Stop trilostane and evaluate patient. CBC and biochemistry profile, including electrolytes. Emergency medical attention may be needed in some dogs. Treat as needed.

**Day 1**
Start trilostane treatment. Administer 2 mg/kg in morning or 1 mg/kg twice daily with food. Observe for lethargy, decreased appetite, vomiting or diarrhea.

**Day 10-14**
Clinical examination and biochemistry profile, including electrolytes. Perform ACTH stimulation test 4 hours after morning capsule.

- Post-ACTH serum cortisol > 1.5 µg/dL (<40 nmol/L) and clinically well
  - Continue treatment at current dose.
  - Recheck at one month
    - Clinical examination and biochemistry profile, including electrolytes. Perform ACTH stimulation test 4 hours post-capsule.
    - Post-ACTH serum cortisol > 1.5 µg/dL (<40 nmol/L)
      - Stop treatment for 7 days. Restart at lower dose. RETURN TO DAY 1
- Post-ACTH serum cortisol > 1.5 µg/dL (<40 nmol/L)
  - Asses degree of clinical improvement.
  - If Post-ACTH serum cortisol > 1.5 µg/dL (<40 nmol/L), repeat ACTH stimulation test 4 hours after morning capsule.

**Clinical signs not well controlled**
- Post-ACTH serum cortisol < 6.0 µg/dL (<165 nmol/L)
  - Rule out concurrent illness.
  - Evaluate if twice daily dosing needed.
  - Contact the manufacturer for advice on dosing.
- Post-ACTH serum cortisol > 6.0 µg/dL (>165 nmol/L)
  - Increase once daily dose. RETURN TO DAY 1

**Significant improvement**
- Post-ACTH serum cortisol < 1.5 µg/dL (<40 nmol/L) and clinically well
  - Assess degree of clinical improvement.
  - Recheck with ACTH stimulation test (4 hours after morning capsule) and biochemistry profile with electrolytes at 3 months and then every 3-6 months thereafter.
- Post-ACTH serum cortisol 1.5–6.0 µg/dL (40–165 nmol/L)
  - Stop treatment for 7 days. Restart at lower dose. RETURN TO DAY 1
  - Continue treatment at current dose.
  - Increase morning dose. RETURN TO DAY 1
- Post-ACTH serum cortisol 6.0–9.0 µg/dL (165–250 nmol/L)
  - Continue on current dose, but monitor clinical signs carefully for recurrence.
  - Increase morning dose. RETURN TO DAY 1
- Post-ACTH serum cortisol > 9.0 µg/dL (>250 nmol/L)
  - Rule out concurrent illness.
  - Evaluate if twice daily dosing needed.
  - Contact the manufacturer for advice on dosing.
  - Increase once daily dose. RETURN TO DAY 1

**Note:** Should adverse effects occur at any time during therapy, discontinue trilostane and evaluate patient. Perform CBC, biochemistry profile with electrolytes and an ACTH stimulation test and treat accordingly.

For more information about the SNAP® Cortisol Test, go to idexx.com/cortisol.