



Hyperadrenocorticism

micro drip study guide

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Instructor: Dr. Christopher G. Byers, DVM, DACVECC,
DACVIM (SAIM), CVJ

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Clinical Signs

Chronic & Progressive

- Not immediately life-threatening

Clinical Diagnosis

- Need more than just laboratory tests!
- Do NOT treat without clinical signs!

Challenging Diagnosis

- Not all patients have "classic" signs
- Families confuse clinical signs with "aging"
- Confusing screening test results

I think it's very important to remember that Cushing's disease is not an acutely life-threatening process under most circumstances. This disease is chronic and progressive. It's also a clinical diagnosis. What does that mean?

It means one needs to have more than just laboratory test results that are consistent with a diagnosis of Cushing's disease. We really should not be treating patients without clinical signs or without evidence of pathology. What do I mean by evidence of pathology? I'm talking about abnormalities like persistent hypertension and proteinuria. Cushing's disease can be challenging to diagnose. Not all patients have the classic clinical signs. Sometimes families understandably, logically, confuse clinical signs with aging.

They just think their dog is getting old. And then of course, we all know that there's not a perfect test to screen for Cushing's disease. And so these confusing test results can further muddy the waters.

Clinical Signs

• The 4 classic "P"s

• Polydipsia (>100 mL/kg/day)
• 80-91%

• Polyuria (>50 mL/kg/day)
• 80-91%

• Polyphagia
• 46-57%

• Panting
• 30%

• Hepatomegaly

What are the classic clinical signs associated with Cushing's disease? Well, we have the four Ps: polydipsia, polyuria, polyphagia, and panting. Patients often have hepatomegaly. Why is their liver big? Their liver is big because the state of hypercortisolemia as caused a glycogen-type vacuolar hepatopathy.

Clinical Signs

• Lethargy/weakness
• 14-57%

• Muscle Atrophy
• 35%

• Pendulous abdomen
• 67-73%

• Bilaterally symmetrical
non-pruritic truncal
hypotrichosis / alopecia

• Thin, inelastic skin
• Cats > Dogs

Almost two thirds of patients with Cushing's disease may be described as weak or lethargic. About a third of these patients have obvious sarcopenia. Almost three quarters of them can have a pendulous abdomen.

Cortisol affects different muscle types. For example, the rectus abdominus muscle becomes weakened. What organ lies on top of the rectus abdominus muscle? In part, the liver. So you have a weakened abdominal muscle that has a bigger, heavier organ laying on top of it. It makes sense that your patient would develop a pot-bellied or pendulous abdomen.

There are some obvious dermatological changes associated with Cushing's disease. Perhaps most common is bilateral symmetrical, non-pruritic, truncal hypotrichosis and even alopecia.

Occasionally, you'll run across a natural case of Cushing's disease in cats. And in my experience one of the hallmark features of Cushing's disease in cats is a remarkably thin and inelastic skin.