

Buddy's veterinarian, Dr. Jenny Taylor of [Creature Comfort Holistic Veterinary Center](#), recommended I take Buddy to the [University of California Davis \(UCD\) Veterinary Medical Teaching Hospital \(VMTH\)](#) to see a specialist in internal medicine because an ultrasound in August of 2005 revealed enlarged adrenal glands and he exhibited many symptoms typical of [Cushing's Syndrome](#), but the [ACTH test](#) she ordered came back negative.

I am very grateful for Dr. Jenny's advice. I was fortunate to get Dr. Edward C. Feldman, a seasoned veterinarian, professor at the UCD School of Veterinary Medicine and a specialist in Endocrinology, to evaluate Buddy.

The vet student who did Buddy's initial intake told me: "Dr. Feldman wrote the book on Cushing's!" I also learned from the [Canine Cushing's – Autoimmune Disease Yahoo Group](#) I joined that Buddy and I were going to see "an expert" in this syndrome.

Buddy was diagnosed with pituitary related [canine Cushing's Syndrome](#) by Dr. Feldman on December 18, 2005. I chose to use [Vetoryl\(R\) \(Trilostane\)](#) to treat Buddy's [symptoms](#) instead of [Lysodren](#). Buddy started on the Trilostane in January 2006. Trilostane could only be obtained with a veterinarian's prescription outside the US. I used [Masters Marketing](#) to obtain his medications.

**{NOTE: On December 15, 2008, [Vetoryl\(R\) \(Trilostane\)](#) received FDA approval and I would like to think Buddy contributed to that approval.}**

After I made the choice to use Trilostane, Dr. Feldman put Buddy in a study where they were evaluating the efficacy of treating canine Cushing's with [Vetoryl\(R\) \(Trilostane\)](#).

The Trilostane treatment was successful and controlled the excess cortisol in Buddy's system and gave him quality of life until July 15, 2008 when he collapsed on his cot after our morning walk.

I recall Buddy didn't get up at all that morning until I asked him if he wanted to go for a walk. He used to get a bit restless before we went on our walks and he'd follow me from room to room. My boy loved his walks and sometimes I didn't get ready fast enough for him.

Buddy dropped treats offered to him for the first time that day. He walked much slower and I made our walk very short that day.

After our walks, he usually went to his cot on the side of the house and he came in about an hour later for his breakfast. That morning he didn't come in. I went out and he picked his head up. I petted him and I called his name hoping to get him to get up and come in the house for his breakfast, but he just laid his head back down.

He drank water during the walk, but declined both food and water when I took some to him about an hour later. That's when I got really concerned.

A bit later, I tried to get Buddy off his cot to come in the house, but he was limp like cooked spaghetti. That was when I coordinated with friends to get him up to Davis. He was later hospitalized at UCD VMTH.

Buddy was prescribed prednisone to help with any potential swelling on his brain. To rule out any problems with the medication they were studying as the cause of the neurological symptoms, the grant for the study paid for a CT Scan. Within the week, I learned Buddy's tumor was in the 10 – 20% of tumors that grow and cause [significant neurological problems](#).

Buddy was offered [radiation treatments](#) through their study, but I wouldn't be allowed to see him for 30 days and he would have been anesthetized 12 times. There were no guarantees the treatment would work or he'd get through it.

I asked many of my friends what they would do if he was their dog. None of them thought Buddy would do well separated from me. Furthermore, my friends didn't think I'd do well separated from him while he was in treatment.

Buddy and I had never been separated more than 4 days twice in almost 11 years and for three short hospitalizations. I was afraid of Buddy succumbing to the radiation or grief should he feel abandoned by me. 30 days is a long time for a dog considering a dog's year is +-7 years based on age and size.

After taking a few days to make the decision, I declined their generous offer due to Buddy's age (at least 13 years old) and he'd be anesthetized 12 times (very risky), and isolated from me for 30 days. If Buddy would have been 7, 8, 9 or 10

I would have probably taken up the offer. I also would have worked on the vets daily to get a few minutes with him. I had no doubt Buddy would be in the best of care, but the thought of not being near Buddy when he was put under anesthesia or when he came out from each radiation treatment at the age of at least 13 worried me immensely.

NOTE: Buddy was in a study and his radiation treatments would have been done in the presence of students for training purposes. I'm quite certain the 30 day separation from a pet is not normal procedure for paying clients.

The decision not to do radiation was difficult. I had no idea how much longer I'd have Buddy in my life. I prayed the tumor was slow growing.

Buddy did fine for the first four months, but in the fifth month he declined rapidly. The last week, Buddy exhibited [neurological complications](#) from the [pituitary macroadenoma or adenocarcinoma](#) growing on his pituitary gland. Buddy was extremely restless and appeared to be in a lot of pain. He was whimpering throughout the night for about a week and often during the day. Pain medications didn't help and Buddy couldn't tell me about it.

A retired nurse who adored Buddy and had worked with patients with pituitary and brain tumors who could explain the pain they were experiencing and Dr. Todd Cohen at UCD VMTH helped me make the difficult decision to humanely euthanize Buddy.

I prayed it would never come to euthanizing him and he would pass peacefully in his sleep, but because of what I perceived as pain and there was no chance of recovery as his owner, I wrote his advanced directive. Buddy told me with his eyes and his actions that he wasn't enjoying life anymore.

Buddy was my furbaby and very important to me, but had Buddy been my human baby, I'm certain I would have left that decision with God.

Buddy's body was donated to the UCD School of Veterinary Medicine to allow their students to learn up close about pituitary tumors and the long-term effects of Cushing's on the canine body through a [necropsy](#).

I attribute Dr. Jenny's sage advice to go to UC Davis and Dr. Feldman's diagnosis, treatment and follow-up protocol to extending Buddy's life and giving him quality of life until the tumor grew too large.

I was very blessed to have Buddy and he was blessed to be under the care of Dr. Jenny, a graduate of UC Davis School of Veterinary Medicine, for several years and the care of Dr. Feldman and UCD VMTH staff (Dr. Herrera, Dr. Queen & Dr. Cohen) and the students they were training in his final years.

Dr. Jenny, Dr. Feldman, Dr. Herrera, Dr. Queen and Dr. Cohen were wonderful with Buddy and I, and they are consummate professionals.