

TABLE 8

Summary of Categorical Approach to Diagnosing Suspected Canine Hypoadrenocorticism

| GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 |
|--|---|--|--|
| Classic clinical HA | Biochemical changes suggestive of HA | Addisonian crisis | Atypical presentation |
| <i>Clinical Presentation:</i> | | | |
| <ul style="list-style-type: none"> • Clinical HA • Hyperkalemia ± hyponatremia • ± other typical laboratory abnormalities | <ul style="list-style-type: none"> • No clinical HA • Hyperkalemia ± hyponatremia | <ul style="list-style-type: none"> • Hypovolemic shock • ± historical HA | <ul style="list-style-type: none"> • Chronic or episodic clinical HA • No electrolyte imbalances |
| <i>Next Steps:</i> | | | |
| ↓ | ↓ | ↓ | ↓ |
| <ul style="list-style-type: none"> • Resting cortisol or ACTHST • If resting cortisol <2 mcg/dL, proceed with ACTHST • If resting cortisol >2 mcg/dL, rule out HA and investigate other causes of clinical findings | <ul style="list-style-type: none"> • Reinvestigate for presence of clinical signs (directed history taking) • Look for other causes of laboratory changes • If no definitive findings, monitor for clinical signs and repeat laboratory tests as indicated • If clinical HA upon repeated investigation, consider resting cortisol or ACTHST • If no other causes of laboratory changes identified and laboratory changes persist or progress, consider resting cortisol or ACTHST | <ul style="list-style-type: none"> • Stabilize patient • Monitor electrolytes and PCV/TP • Provide supportive care • Perform resting cortisol or ACTHST • If resting cortisol <2 mcg/dL, proceed with ACTHST • If >2 mcg/dL, exclude HA and pursue other differentials | <ul style="list-style-type: none"> • Perform resting cortisol • If <2 mcg/dL, proceed with ACTHST • If >2 mcg/dL, exclude HA and pursue other differentials |

ACTHST, adrenocorticotrophic hormone stimulation test; HA, hypoadrenocorticism; PCV, packed cell volume; TP, total protein.

The 2023 AAHA Selected Endocrinopathies of Dogs and Cats Guidelines are available at aaha.org/endocrine-disease.

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2023 AAHA.

