

CKCS SYRINGOMYELIA STUDY GROUP

Aiming to prevent pain in our dogs

Pedigree Name / Registration Number _____

I would prefer to remain anonymous

Dog's Date of birth: _____

Colour B B/T R T Gender M, MN F FN

Date questionnaire completion _____

CLINICAL SIGNS

At what age did your dog first show signs of syringomyelia? _____

What were the initial clinical signs?

Shoulder scratching ; Scratching elsewhere (specify) _____; Neck pain ; Pain elsewhere Specify _____; Screaming when scratching , excited , touched , change of head position , jumping , no apparent reason ; Scoliosis (twisted spine esp. neck) Wobbly hind limb gait Weak forelimbs

When was your dog diagnosed with syringomyelia? _____ How old was your dog? _____

How was the diagnosis made? MRI Post Mortem Suspected on basis clinical signs only

If possible, please attach a copy of the MRI or PM report / findings.

If applicable, what were the clinical signs before surgery?

Shoulder scratching ; Scratching elsewhere (specify) _____; Neck pain ; Pain elsewhere Specify _____; Screaming when scratching , excited , touched , change of head position , jumping , no apparent reason ; Scoliosis (twisted spine esp. neck) Wobbly hind limb gait Weak forelimbs

Is your dog alive? Yes No If dead, at what age did they die? _____

If dead, what was the cause of death / reason for euthanasia? _____

What are dog's clinical signs now (if dead indicate clinical signs at time of death)

Shoulder scratching ; Scratching elsewhere (specify) _____; Neck pain ; Pain elsewhere Specify _____; Screaming when scratching , excited , touched , change of head position , jumping , no apparent reason ; Scoliosis (twisted spine esp. neck) Wobbly hind limb gait Weak forelimbs

Please return questionnaire to CKCS syringomyelia project coordinator Clare Rusbridge, Stone Lion Veterinary Centre, 41 High Street, Wimbledon, UK, SW19 5AU neuro.vet@btinternet.com Confidential fax 00 44 (0)20 87860525

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TREATMENT

NO TREATMENT

Treatment	When / how old was dog	How long did your dog have this treatment	Was it effective? (PLEASE GRADE 0-5 WHERE 0 IS COMPLETELY INEFFECTIVE AND 5 IS COMPLETELY EFFECTIVE)	How long was it effective for	Is your dog still receiving this drug
NSAIDS e.g. Rimadyl, Metacam					
Steroids e.g. prednisolone					
Gabapentin (Neurontin)					
Opioid drugs e.g. pethidine or morphine					
Acetazolamide (Diamox)					
Shunt surgery (syrinx to subarachnoid shunting)		N/A			N/A
Decompression surgery (occipital craniectomy +/- durotomy, C1 laminectomy)		N/A			N/A
Repeat shunt surgery		N/A			N/A
Repeat decompression surgery		N/A			N/A
Acupuncture					
Homeopathy					
Other (please specify)					

N/A – not applicable

If dog had surgery please indicate Surgeon's name _____

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