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

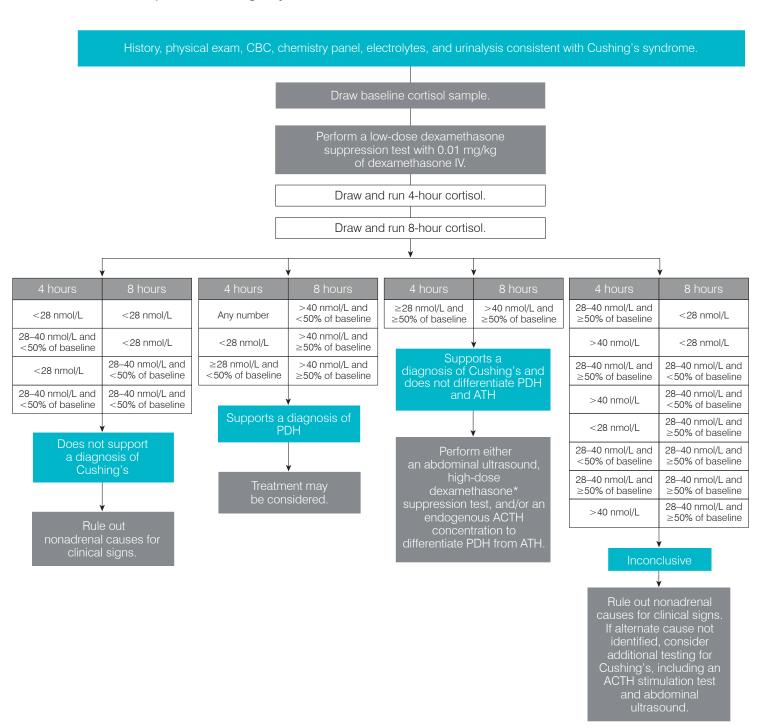
Diagnostic protocol for cases of suspected canine hyperadrenocorticism (Cushing's syndrome) or hypoadrenocorticism (Addison's disease)

History, physical exam, CBC, chemistry panel, electrolytes, and urinalysis consistent Perform an ACTH stimulation test with Cortrosyn[®] 5 μ g/kg IV or ACTH gel 2.2 U/kg IM. Draw 1-hour cortisol (Cortrosyn®) or 1- and 2-hour cortisols (ACTH gel). Pre-ACTH: Pre- and Post-ACTH Post-ACTH Post-ACTH 55-165 nmol/L Post-ACTH <55 nmol/L 55-165 nmol/L Post-ACTH: 500-600 nmol/L >600 nmol/L 165-500 nmol/L Consistent with Consistent Addison's Cushing's possible with Cushing's Rule out nonadrenal causes for clinical signs. If alternate cause not identified, ultrasound, high-dose dexamethasone* Begin treatment with and/or glucocorticoid consider additional and/or an endogenous testing for Cushing's as appropriate. ACTH concentration to a low-dose *Do not exceed 0.1 mg/kg of dexamethasone. abdominal ultrasound.

Diagnose

Low-dose dexamethasone suppression protocol

For cases of suspected Cushing's syndrome

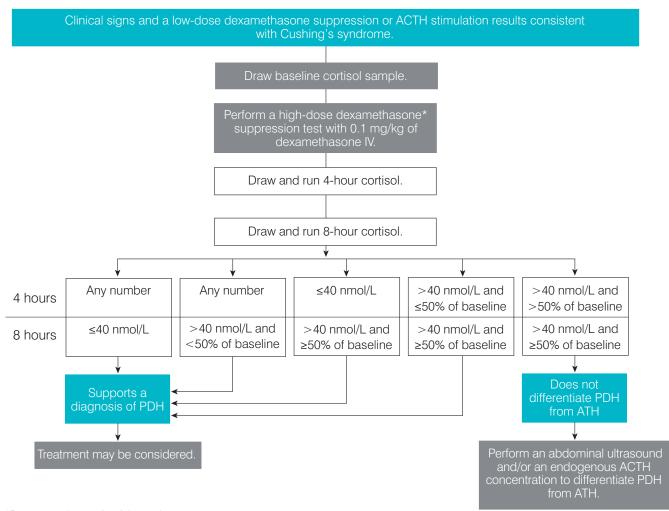


^{*}Do not exceed 0.1 mg/kg of dexamethasone.

Diagnose

High-dose dexamethasone suppression protocol

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

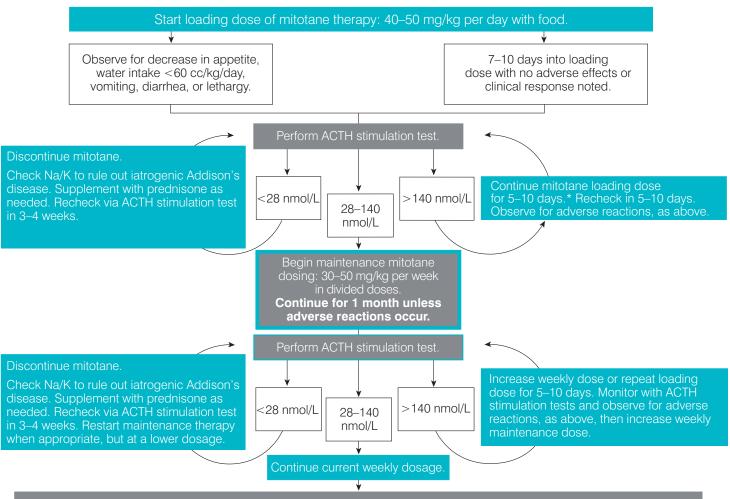


^{*}Do not exceed 0.1 mg/kg of dexamethasone.

Treat

Mitotane (Lysodren®) dosing and monitoring

Treatment of pituitary dependent Cushing's syndrome



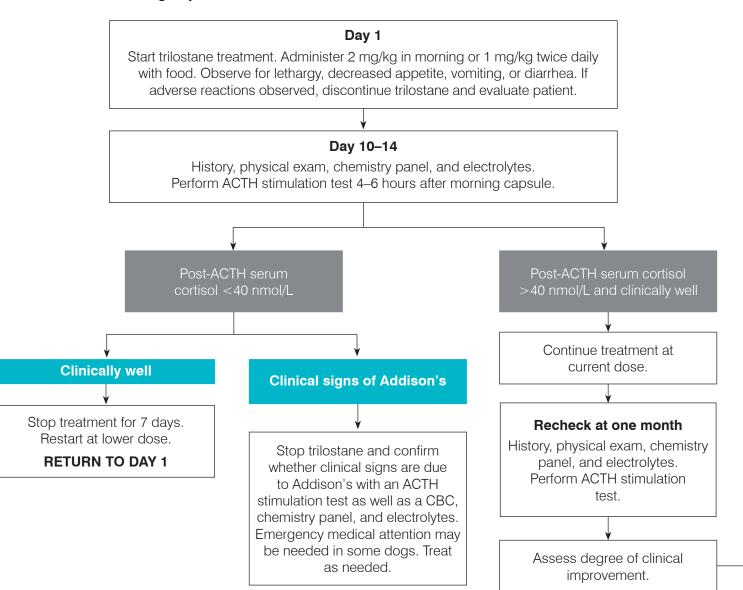
Repeat the ACTH stimulation test at 3 months and then every 3–6 months thereafter. Use the above response criteria to ensure appropriate mitotane dosing. Should adverse reactions occur at any time during therapy, discontinue mitotane, evaluate patient, perform electrolytes and ACTH stimulation test, and treat accordingly.

^{*}If ACTH stimulation is still $>5 \,\mu g/dL$ after initial 5–10 days of additional loading, continue loading dose for an additional 5–10 days, observing for adverse reactions.

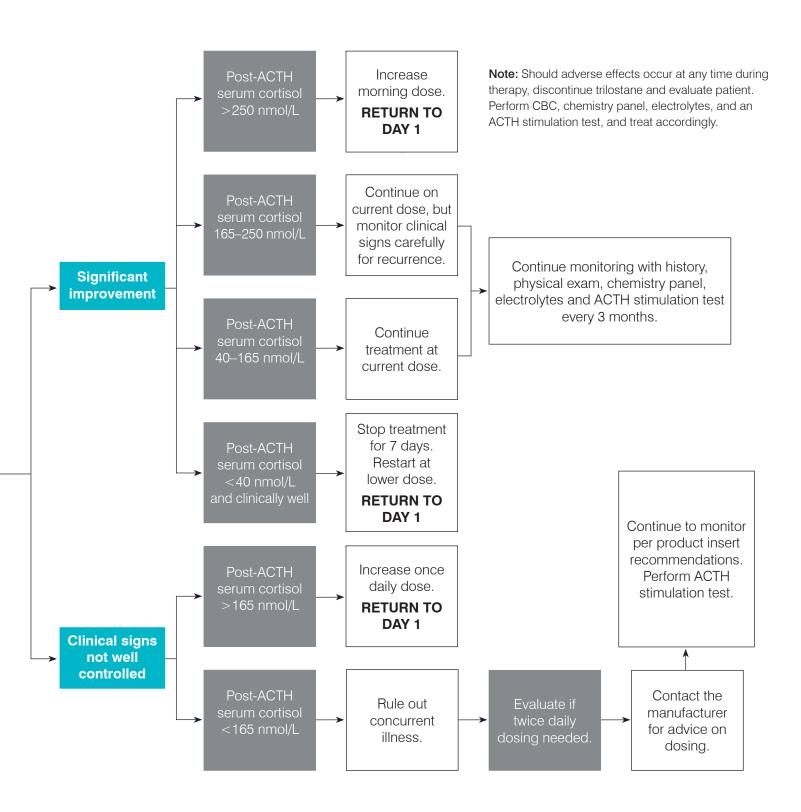
Treat

Trilostane (Vetoryl®) dosing and monitoring*

Treatment of Cushing's syndrome



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







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