Diagnosing and Treating Cases of Suspected Canine Hyperadrenocorticism or Addison's Disease

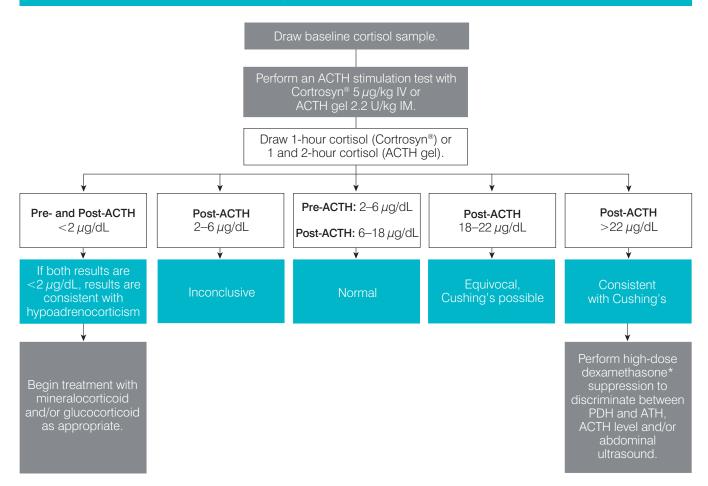
IMPORTANT: Review history of any administration of corticosteroids as these may influence the reported results.

Diagnose

ACTH Stimulation Test

Diagnostic Protocol for Cases of Suspected Canine Hyperadrenocorticism or Addison's Disease

History, physical exam, CBC, chemistry panel, electrolytes and urinalysis consistent with Canine Hyperadrenocorticism or Addison's disease

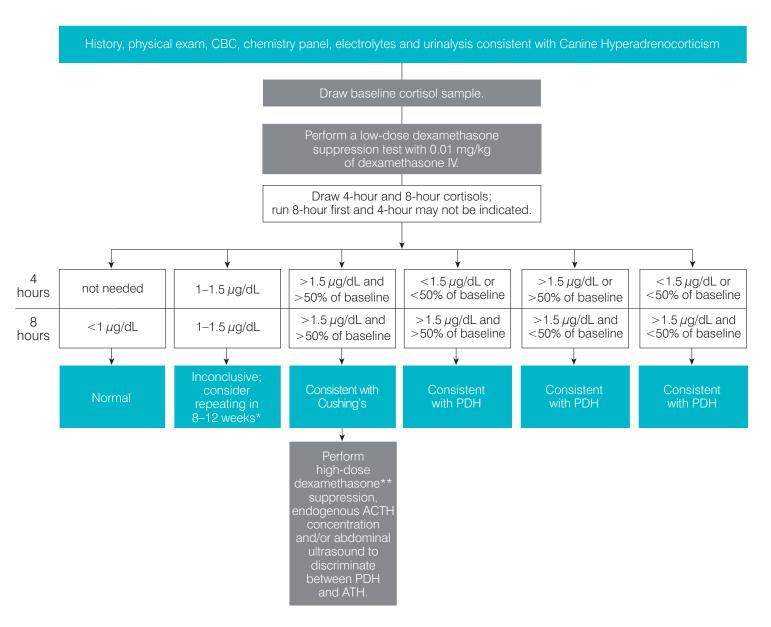


^{*}Do not exceed 0.1 mg/kg of dexamethasone.

Diagnose

Low-Dose Dexamethasone Suppression Protocol

For Cases of Suspected Canine Hyperadrenocorticism



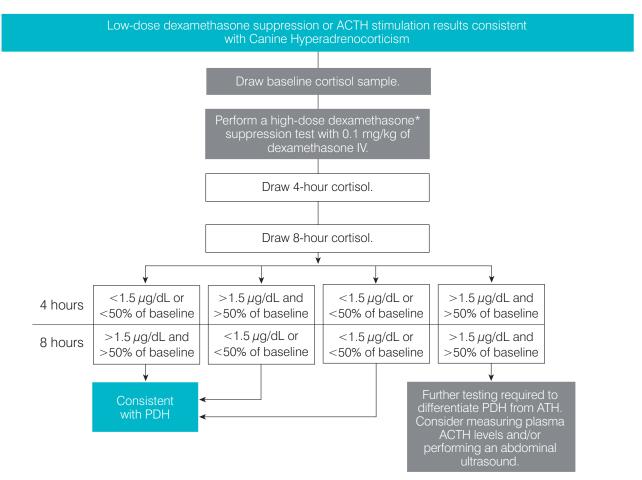
^{*}Wait a minimum of 48 hours before repeating if a technical error in the protocol occurred.

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

Diagnose

High-Dose Dexamethasone Suppression Protocol

For Determination of Pituitary-Dependent vs. Adrenal Tumor Canine Hyperadrenocorticism

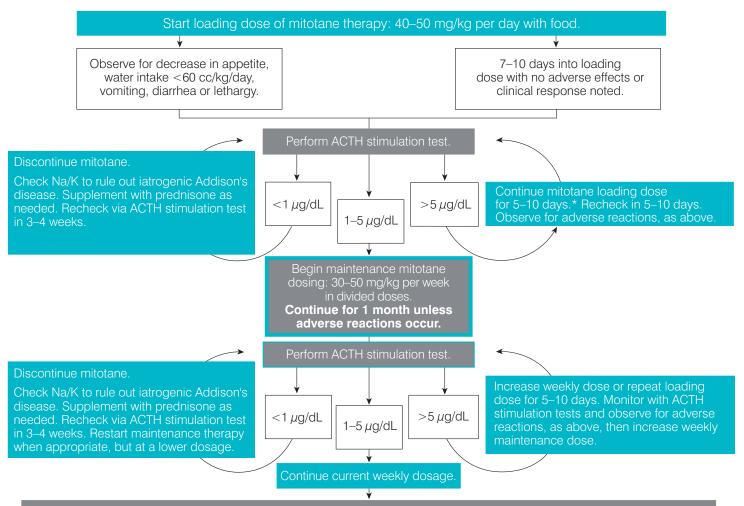


^{*}Do not exceed 0.1 mg/kg of dexamethasone.

Treat

Mitotane (Lysodren®) Dosing and Monitoring

Treatment of Pituitary Dependent Canine Hyperadrenocorticism



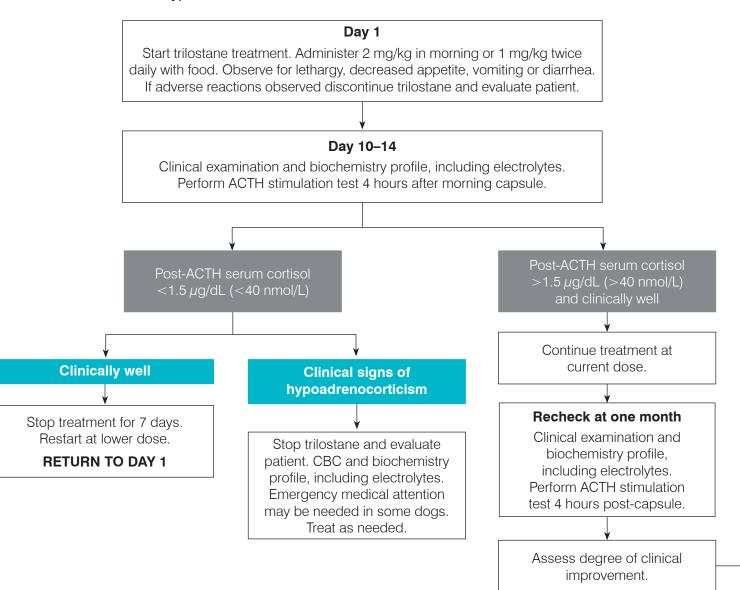
Repeat the ACTH stimulation test at 3 months and then every 3–6 months thereafter. Use the above response criteria to ensure appropriate mitotane dosing. Should adverse reactions occur at any time during therapy, discontinue mitotane, evaluate patient, perform electrolytes and ACTH stimulation test and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



^{*}Modified from "Treatment and Monitoring of Hyperadrenocorticism" flowchart published by Dechra Ltd., 2009.

