

Diagnosis Of Naturally-occurring Canine Hypercortisolism; An Australian Survey

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Naturally occurring canine hypercortisolism is commonly diagnosed in primary care practice. How diagnostic tests are used and interpreted by Australian veterinarians is currently unknown.

To investigate diagnostic processes by Australian small animal primary care veterinarians, a cross-sectional study was conducted in January and February 2025. The anonymous online survey consisted of multiple-choice and short-answer questions.

The survey was completed by 357 respondents. When hypercortisolism was suspected, 98% performed adrenal function testing whilst 2% used treatment trials. Most veterinarians (90.0%) performed screening tests in dogs with consistent clinical signs but not clinicopathological abnormalities, and 79.7% in dogs with consistent clinicopathological abnormalities but not clinical signs. For veterinarians who performed function testing (n=350), 75.4% used the same screening tests regardless of magnitude of pre-test suspicion; 89.0% used either an adrenocorticotrophic hormone (ACTH) response or low-dose dexamethasone suppression test (LDDST) alone. When no financial constraints were present, 59.1% of 357 respondents typically attempted differentiation between ACTH-dependent and ACTH-independent disease; 40.9% did not. For those that did (n=211), 73.5% and 41.7% always used abdominal ultrasound and LDDST, respectively. Half (49.6%) indicated that specialist referral was not offered to any of the ten preceding cases they managed.

Hypercortisolism is frequently diagnosed in dogs without consistent clinical signs, or without performing routine clinical pathology tests, raising concerns for overdiagnosis. A large proportion of respondents almost never attempted to differentiate between causes of hypercortisolism, possibly affecting long-term management and prognosis. Referral to a specialist is rare, suggesting the condition is frequently managed in primary care practice.