

High-Dose Dexamethasone Suppression Test (Canine)

Indications

- Differentiation between pituitary and adrenal forms of hyperadrenocorticism (Cushing's disease) in dogs already diagnosed with hyperadrenocorticism via ACTH stimulation or low-dose dexamethasone suppression (LDDS) testing.
- Not indicated for the initial diagnosis of hyperadrenocorticism.

Notes

- High-dose dexamethasone suppression (HDDS) is indicated for use in dogs already diagnosed as having hyperadrenocorticism where no suppression is seen on the LDDS at 4 and 8 hours.
- Suppression during an HDDS test, in dogs already diagnosed as having hyperadrenocorticism, is consistent with pituitary-dependent hyperadrenocorticism. Failure to suppress could occur with both pituitary-dependent or adrenal-dependent hyperadrenocorticism and further diagnostics would be necessary to differentiate (e.g. abdominal ultrasound).

Protocol

- Collect a baseline blood sample (1-2 ml in a plain/gel tube).
- Inject **0.1 mg/kg of dexamethasone intravenously**, via IV catheter.
- Collect the second blood sample (1-2 ml in a plain/gel tube) 4 hrs post-injection.
- Collect the third blood sample (1-2 ml in a plain/gel tube) 8 hrs post-injection.
- Ensure the samples have clotted and centrifuge the samples 30-120 minutes after collection.
- For samples collected in plain tubes, please separate the serum into another plain tube (this step is not necessary for samples collected in gel tubes).
- Please label all tubes with the patient's name and the time of sampling.
- Please include the patient history, including drug history, on the request form.
- Submit the separated serum samples and the request form to the reference laboratory (Test code DEXH).
- Cortisol will be measured in all three samples.

