of additional loading, continue loading dose for an additional 5–10 days, observing for adverse reactions.

Treat

Trilostane (Vetoryl®) dosing and monitoring*

Treatment of Cushing's syndrome



*Modified from "Treatment and Monitoring of Hyperadrenocorticism" flowchart published by Dechra Ltd., 2019.

