### TABLE 4
Summary of Categorical Approach to Diagnosing Suspected Canine Hypercortisolism (Cushing’s Syndrome)

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic clinical CS</td>
<td>Clinicopathologic abnormalities without clinical signs</td>
<td>Clinical signs without clinicopathologic abnormalities</td>
<td>Sick patients that may have CS</td>
</tr>
</tbody>
</table>

#### Clinical Presentation:
- Clinical signs and clinicopathologic findings consistent with CS
- Obtain thorough history with specific questions about potential clinical signs and steroid exposure
- Address the presenting clinical signs and underlying cause of acute illness

#### Next Steps:
- 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.
- 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
- 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
- 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, adrenocorticotropic 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.