A brown dog, possibly a Weimaraner, is shown in profile, sitting and looking upwards with its tongue hanging out. The background is dark with glowing blue digital lines and patterns. The text is overlaid on the right side of the image.

**THE THREE THINGS  
ABOUT CUSHING'S I WISH  
I'D KNOWN SOONER**

# CLINICAL SIGNS

ARE KING



# CLINICAL SIGNS

ARE KING: DIAGNOSIS





# Is there enough evidence to test?

## What increases your suspicion and why?

### VetCompass Cushing's Diagnostic Prediction Tool

**VetCompass™ Cushing's Diagnostic Prediction Tool**

Use this tool to estimate the likelihood of an individual dog having Cushing's syndrome.

First, score a dog you suspect of having Cushing's syndrome for each category in the [scoring table](#) and sum the points.

Then match the result to the [prediction table](#).

**Cushing's Scoring Table:**

	Category	Points	Points scored
<b>Dog demography</b>	Neuter status	Female-entire	0
		Female-neutered	-1
		Male-entire	-1
		Male-neutered	-1
	Current age (years)	<7	0
	≥7	1	
Breed	Bichon frise	2	
	Border terrier	1	
	Labrador retriever	-3	
	Schnauzer	-2	
	West Highland white terrier	-3	
	Other breed or crossbreed	0	0
<b>Presenting clinical signs</b>	Polydipsia	Yes	2
		No	0
	Vomiting	Yes	-2
		No	0
	Potbelly/hepatomegaly	Yes	3
		No	0
Alopecia	Yes	2	
	No	0	
Pruritus	Yes	-2	
	No	0	
<b>Laboratory factors</b>	Urine specific gravity	Dilute (≤ 1.020)	0
		Not dilute (> 1.020)	-2
		Not recorded	-1
	Serum ALKP	Elevated	0
		Not elevated	-3
	Not recorded	0	
<b>Total score:</b>			0

Schofield J, Brodbelt DC, Niessen SJM, Church DB, Geddes RF, Kennedy N, O'Neill DG. Development and internal validation of a prediction tool to aid the diagnosis of Cushing's syndrome in dogs

**Cushing's Prediction Table:**

Points total	Predicted likelihood of Cushing's syndrome (.00 = 0%; .96 = 96%)
-13	.00
-12	.01
-11	.01
-10	.01
-9	.02
-8	.03
-7	.04
-6	.05
-5	.08
-4	.11
-3	.15
-2	.20
-1	.27
0	.35
1	.44
2	.53
3	.63
4	.71
5	.78
6	.84
7	.88
8	.92
9	.94
10	.96

**Case example:**

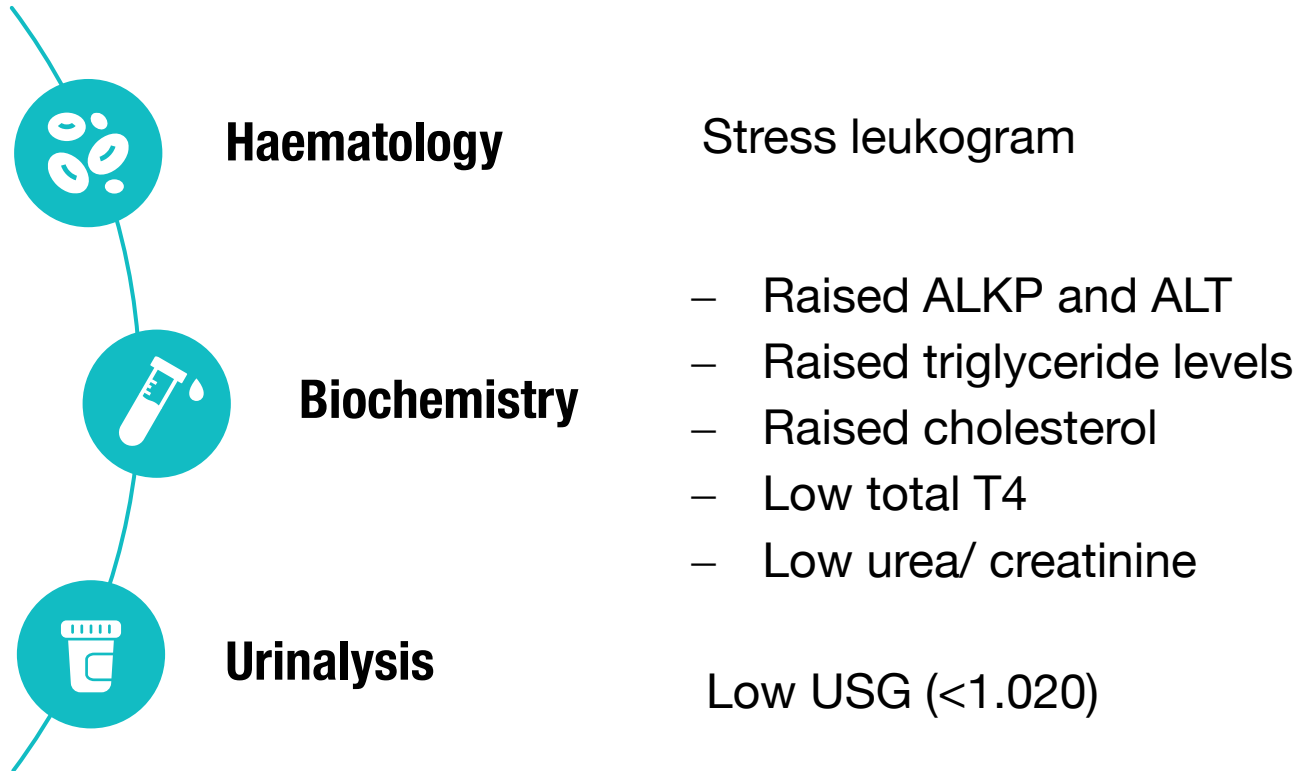
When using the tool for a 9 year old, female-neutered, crossbreed dog presenting only with polydipsia, ALKP is not elevated and USG is not dilute the dog would gain a score of -3, indicating a 15% likelihood of having Cushing's syndrome.

Schofield J, Brodbelt DC, Niessen SJM, Church DB, Geddes RF, Kennedy N, O'Neill DG. Development and internal validation of a prediction tool to aid the diagnosis of Cushing's syndrome in dogs attending primary-care practice. *J Vet Intern Med.* 2020.

### Thursday 14<sup>th</sup> November

11:00	Fred 8y6m MN Chihuahua Admit for dental	
11:15	Snickers 2y6m ME Lab Urinating in his bed	
11:30	Minnie 8y FE Bichon Drinking more, swollen belly	
11:45	Tilly 4y10m FE Boxer Drinking lots, vomiting, discharge from back end	
12:00	Milo 9y1m MN Border terrier Drinking lots & urinating in the house	

# INITIAL TESTS



# Is there enough evidence to test?



Typical signalment



Consistent clinical presentation



Laboratory changes consistent with disease



Given the evidence already gathered, performing Cushing's specific testing is beneficial for this patient

FRED



**8-year-old, MN, Chihuahua**



Came in for a **routine scale and polish**



**Pre-GA Bloods:**

Elevated ALKP (moderate) & ALT (mild)  
Mild lymphopenia



**Urinalysis:** USG – 1.015



WOULD YOU RUN A  
**DIAGNOSTIC TEST FOR  
CUSHING'S?**

 **NO**

**FRED**

# Is there enough evidence to test?

What increases your suspicion and why?



Typical signalment

Consistent clinical presentation

Laboratory changes consistent with disease



**We need more clinical evidence to justify testing**

FRED



# LIKELIHOOD OF CUSHING'S:

35%



**RVC** Royal Veterinary College University of London **VetCompass** **Dechra**

**VetCompass™ Cushing's Diagnostic Prediction Tool**

Use this tool to estimate the likelihood of an individual dog having Cushing's syndrome.

First, score a dog you suspect of having Cushing's syndrome for each category in the scoring table and sum the points.

Then match the result to the prediction table.

**Cushing's Scoring Table:**

Category	Points	Points scored
<b>Dog demography</b>		
Neuter status	Female-entire 0 Female-neutered -1 Male-entire -1 Male-neutered -1	-1
Current age (years)	<7 0 ≥7 1	1
Breed	Bichon frise 2 Border terrier 1 Labrador retriever -3 Schnauzer -2 West Highland white terrier -3 Other breed or crossbreed 0	0
<b>Presenting clinical signs</b>		
Polydipsia	Yes 2 No 0	
Vomiting	Yes -2 No 0	
Potbelly/hepatomegaly	Yes 3 No 0	
Alopecia	Yes 2 No 0	
Pruritus	Yes -2 No 0	
<b>Laboratory factors</b>		
Urine specific gravity	Dilute (≤ 1.020) 0 Not dilute (> 1.020) -2 Not recorded -1	0
Serum ALKP	Elevated 0 Not elevated -3 Not recorded 0	0
<b>Total score:</b>		<b>0</b>

Schofield J, Brodbelt DC, Niessen SJM, Church DB, Geddes RF, Kennedy N, O'Neill DG. Development and internal validation of a prediction tool to aid the diagnosis of Cushing's syndrome in dogs attending primary-care practice. *J Vet Intern Med.* 2020.

# FRED

Polyphagic, bilateral flank alopecia, increased thirst and urination.



Lymphopenia



Raised ALKP/ ALT and cholesterol



USG 1.015

DOES THIS  
INCREASE OUR  
SUSPICION OF  
**CUSHING'S?**



**YES**



FRED



# LIKELIHOOD OF CUSHING'S:

88%



### VetCompass™ Cushing's Diagnostic Prediction Tool

Use this tool to estimate the likelihood of an individual dog having Cushing's syndrome.

First, score a dog you suspect of having Cushing's syndrome for each category in the [scoring table](#) and sum the points.

Then match the result to the [prediction table](#).

#### Cushing's Scoring Table:

	Category	Points	Points scored
<b>Dog demography</b>			
Neuter status	Female-entire	0	-1
	Female-neutered	-1	
	Male-entire	-1	
	Male-neutered	-1	
Current age (years)	<7	0	1
	≥7	1	
Breed	Bichon frise	2	0
	Border terrier	1	
	Labrador retriever	-3	
	Schnauzer	-2	
	West Highland white terrier	-3	
	Other breed or crossbreed	0	
<b>Presenting clinical signs</b>			
Polydipsia	Yes	2	2
	No	0	
Vomiting	Yes	-2	0
	No	0	
Potbelly/hepatomegaly	Yes	3	3
	No	0	
Alopecia	Yes	2	2
	No	0	
Pruritus	Yes	-2	0
	No	0	
<b>Laboratory factors</b>			
Urine specific gravity	Dilute (≤ 1.020)	0	0
	Not dilute (> 1.020)	-2	
	Not recorded	-1	
Serum ALKP	Elevated	0	0
	Not elevated	-3	
	Not recorded	0	
<b>Total score:</b>			<b>7</b>

Scheffield J, Brodbelt DC, Niessen SJM, Church DB, Geddes RF, Kennedy N, O'Neill DG. Development and internal validation of a prediction tool to aid the diagnosis of Cushing's syndrome in dogs attending primary-care practice. *J Vet Intern Med.* 2020.

# MINNIE

8y FE Bichon Frise

PUPD, pot belly, panting inappropriately



**NAD**



**Raised ALKP/ ALT**



**USG 1.018**

**92%**



# MINNIE

**Would a negative test result trump your belief that this patient has Cushing's?**

92%



# CLINICAL SIGNS

ARE KING: MONITORING



# TIMELINE



Day 0



Day 10



Day 28



Month 3



Month 6

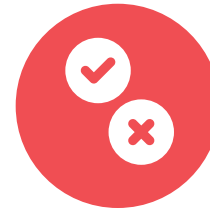
# FOCUS ON CLINICAL RESPONSE



Is the dog **well**?



Do they have **clinical signs** of Cushing's?



Have they got better or **worse**?

## Cushing's Clinical Score

These are the important clinical signs to monitor in a dog with Cushing's. Please complete this and bring to your next monitoring consultation with your vet to help your vet monitor your dog's disease.

Please choose the number that best describes how your dog is today for each category.

**Drinking & Urination** Your dog's score

0	1	2	3	Score
Drinks and urinates a normal amount	Possibly drinks and urinates more	Drinks and urinates more	Constantly drinking and urinating	<input type="text"/>

**Appetite** Your dog's score

0	1	2	3	Score
Eats a normal amount	Finishes food more eagerly	Finishes food more eagerly & begs for more	More obsessed with food than ever	<input type="text"/>

**Appearance** Your dog's score

0	1	2	3	Score
Appearance is normal	Slightly poor hair and skin quality	Poor hair and skin quality +/- slight pot belly	Substantial hair loss +/- pot belly	<input type="text"/>

**Attitude/activity** Your dog's score

0	1	2	3	Score
Attitude/activity is normal	Not quite themselves	Not themselves +/- panting at rest	Not themselves, weak +/- constantly panting	<input type="text"/>

Any other clinical signs observed (e.g. vomiting, diarrhoea, off food):

---



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To find out more visit [www.canine-cushings.co.uk/monitoring](http://www.canine-cushings.co.uk/monitoring)

For further information contact: Dechra Veterinary Products Limited, Sansaw Business Park, Hadnall, Shrewsbury, Shropshire, SY4 4AS T +44 (0)1939 211200 F +44 (0)1939 211201 www.dechra.co.uk www.dechra.ie  
Registered Office: 24 Chestnut Avenue, Chesire Business Park, Lostock Gralam, Northwich CV9 7UA, Registered in England and Wales, Company Registration No.5385888. Dechra Veterinary Products Limited is a trading business of Dechra Pharmaceuticals PLC.

June 2020 DVP1411



## CushQoL-pet: Cushing's Quality-of-life Questionnaire

Completing this questionnaire will help your vet understand how your dog is progressing and how Vetoryl® is working to bring back health and restore life.

Please choose the category that best describes how your dog is currently for each question.

	Never	Occasionally	Often	All the time
<b>CLINICAL IMPACT</b>	0	1	2	3
My dog is excessively thirsty				
My dog urinates in the house				
My dog is excessively hungry				
My dog pants excessively				

	0	1	2	3
<b>DOG'S DEMEANOUR</b>				
My dog is depressed and quiet				
My dog has no energy				
My dog doesn't want to interact with other people/dogs				
My dog is reluctant to play with me				
My dog seems disorientated/confused				

	0	1	2	3
<b>PHYSICAL IMPACT</b>				
I struggle with my dog's weight				
My dog's hair coat is in a poor condition				
My dog's skin appears to be uncomfortable (e.g. dry/tight)				
My dog appears to be in a poor physical condition (e.g. muscle loss/pot bellied)				
My dog struggles to walk very far				






	0	1	2	3
<b>OWNER IMPACT</b>				
I worry about the future health of my dog				
Mine and my dog's daily routine is disrupted				
I feel I am struggling to manage my dog's health				
I feel the bond between me and my dog is lacking				
I feel my dog's appearance attracts negative comments				

<b>TOTAL SCORE</b>	<input type="text"/>
--------------------	----------------------



BERTIE



-  9-year-old, MN, beagle
-  Been on Vetoryl 30mg SID for 28 days, presented for medication review
-  PUPD and polyphagia resolved
-  Previous recheck  
CCS=improved
-  CushQoL-pet -0.10 (greatly improved QoL)  
since previous recheck

BERTIE



Is Bertie **well**?

✓ YES



Does he have **clinical signs of Cushing's**?

✗ NO



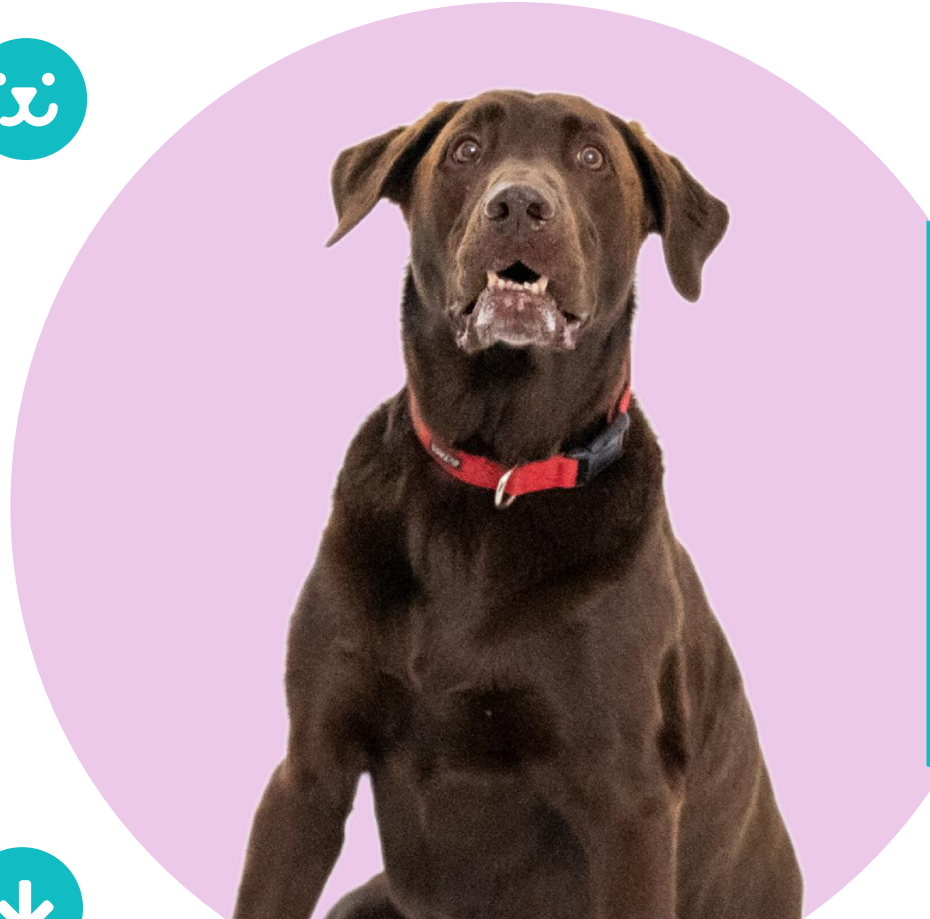
Has he become **better or worse** since the last review?

✓ BETTER



Do you suspect he will **need a dose adjustment**?

✗ NO



BEAU

11-year-old, MN, labrador



Been on Vetoryl 30mg BID for 6 months,  
presented for medication review



Waking owner in night to urinate,  
begging for food more



Previous recheck  
CCS=worsened



CushQoL-pet +0.05 (reduced QoL)  
since previous recheck



BEAU



Is Beau **well**?

✓ YES



Does he have **clinical signs of Cushing's**?

✓ YES



Has he gotten **better or worse** since the last review?

✗ WORSE



Do you suspect he will **need a dose adjustment**?

✓ YES



# SYMPTOMS OVER SUMS

## CORTISOL ASSESSMENT

BERTIE

Do you suspect he will need a dose adjustment?

NO



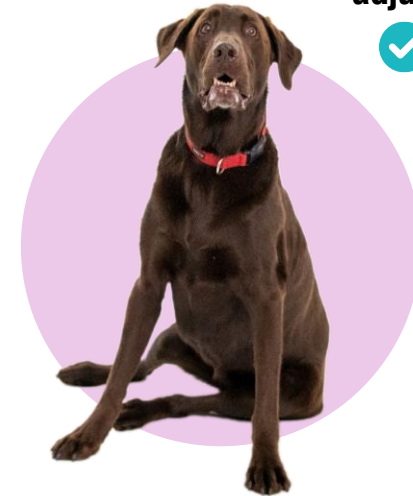
Plan: Stick to current dose  
ACTHST Result:

160 nmol/l

BEAU

Do you suspect he will need a dose adjustment?

YES



Plan: Adjust dose  
ACTHST Result:

160 nmol/l



# CORTISOL ASSESSMENT



**Safety Check**





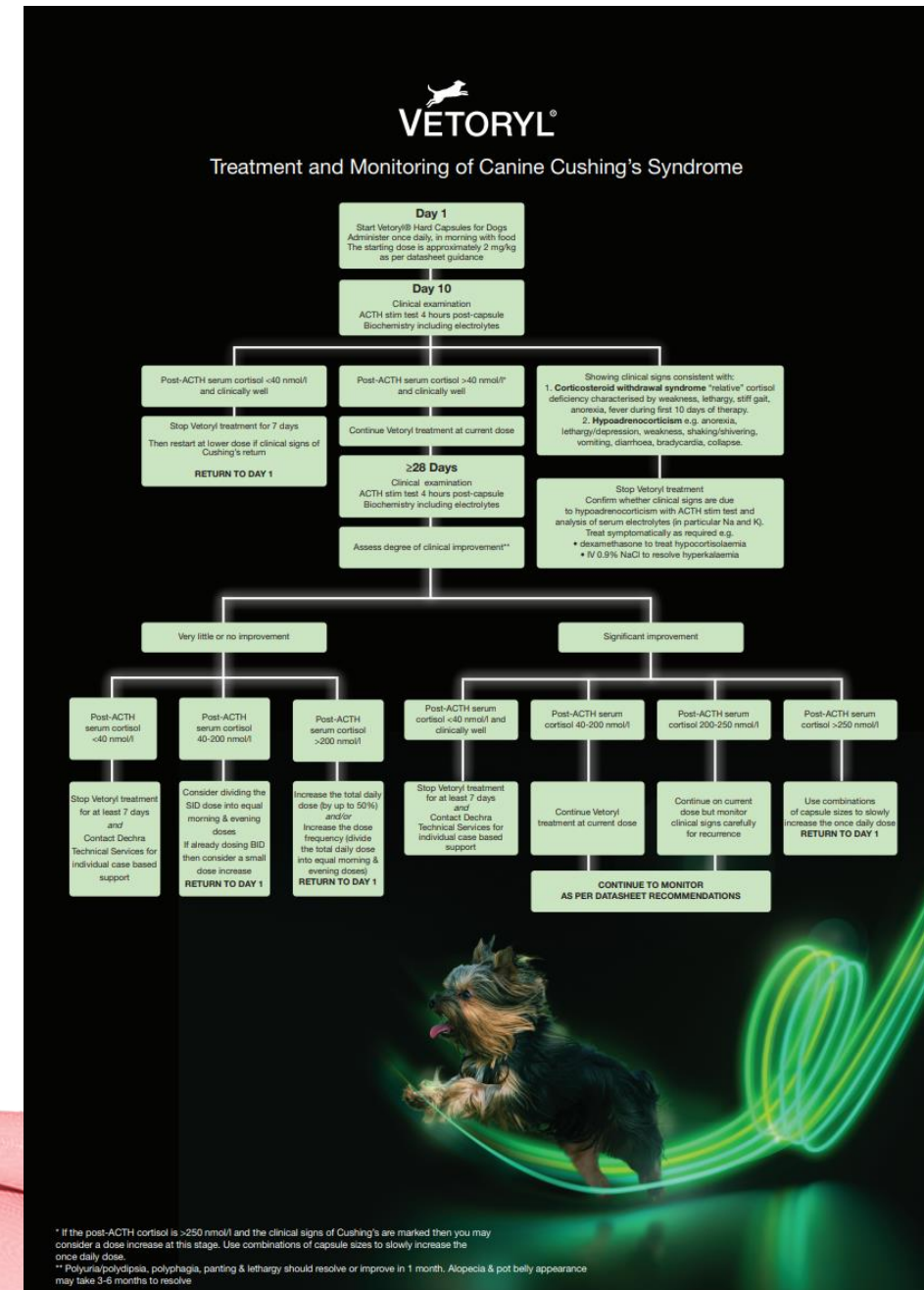
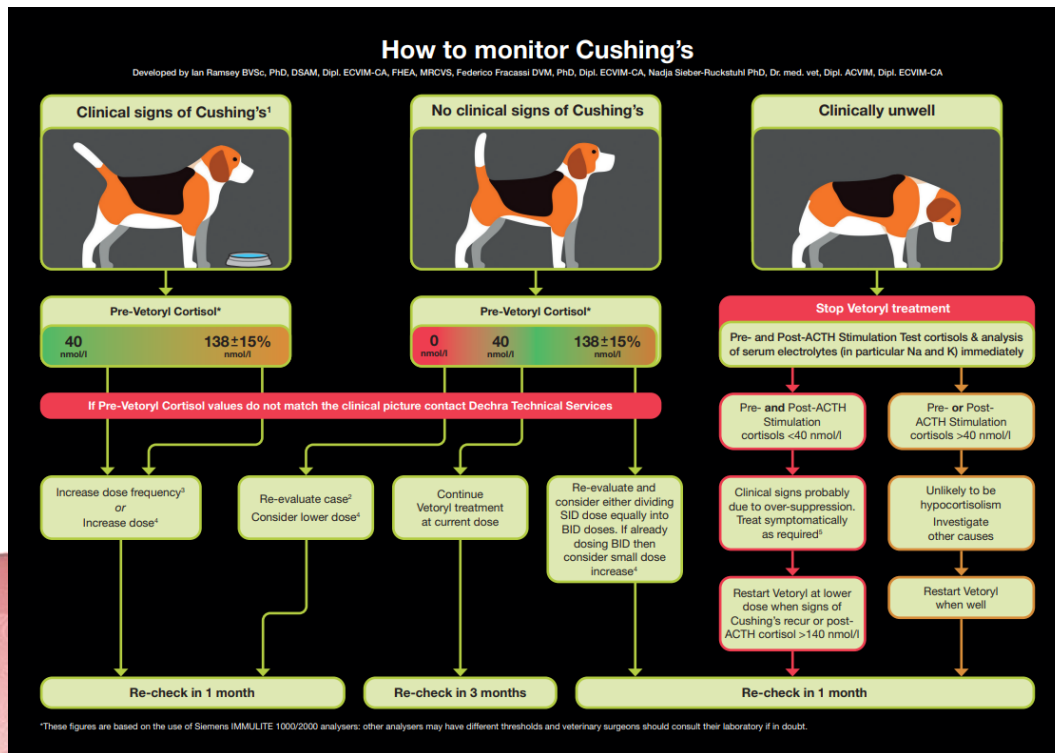
**'Green light' for dose adjustment**



# YOU'VE GOT US.

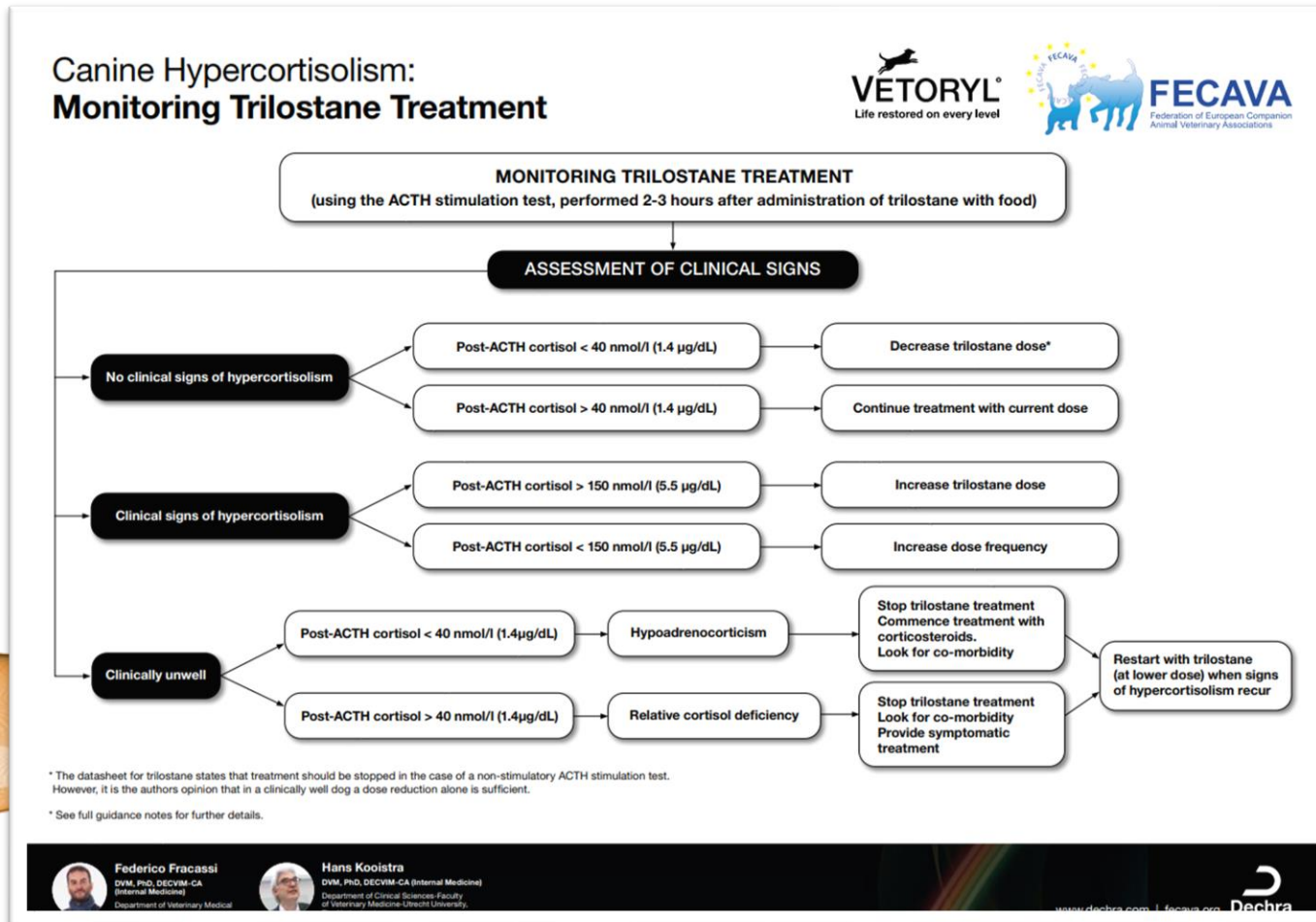
Our monitoring flow charts are here to guide you through cortisol assessment.

-  ACTH Stimulation Test
-  Pre-Vetoryl Cortisol



# NEW!!

[www.fecava.org/fecava-publications/](http://www.fecava.org/fecava-publications/)



TRUST IN THE  
**LDDST**



# TRUST IN THE LDDST

- What is the likelihood of the patient having Cushing's?
- Use clinical signs & initial findings to select cases
- Anticipate result before testing

# CUSHING'S IS UNLIKELY

	Positive predictive value	Negative predictive value
<b>ACTHST</b>	28%	99%
<b>LDDST</b>	16%	100%



5%

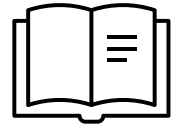


# CUSHING'S IS LIKELY



80%

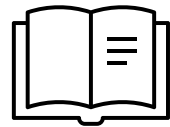
	Positive predictive value	Negative predictive value
<b>ACTHST</b>	96%	46%
<b>LDDST</b>	94%	83%



Behrend, E. N., et al. "Diagnosis of spontaneous canine hyperadrenocorticism: 2012 ACVIM consensus statement (small animal)." *Journal of veterinary internal medicine* 27.6 (2013)



*"The Panel considers the LDDST the screening test of choice"*



Bugbee, Andrew, et al. "2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines." *Journal of the American Animal Hospital Association* 59.3 (2023)



*"The low-dose dexamethasone suppression test (LDDST) is the preferred diagnostic test of the guidelines panel members."*

# NEW!!

[www.fecava.org/fecava-publications/](http://www.fecava.org/fecava-publications/)

## Canine Hypercortisolism: Diagnosis



### Clinical signs:

• Common clinical signs include polyuria/polydipsia, polyphagia, panting, lethargy, abdominal distension, endocrine alopecia (and skin changes suggestive of endocrine disease), muscle atrophy (and muscle weakness), hepatomegaly and arterial hypertension.

### Laboratory findings:

• Complete blood count may reveal neutrophilia, lymphopenia, eosinopenia (i.e. a stress leukogram), thrombocytosis, and (mild) erythrocytosis.  
 • A biochemistry panel may reveal increased liver values (especially alkaline phosphatase), hyperglycemia, hyperphosphatemia and hyperlipidemia.  
 • Urine examination may reveal a low specific gravity, proteinuria, indicators for urinary tract inflammation and glucosuria.

If clinical signs and laboratory findings are consistent with hypercortisolism: continue with **screening test** for hypercortisolism.

### LDDST

• Cortisol > 40 nmol/l (1.4 µg/dL) at 8 hours after dexamethasone is consistent with hypercortisolism.  
 • Some endocrinologists use a cut-off value of 28 nmol/l (1.0 µg/dL).  
 • Lack of suppression at 3-4 hours after dexamethasone is also highly suspicious for hypercortisolism.

### ACTH stimulation test

• Exaggerated cortisol response\* after ACTH stimulation may be consistent with hypercortisolism.

### UCCRs with oral HDDST

• Basal UCCRs above the cut-off level\*, in a dog with clinical signs and biochemical changes consistent with hypercortisolism, strongly point to Cushing's syndrome.  
 • A very low UCCR makes spontaneous hypercortisolism very unlikely.  
 • In mild cases of hypercortisolism, a basal UCCR below the cut-off value may be found.  
 • Lack of suppression (< 50%) in the UCCR of day three points to hypercortisolism.

• If a screening test is negative but suspicion for hypercortisolism remains high, another screening test must be performed.  
 • If a screening test is positive, continue with **differentiation**.

### Endogenous ACTH

• Endogenous ACTH concentration is suppressed\* in dogs with hypercortisolism due to an adrenocortical tumour.  
 • Dogs with pituitary-dependent hypercortisolism will not have undetectable endogenous ACTH concentrations, but usually have values within the reference interval (for healthy dogs).

### HDDST

• In dogs with hypercortisolism due to an adrenocortical tumour, dexamethasone does not suppress cortisol secretion; i.e. suppression is < 50%.  
 • In about 75% of dogs with pituitary-dependent hypercortisolism, cortisol values (either cortisol or UCCR) decrease at least 50% after administration of dexamethasone.

**Diagnostic imaging of the pituitary area and the abdomen (and the thorax if metastases are suspected).**

\* The specific cut-off values of the laboratory should be used

## Canine Hypercortisolism (Cushing's Syndrome): Diagnosis



### Screening test: low-dose dexamethasone suppression test (LDDST)

- The LDDST is considered the screening test of choice to diagnose spontaneous hypercortisolism.
- In dogs without hypercortisolism, dexamethasone administration causes rapid and prolonged suppression of cortisol secretion.
- Resistance to dexamethasone suppression is a continuum; slight resistance may be present in early or mild cases and more severe resistance may be present in advanced cases of hypercortisolism.
- Blood samples for determination of the cortisol concentration are collected immediately before and at 3-4 hours and at 8 hours after the intravenous administration of 0.01 mg dexamethasone per kg body weight.
- The finding of a circulating cortisol concentration > 40 nmol/l (> 1.4 µg/dL) at 8 hours after dexamethasone is consistent with hypercortisolism. Some endocrinologists use a cut-off value of 28 nmol/l (1.0 µg/dL).
- Lack of suppression at 3-4 hours after dexamethasone is also highly suspicious for hypercortisolism.
- Suppression of > 50% at 3-4 hours and/or 8 hours after dexamethasone in dogs with hypercortisolism indicates that the hypercortisolism is

pituitary y- dependent.

### Screening test: ACTH stimulation test

- The ACTH stimulation test assesses adrenocortical reserve and is the gold standard for diagnosing iatrogenic Cushing's syndrome.
- Because of its low sensitivity, the diagnostic usefulness as a screening test for spontaneous hypercortisolism is inferior to the LDDST.
- Blood samples for determination of the cortisol concentration are collected immediately before and at 60-90 minutes after intravenous (or intramuscular) administration of 5 µg synthetic ACTH per kg body weight.
- An exaggerated cortisol response after ACTH stimulation may be consistent with hypercortisolism.
- With the ACTH stimulation test about 40% of the dogs with hypercortisolism due to an adrenocortical tumour and about 15% of the dogs with pituitary-dependent hypercortisolism will be missed.
- A positive ACTH stimulation test may be found in dogs with chronic stress (due to nonadrenal disease).
- Progestagens, glucocorticoids and ketoconazole suppress the hypothalamic-pituitary-adrenocortical axis and, consequently, decrease the cortisol response to ACTH.



**Federico Fracassi**  
 DVM, PhD, DECVIM-CA (Internal medicine)  
 Department of Veterinary Medical Sciences-University of Bologna, Italy



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 DVM, PhD, DECVIM-CA (Internal medicine)  
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**Hans Kooistra**  
 DVM, PhD, DECVIM-CA (Internal medicine)  
 Department of Clinical Sciences-Faculty of Veterinary Medicine-Utrecht University, The Netherlands



DOSE WITH  
**PURPOSE**



# WHY TREAT CUSHING'S AT ALL?



Improved **Quality**  
of life



Prevent  
secondary  
**complications**



Reduced clinical  
signs



# WHAT DOES A DOG RECEIVING TRILOSTANE LOOK LIKE?



*“To optimise quality of life, to eliminate clinical signs,  
and to reduce long-term complications and mortality”*  
-Project ALIVE

# MEDICAL MANAGEMENT: VETORYL

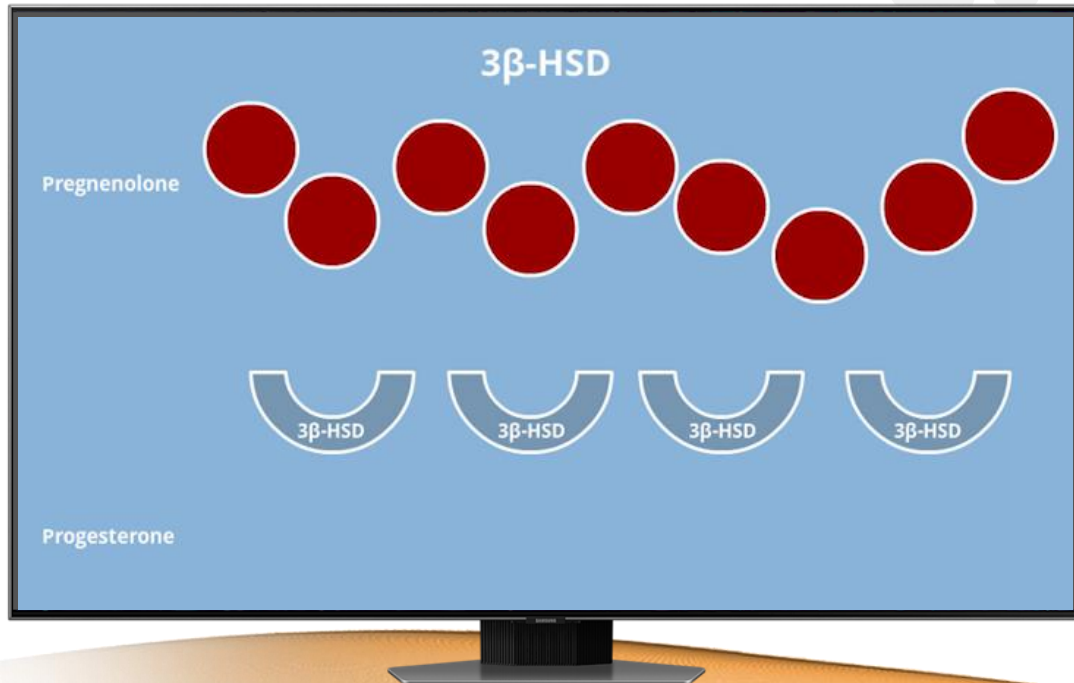


Licensed starting  
dose APPROX. **2  
mg/kg SID**



3 capsule strengths  
for **dose flexibility**

# MEDICAL MANAGEMENT: TRILOSTANE



**Reversibly** inhibits  
cortisol production



Inhibits the enzyme 3 beta  
hydroxysteroid dehydrogenase  
(3β – HSD)



**Can be titrated** to effect

# DOSE WITH **PURPOSE**



Pharmacokinetics & response not linear



Starting dose *approx.* 2mg/kg



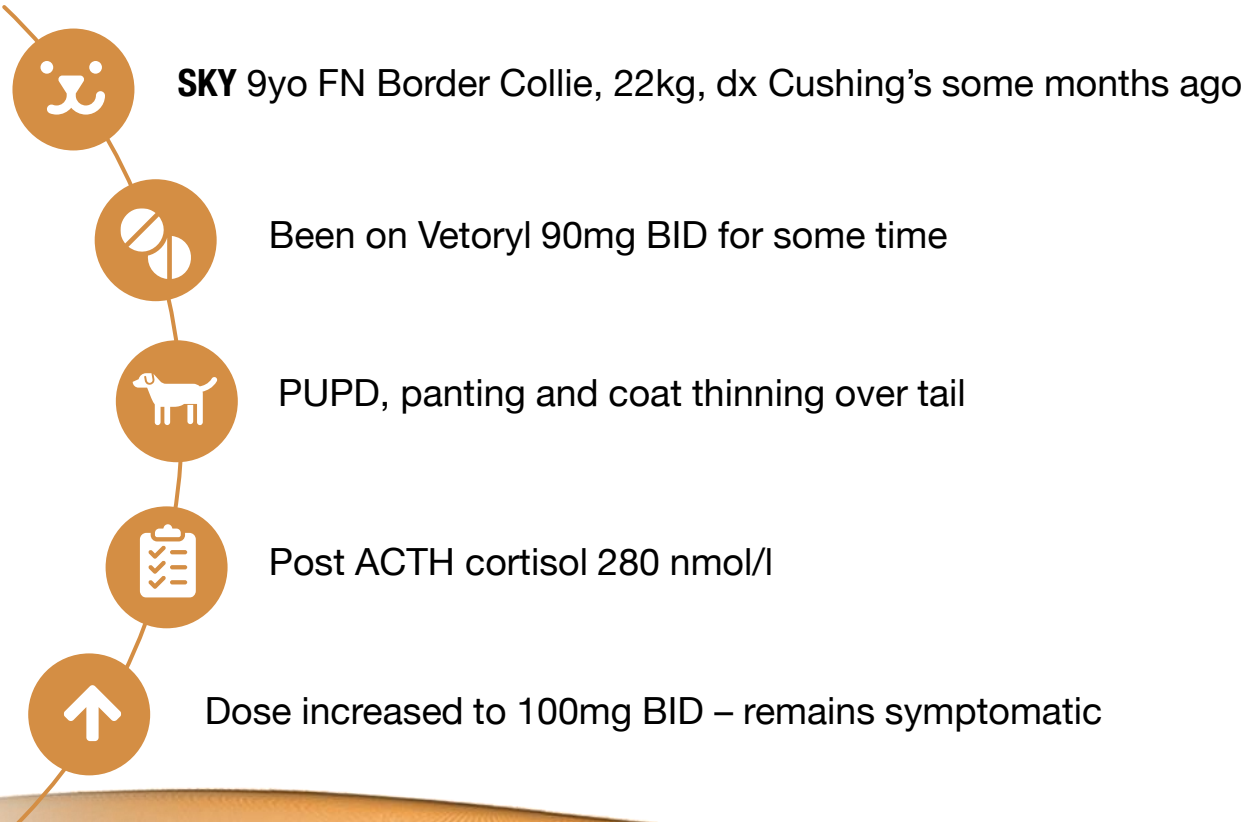
Increase by 25-50% +/- splitting dose BID



Small adjustments can lead to frustration and poor QoL



# DOSE WITH **PURPOSE**



# COMPLICATIONS



Adrenal **oversuppression**



Cortisol **withdrawal** syndrome



Unmasking **steroid-responsive** disease



Other cause unrelated to Vetoryl



# IF A PATIENT ON VETORYL **PRESENTS UNWELL**



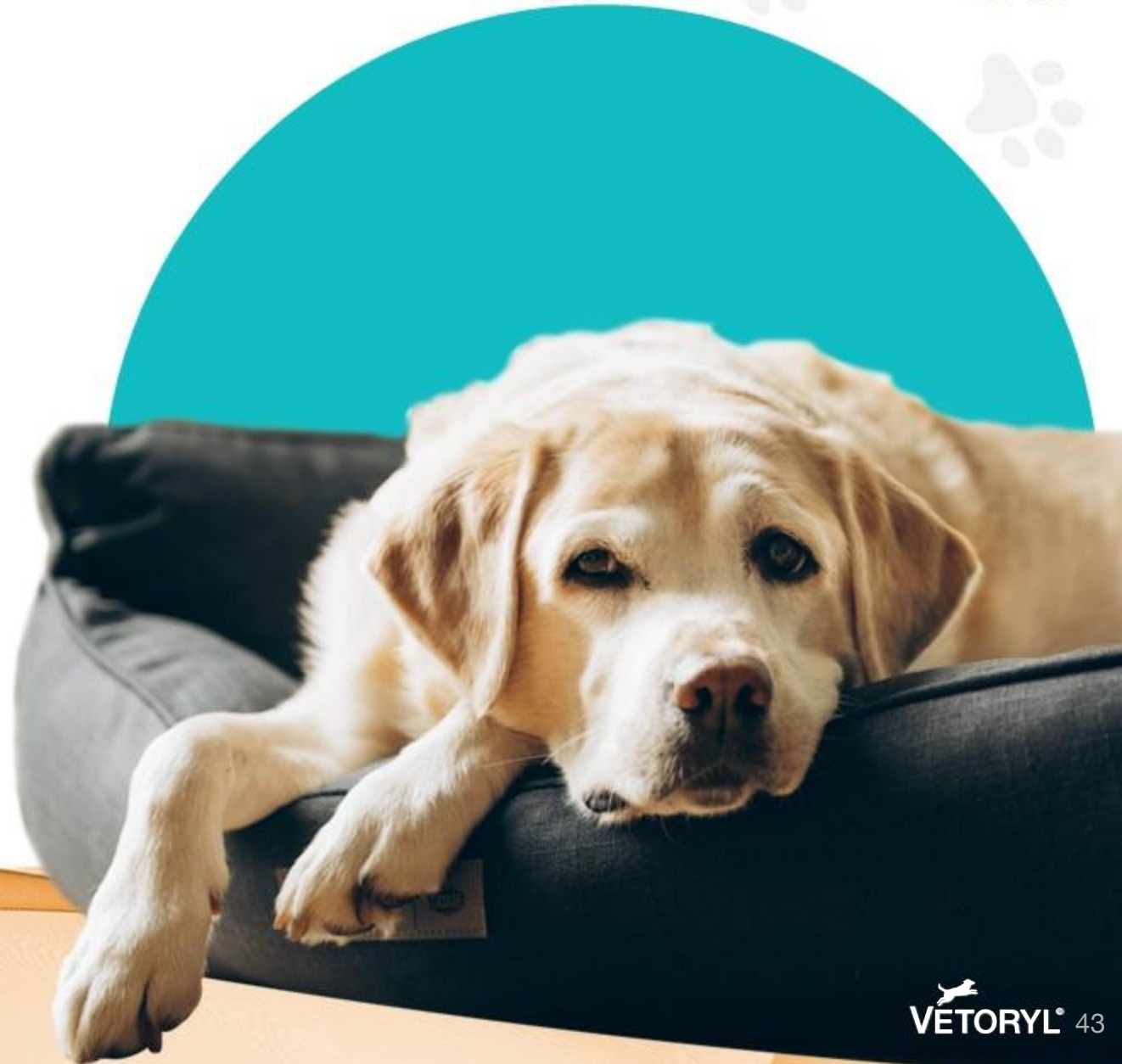
**Pause** Vetoryl



Perform **biochemistry, electrolytes and ACTH** stimulation test



Supportive **treatment**



## Cushing's Clinical Score

These are the important clinical signs to monitor in a dog with Cushing's. Please complete this and bring to your next monitoring consultation with your vet to help your vet monitor your dog's disease.

Please choose the number that best describes how your dog is today for each category.

**Drinking & Urination** Your dog's score



0	1	2	3	
Drinks and urinates a normal amount	Possibly drinks and urinates more	Drinks and urinates more	Constantly drinking and urinating	<input type="text"/>

**Appetite** Your dog's score



0	1	2	3	
Eats a normal amount	Finishes food more eagerly	Finishes food more eagerly & begs for more	More obsessed with food than ever	<input type="text"/>

**Appearance** Your dog's score



0	1	2	3	
Appearance is normal	Slightly poor hair and skin quality	Poor hair and skin quality +/- slight pot belly	Substantial hair loss +/- pot belly	<input type="text"/>

**Attitude/activity** Your dog's score



0	1	2	3	
Attitude/activity is normal	Not quite themselves	Not themselves +/- panting at rest	Not themselves, weak +/- constantly panting	<input type="text"/>

Any other clinical signs observed (e.g. vomiting, diarrhoea, off food):

---



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To find out more visit [www.canine-cushings.co.uk/monitoring](http://www.canine-cushings.co.uk/monitoring)

For further information contact: Dechra Veterinary Products Limited, Sansaw Business Park, Hadnall, Shrewsbury, Shropshire, SY4 4AS T +44 (0)1939 211200 F +44 (0)1939 211201 www.dechra.co.uk www.dechra.ie  
 Registered Office: 24 Chestnut Avenue, Chesire Business Park, Lostock Gralam, Northwich CV9 7UA, Registered in England and Wales, Company Registration No.5385888. Dechra Veterinary Products Limited is a trading business of Dechra Pharmaceuticals PLC.



## CushQoL-pet: Cushing's Quality-of-life Questionnaire

Completing this questionnaire will help your vet understand how your dog is progressing and how Vetoryl® is working to bring back health and restore life.

Please choose the category that best describes how your dog is currently for each question.

	Never	Occasionally	Often	All the time
<b>CLINICAL IMPACT</b>	0	1	2	3
My dog is excessively thirsty				
My dog urinates in the house				
My dog is excessively hungry				
My dog pants excessively				

	0	1	2	3
<b>DOG'S DEMEANOUR</b>				
My dog is depressed and quiet				
My dog has no energy				
My dog doesn't want to interact with other people/dogs				
My dog is reluctant to play with me				
My dog seems disorientated/confused				

	0	1	2	3
<b>PHYSICAL IMPACT</b>				
I struggle with my dog's weight				
My dog's hair coat is in a poor condition				
My dog's skin appears to be uncomfortable (e.g. dry/tight)				
My dog appears to be in a poor physical condition (e.g. muscle loss/pot bellied)				
My dog struggles to walk very far				



	0	1	2	3
<b>OWNER IMPACT</b>				
I worry about the future health of my dog				
Mine and my dog's daily routine is disrupted				
I feel I am struggling to manage my dog's health				
I feel the bond between me and my dog is lacking				
I feel my dog's appearance attracts negative comments				

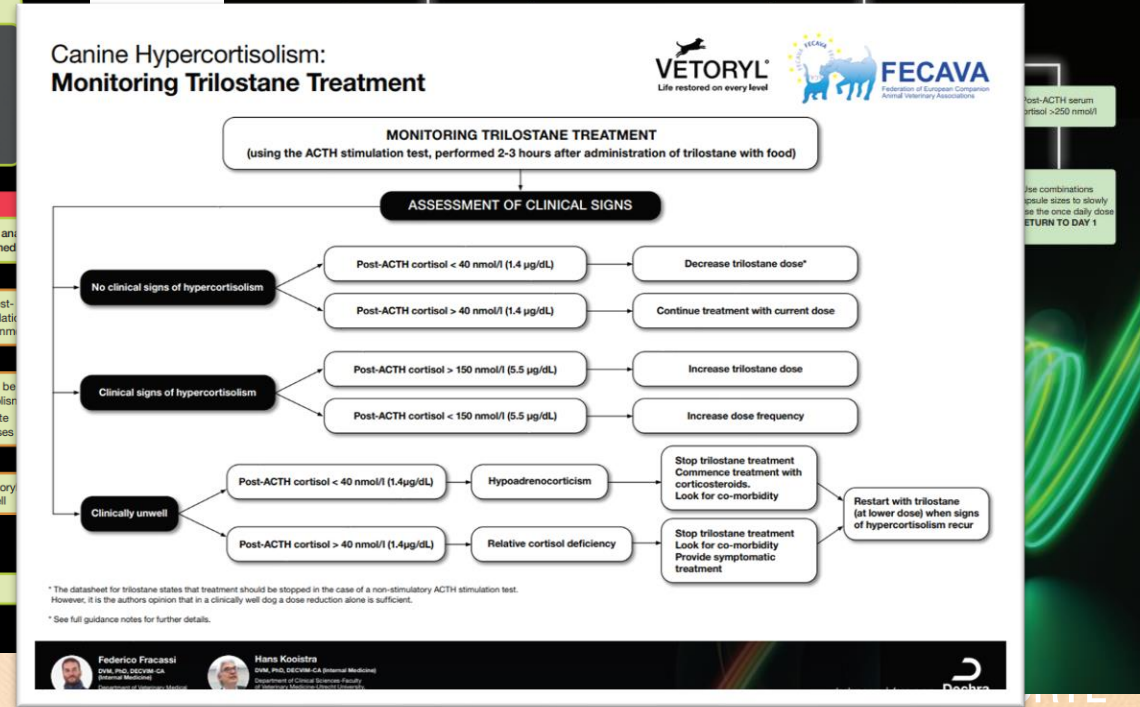
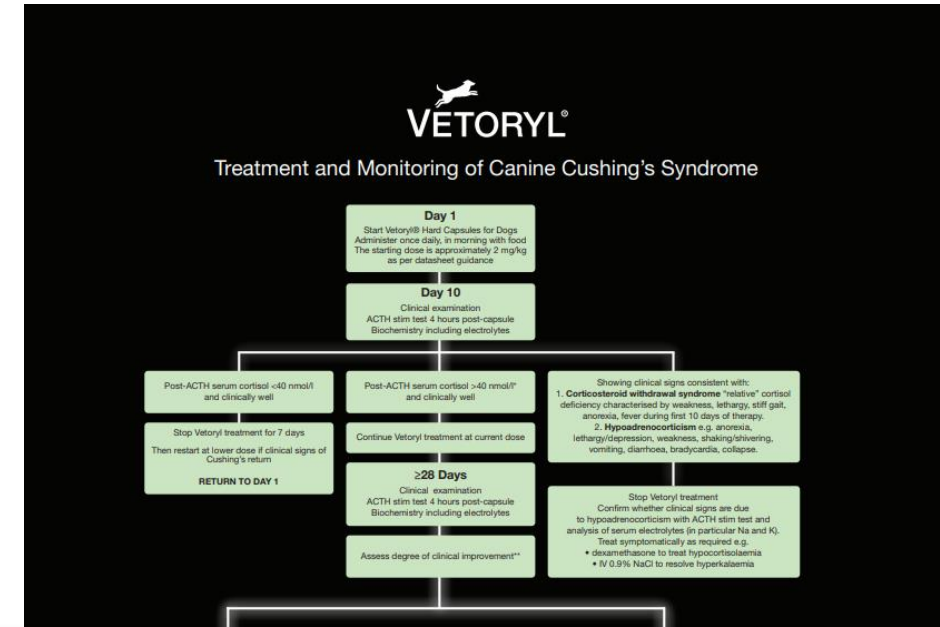
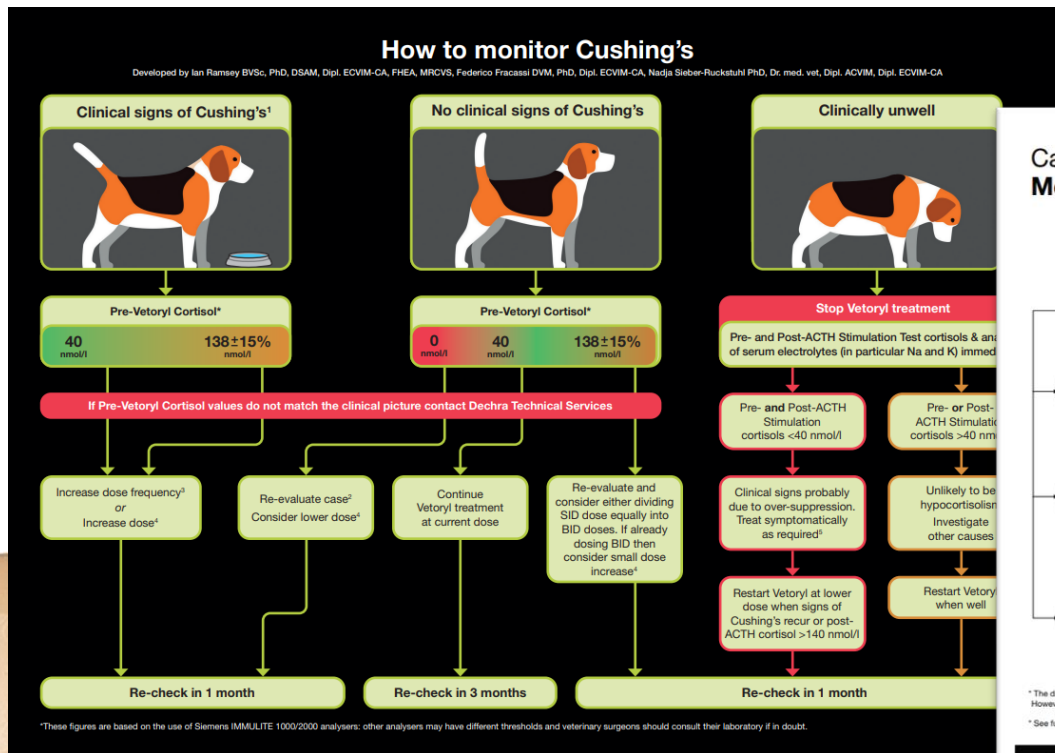
<b>TOTAL SCORE</b>	<input type="text"/>
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# YOU'VE GOT US.

Our monitoring flow charts are here to guide you through cortisol assessment.

-  ACTH Stimulation Test
-  Pre-Vetoryl Cortisol





# THE THREE THINGS YOU NOW KNOW TOO

CLINICAL SIGNS ARE KING

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TRUST IN THE LDDST

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DOSE WITH PURPOSE

# the veterinary group

DELIVERING EXCELLENCE



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Companion Animal Sales Manager



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Contact a member of our  
**team** for **individual case-based**  
support.