**ACTH Stimulation Test**

**Diagnostic Protocol for Cases of Suspected Canine Hyperadrenocorticism Addison’s Disease**

- **History, physical exam, CBC, chemistry panel, electrolytes and urinalysis consistent with Canine Hyperadrenocorticism or Addison’s disease**

- **Draw baseline cortisol sample.**

- **Perform an ACTH stimulation test with Cortrosyn® 5 µg/kg IV* or ACTH gel 2.2 U/kg IM.**

- **Draw 1-hour cortisol (Cortrosyn®) or 1 and 2-hour cortisol (ACTH gel).**

- **Pre- and Post-ACTH**
  - **<2 µg/dL**
    - **If both results are <2 µg/dL, results are consistent with hypoadrenocorticism**
    - **Begin treatment with mineralocorticoid and/or glucocorticoid as appropriate.**

- **Post-ACTH**
  - **2–6 µg/dL**
    - **Inconclusive**

- **Pre-ACTH:**
  - **2–6 µg/dL**
  - **Post-ACTH:**
    - **6–18 µg/dL**
      - **Normal**

- **Post-ACTH**
  - **18–22 µg/dL**
    - **Equivocal, Cushing’s possible**

- **Post-ACTH**
  - **>22 µg/dL**
    - **Consistent with Cushing’s**
    - **Perform high-dose dexamethasone suppression to discriminate between PDH and ATH, ACTH level and/or abdominal ultrasound.**

---

*Remaining Cortrosyn® can be aliquoted into 1-mL syringes containing 0.2 mL Cortrosyn each. Store aliquoted syringes for up to six months, or vial can be refrigerated for up to one month.*