

Investigation of Quantitative Trait Loci and Sensory Thresholds in Chiari-like Malformations and Syringomyelia in Cavalier King Charles Spaniels

Natasha J. Olby Vet MB, PhD, DACVIM (Neurology)

Sofia Cerda-Gonzalez DVM, DACVIM (Neurology)

North Carolina State University & Cornell University Colleges of Veterinary Medicine

As we begin our study, we ask that you complete this form to provide us with background information on your dog's medical history and clinical signs. This information will be kept **strictly confidential** and will only be reported as data unassociated with names. We thank you for your participation in our study to help expand our understanding of this devastating disease complex in Cavaliers.

Patient Name: _____

Pedigree Name if available: _____

Date of birth: _____

Medical History:

1. Is your dog currently receiving any medications?

Yes

No

If yes, please provide additional information on the last page of this questionnaire.

2. Does your dog have a heart murmur? _____

3. If so when was it most recently evaluated? _____

4. What grade was it at that evaluation? _____

5. Has your dog previously undergone a surgical procedure(s) for any reason?

Yes

No

If yes, please list *when* the surgery(s) were performed and for what reason(s).

3. Has your dog been diagnosed with and/or treated for an ear infection in the past?

Yes

No

If yes, please list *when* the treatment began, the duration, and what medications were used.

4. Has your dog been diagnosed with and/or treated for any skin conditions in the past?

Yes

No

If yes, please list *when* the treatment began, the duration, and what medications were used.

5. Has your dog experienced any seizures?

Yes

No

If yes, was a diagnosis for the cause of the seizures found?

Yes

No

If yes, please explain.

6. Has any information arisen regarding relatives of your Cavalier experiencing clinical signs related to syringomyelia or to a Chiari-like Malformation?

Yes

No

N/A

If yes, please explain.

7. If you are in contact with the owners of your Cavalier's littermates, do they demonstrate different behaviors, rate/extent of growth or Chiari-like malformation?

Yes

No

N/A

If yes, please explain.

Clinical Symptoms of Chiari like Malformation and Syringomyelia

1. On average, how frequently do you notice your dog scratching?

- More than twice daily Once or twice daily Once or twice a week Not at all

2. Is the scratching, if present, precipitated or worsened by excitement, changes in temperature, play, neck leads, or other contact with the neck? If yes, which of these things make a difference?

- Yes No N/A

If yes, please list the factors influencing scratching:

3. Is the scratching, if present, primarily directed towards the neck and shoulder region?

- Yes No N/A

If no, which region is more frequently scratched?

4. On average, how frequently do you notice your dog rubbing his/her face, neck, or side?

- More than twice daily Once or twice daily Once or twice a week Not at all

5. Has your dog had painful episodes or evidence of neck pain?

- Yes No

If yes, what is the frequency of these episodes?

- More than twice daily Once or twice daily Once or twice a week Not at all

How do they manifest and what brings them on?

Please check all of the following signs of pain that you have observed:

- Crying out when picked up Head shy Side pain Running away from pain
 Neck pain Collar sensitivity Increased pain with exercise Woken by pain

6. If present, is the scratching, rubbing, and or pain focused on the left side, right side, or both sides of your dog?

- Left side only Mostly left side Right side only Mostly right side
 Both sides equally N/A

7. Have you noticed your dog becoming less interactive/more reserved?

Yes

No

If yes, please describe the changes.

8. Have you noted any changes in your dog's gait or ability to climb stairs?

Yes

No

If yes, please describe the changes.

9. On a scale of 0-10 please rate your dog's level of discomfort related to **pain**. (0 – no discomfort, 10 – extreme discomfort). _____

10. On a scale of 0-10 please rate your dog's level of discomfort related to **scratching**. (0 – no discomfort, 10 – extreme discomfort). _____

Please list any additional information that you feel is important for us to know regarding your dog in the spaces below:

Thank you again for your help with this project. Together we hope to improve the overall health and quality of life for the Cavalier King Charles Spaniel breed.

