

# Role of Morphology in Clinical Progression and Syringomyelia in Canine Chiari-like Malformations

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## Current Status Questionnaire

**Dog name:** \_\_\_\_\_

Note: This questionnaire refers your dog's **current** clinical status. Please mark the box that best fits your answer and clarify/add additional lines wherever appropriate.

### A. Clinical progress:

1. If your Cavalier was normal at the time of their initial MRI, has he or she developed any **new** clinical signs?

Yes  No  N/A

If yes, which signs have you noted and how severe/frequent are they?

2. If your dog had a history of scratching, do you feel there has been an increase in the frequency of neck scratching since the MRI?

Yes  No  N/A

- a. If yes, on average how frequently has your dog been scratching (i.e. more than twice daily, once or twice daily, once every x # of days or weeks, or not at all)?

- b. Is the scratching precipitated or worsened by excitement, changes in temperature &/or barometric pressure, play, neck leads, or other contact with the neck? If yes, which of these things make a difference?

Yes  No  N/A

Factors influencing scratching:

- c. If scratching is present, is it primarily directed towards the neck and shoulder region?

Yes  No  N/A

If no, which region is more frequently scratched?

3. Has your Cavalier had painful episodes and/or evidence of neck pain?

Yes  No

a. If yes, what is the frequency of these episodes?

b. How do they manifest and what brings them on?

4. Has your dog become less interactive/more reserved since the last evaluation?

Yes  No

Please describe any such changes.

5. Have you noted a change in your dog's gait or ability to climb stairs?

Yes  No

If yes, please describe any such changes.

B. Medical history:

1. Is your dog currently receiving any medications?

Yes  No

If yes, which ones and which condition or clinical signs do these medications address?

Have any of these medications improved the scratching or neck pain?

Yes  No  N/A

2. Has your dog had surgery since the initial MRI was performed?

Yes  No

If so, was this surgery performed to address clinical signs associated with a Chiari-like Malformation?

Have the clinical signs improved, worsened, or remained the same since surgery?

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

Yes  No

If yes, when did the treatment begin & end?

What medications were used?

4. 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.

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

Yes  No

6. 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?