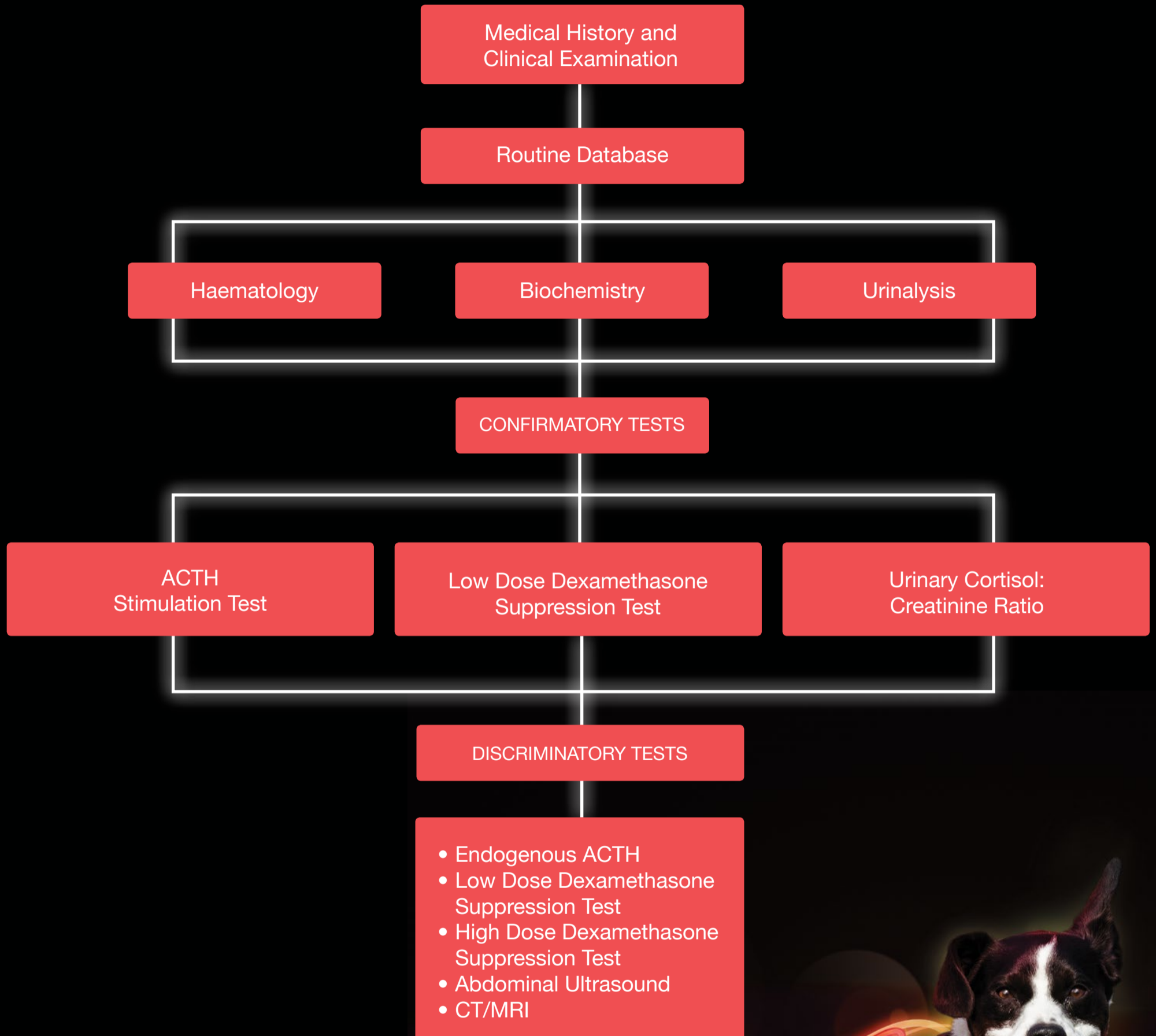


Diagnosis of Canine Hyperadrenocorticism



VETORYL: Vetoryl contains trilostane UK [POM-V] IE [POM]
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Behrend et al (2013) Diagnosis of Spontaneous Canine Hyperadrenocorticism: 2012 ACVIM Consensus Statement (Small Animal) Jvim 27: 1292-1304

Test	Principles	Sensitivity	Specificity	Protocol	Interpretation	Notes
Low-Dose Dexamethasone Suppression (LDDST)	Can demonstrate decreased hypothalamic-pituitary-adrenal axis sensitivity to negative glucocorticoid feedback	85 - 100%	44 - 73%	The LDDST should be performed using 0.01 – 0.015 mg/kg dexamethasone sodium phosphate or dexamethasone polyethylene glycol IV; calculate dose using the parent compound and not the salt Obtain blood samples before and 4 and 8 hours after dexamethasone administration	<ul style="list-style-type: none"> Cortisol concentrations vary by assay and among laboratories using the same method. Reference ranges and cut-off values must be established by each laboratory; therefore, the Panel does not recommend specific reference ranges and cut-off values 	The Panel considers the LDDST as the screening test of choice unless iatrogenic HAC is suspected. A diagnosis of HAC is determined by the cortisol concentration 8 hours after dexamethasone administration
ACTH Stimulation	Assesses adrenocortical reserve and is the gold standard for diagnosis of iatrogenic HAC	57 - 95%	59 - 93%	Perform the test using 5 µg/kg of synthetic ACTH with blood samples drawn before and 60 minutes after administration The Panel prefers IV administration	<ul style="list-style-type: none"> No particular assay is recommended 	The gold standard for diagnosis of iatrogenic HAC Because of its low sensitivity, its diagnostic usefulness as a screening test for spontaneous HAC is inferior to the LDDST
Urinary Cortisol: Creatinine Ratio (UCCR)	Provides an integrated reflection of cortisol production, adjusting for fluctuations in blood concentrations	99%	77%	Two UCCR tests performed on urine samples taken on two consecutive days To avoid the influence of stress and false positive results, urine should be collected at home at least two days after a visit to a veterinary clinic Although a UCCR sample can be collected at any time of day, morning urine may be preferred because it usually represents several hours of urine production	<ul style="list-style-type: none"> The Panel believes that current reference ranges and cut-off values should be re-evaluated 	When a single, random urine sample is collected in veterinary hospitals, the reported sensitivity and specificity of the UCCR for diagnosis of HAC ranges from 75 - 100% and 20 - 25%, respectively However, using this protocol, changes consistent with HAC, the sensitivity and specificity of finding two basal UCCRs above the cut-off level is considerably higher

Screening tests summary based on the 2012 ACVIM Consensus Statement on the diagnosis of spontaneous canine hyperadrenocorticism (HAC)¹

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