**Signalment:**
- Possible at any age but more common between 3 and 6 years
- More common in large pure-breeds dogs

**History:**
- Waxing and waning chronic gastrointestinal signs
- Vomiting, diarrhea, inappetence, weight loss, lethargy, weakness, collapse, polyuria, polydipsia, shaking, abdominal pain, melena or hematochezia, and hematemesis
  - Sometimes no relevant medical history

**Physical examination:**
- Usually nonspecific: thin-body condition, dehydration, and a painful abdomen
- Acute hypoadrenocortical crisis: signs of hypovolemic shock, including bradycardia or tachycardia, collapse, hypothermia, weak pulses and poor capillary refill time

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**Diagnostic workup**

- **ACTH stimulation test**
  - Post ACTH cortisol < 2 µg/dL ( < 55 nmol/L) *
  - Post ACTH cortisol 2-5 µg/dL (55-140 nmol/L) *
  - Post ACTH cortisol > 5 µg/dL (>140 nmol/L) *

  - Hypoadrenocorticism possible but unlikely, repeat the test and measure endogenous ACTH
  - Hypoadrenocorticism ruled out
  - Hypoadrenocorticism possible

- **ACTH stimulation test**
  - Measurement of endogenous ACTH
  - Post ACTH cortisol 2-5 µg/dL (55-140 nmol/L) *
  - Post ACTH cortisol > 5 µg/dL (>140 nmol/L) *

  - Hypoadrenocorticism possible

- **Post ACTH cortisol > 5 µg/dL ( >140 nmol/L) **
  - Hypoadrenocorticism ruled out

- **Post ACTH cortisol < 2 µg/dL ( < 55 nmol/L)**
  - Endogenous ACTH high
  - Hypoadrenocorticism

- **Post ACTH cortisol < 2 µg/dL ( < 55 nmol/L)**
  - Endogenous ACTH normal/low **
  - Hypoadrenocorticism less likely. If the animal is stable enough re-evaluate in 1-2 months

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* The specific reference range of the laboratory should be used
** In rare cases, secondary hypoadrenocorticism is detected (low endogenous ACTH)