

## Diagnosis of Naturally Occurring Hypercortisolism by Primary Care Veterinarians: A Western European Survey

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Several diagnostic tests have been described to screen for naturally occurring hypercortisolism (HC) and differentiate the cause in affected dogs. This study aimed to determine testing protocols used by Western European primary care veterinarians (WEPCV) for diagnosis of canine HC.

An online survey translated into four different languages (Portuguese, Spanish, French and Italian) was developed using an electronic platform. Respondents were recruited through social network veterinary groups, mailing lists and talks. Questions focused on testing protocols for screening and differentiation.

Overall, 2021 responses from 8 European countries were included (Italy [n=1297], Portugal [n=261], France [n= 222], Spain [n=192], Belgium [n=41], Switzerland [n=4], Luxembourg [n=3] and Netherlands [n=1]). Of the respondents, 80.0%, 64.0%, 63.5%, 62.4%, 49.5%, 18.0% and 7.7% indicated always performing haematology, urinalysis, abdominal ultrasonography, electrolytes, biochemistry, blood pressure measurement and urine culture prior to adrenal function testing, respectively. When HC was suspected, 98.8% of respondents indicated performing adrenal function testing, while 1.2% relied on a treatment trial. Among the former, 58.9% indicated they would screen a dog for HC without consistent clinical signs but with consistent clinicopathological abnormalities. Of 1996 respondents who performed adrenal function testing, 66% indicated always using the same initial screening tests, while 34% indicated using different screening tests depending on their pre-test suspicion. Among the former, tests used included ACTH stimulation test (33%), low-dose dexamethasone suppression test (LDDST) (32.2%), urine corticoid:creatinine ratio (UCCR) (5.5%), UCCR dexamethasone suppression test (2.4%), basal cortisol (1.1%) or a combination of tests (25.8%). Where there was no financial constraint, 1349 (67.6%) respondents always attempted

differentiation while 417 (20.9%) and 229 (11.5%) never and sometimes did it, respectively. Differentiating tests included abdominal ultrasonography (82.8%), LDDST (48.3%), head CT/MRI (11.2%), endogenous ACTH (10.8%), high-dose dexamethasone suppression test (8.4%), UCCR dexamethasone suppression test (7.1%) and abdominal CT/MRI (6.6%). Overall, 68.5% of respondents indicated having offered referral to an internal medicine or dermatology specialist to  $\leq 20\%$  cases suspected or diagnosed with HC over the previous 5 years.

Testing protocols vary among WEPCV. Over 50% of respondents potentially screen for HC in dogs without consistent clinical signs, raising concerns for overdiagnosis. A proportion of WEPCV never attempt to differentiate the cause of HC, which likely affects management strategies and long-term prognosis. Cases are rarely referred to a specialist, reflecting that this disease is mainly managed in first-opinion practices. The results suggest that there is room for further education of WEPCV.

#### Disclosures

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