

# DEXAMETHASONE SUPPRESSION TEST (Equine)

## SAMPLE REQUIRED:

Serum (0.5 mL) or clotted blood (1.5 mL)

## BLOOD TUBE REQUIRED:

Gel (gold top) or plain (red top) tube

## Indications

To assist in the diagnosis of pituitary pars intermedia dysfunction (PPID) (Cushings-like syndrome) in horses.

## Protocol

- Ensure no glucocorticoids have been administered during at least the preceding 48 h (see Notes below).
- Maintain the horse in a stress free environment.
- 5 pm: Collect a resting blood sample and label it "0 h".
- 5 pm: Administer dexamethasone sodium phosphate at 0.04 mg/kg IM.
- 12 noon: Collect a post-dexamethasone blood sample and label it "19 h".
- Store samples at 4°C and submit both samples together to the laboratory. If transport to the laboratory will be delayed (> 12 hours), the samples should be centrifuged and the serum separated.
- On the laboratory submission form, list samples and collection intervals.

## Notes

- The time of day is not critical but serves as a guide. The interval between samples should be 19 to 24 hours.
- Specific testing for hyperadrenocorticism should not be performed in unwell or significantly stressed animals, which may yield false positive results in adrenal function tests.
- Any form of corticosteroid therapy may interfere with adrenal function tests, by (a) cross-reacting in the cortisol assay (**except for** dexamethasone), or (b) affecting the pituitary/adrenal axis via suppression of ACTH production.
- There is potential for seasonal variation, with an increased risk of false positives in autumn.