

TABLE 4

Summary of Categorical Approach to Diagnosing Suspected Canine Hypercortisolism (Cushing’s Syndrome)

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Classic clinical CS	Clinicopathologic abnormalities without clinical signs	Clinical signs without clinicopathologic abnormalities	Sick patients that may have CS
<i>Clinical Presentation:</i>			
<ul style="list-style-type: none"> Clinical signs and clinicopathologic findings consistent with CS 	<ul style="list-style-type: none"> Obtain thorough history with specific questions about potential clinical signs and steroid exposure If clinical signs are identified, go to Group 1, Next Steps (LDDST) If clinical signs are not identified, go to Next Steps for Group 2 	<ul style="list-style-type: none"> Obtain thorough history with specific questions about potential steroid exposure 	<ul style="list-style-type: none"> Address the presenting clinical signs and underlying cause of acute illness
<i>Next Steps:</i>			
↓	↓	↓	↓
<ul style="list-style-type: none"> Perform LDDST. If confirmatory, consider tests to differentiate between PDH and ADH, and treat accordingly. If not confirmatory, perform ACTHST If ACTHST is not confirmatory, consult with or refer to a specialist 	<ul style="list-style-type: none"> Repeat testing to confirm clinicopathologic abnormalities Consider alternative differential diagnoses if abnormalities exist Endocrine testing is not necessary A UCCR may be performed to rule out CS if desired by client or veterinarian 	<ul style="list-style-type: none"> If CS is strongly suspected, specific endocrine testing is recommended If CS is not strongly suspected or is not confirmed, consider other differential diagnoses for the clinical signs 	<ul style="list-style-type: none"> Do not perform endocrine testing until 2–4 weeks following resolution of acute illness If acute illness is unlikely to resolve without addressing CS, consider consultation with or referral to a specialist

ACTHST, adrenocorticotrophic hormone stimulation test; ADH, adrenal-dependent hyperadrenocorticism; CS, Cushing’s syndrome; LDDST, low-dose dexamethasone suppression test; PDH, pituitary-dependent hyperadrenocorticism; UCCR, urinary cortisol:creatinine ratio.

The 2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines are available at aaha.org/endocrine-disease.

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