Flow diagram: Diagnosis of Canine Hyperadrenocorticism (Canine Cushing’s Disease)

Hyperadrenocorticism (Cushing’s) Suspect
Clinical Signs: PU/PD, polyphagia, panting
thin skin, pot belly, hair loss
Routine lab tests: high alkaline phosphatase enzyme

Screening tests (to rule in/out hyperadrenocorticism)
ACTH response test or low dose dexamethasone suppression test

Positive

‘Suppression’ on Low Dose Dex?
Perform differentiation test

Still suspicious? (strong consistent signs, high resting cortisol?)

High dose dex suppression
Suppression → PDH
No suppression
Measure ACTH or Do ultrasound

Low → adrenal tumor
Normal or high → PDH
Mass in region of one adrenal

Both adrenals visible?

PDH=pituitary-dependent hyperadrenocorticism; ACTH response=inject exogenous ACTH; measure ACTH=measure plasma endogenous ACTH
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