

Information Questionnaire Form

Pug Dog Hind Limb Ataxia, Paresis, and Paralysis Project Individual Dog Summary (Living or Deceased)

Please forward completed form and any medical/surgical/imaging reports available to:
Dr. Kathleen Smiler, PO Box 429, Lakeville, MI 48366
Or email smilerk@mindspring.com or Fax 248-751-5900
(Additional copies of this form are available from Dr. Smiler)

This form may be completed by the Owner, Primary Veterinarian, and/or Neurologist / Surgeon

We would like to thank you for participating in this project. Our ultimate goals are to determine the features of the various conditions which cause hind limb ataxia, weakness, and paralysis in Pug dogs, and in doing so, to gain further understanding of the prevalence, cause, means of accurate diagnosis, optimal treatment and management strategies, and prognosis for each condition.

Primary Contact Person: _____ email _____

Individual Dog Information (Please circle or fill in the blanks as appropriate)

Registered Name _____ Call name _____

Reg# _____ Birth Date _____ Male / Female - - Intact / Neutered

Microchip or Tattoo: _____ Color _____

Is/was this dog involved in a rescue adoption? **Y N** If so, please complete the form as you can

Owner/veterinarian Information

Owner: name _____	Veterinarian _____
address _____	address _____
city-st-zip _____	city-st-zip _____
phone (day) _____	phone _____
phone (eve) _____	cell _____
cell _____	Fax _____
EMAIL _____	EMAIL _____

Clinical History

At what age did the dog first develop hind limb gait problems? _____

How long has the dog been affected, or how long was it affected? _____

Please circle yes or no for each sign(s) which were apparent INITIALLY:

Apprehension in movement	Y	N
Weakness in one hind leg	Y	N
Weakness in both hind legs	Y	N
Unable to support weight in one hind leg	Y	N
Unable to support weight in both hind legs	Y	N
Unable to move one hind leg	Y	N
Unable to move both hind legs	Y	N
Dragging the toes on one hind leg	Y	N
Dragging the toes on both hind legs	Y	N
Tremors in one or both hind legs	Y	N

Stumbling or falling in the hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Loss of muscle mass in one or both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Pain along the back	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Front legs were affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Change in bowel and/or bladder habits (e.g., difficulty, incontinence, retention)				
Fecal Incontinence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urinary Incontinence	<input checked="" type="checkbox"/>
Urinary Retention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Cystitis	<input checked="" type="checkbox"/>

Please circle yes or no for each sign(s) which developed over time, or were present at the time of death:

Apprehension in movement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Weakness in one hind leg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Weakness in both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Unable to support weight in one hind leg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Unable to support weight in both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
(What age or how long after INITIAL signs?)	_____		
Unable to move one hind leg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Unable to move both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
(What age or how long after INITIAL signs?)	_____		
Dragging the toes on one hind leg	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dragging the toes on both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tremors in one or both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Stumbling or falling in the hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Loss of muscle mass in one or both hind legs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
(What age or how long after INITIAL signs?)	_____		
Pain along the back	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Change in bowel and/or bladder habits (e.g., difficulty, incontinence, retention):			
Fecal Incontinence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urinary Incontinence <input checked="" type="checkbox"/>
Urinary Retention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chronic Cystitis <input checked="" type="checkbox"/>
(What age or how long after INITIAL signs?)	_____		
Front limbs became affected	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
(What age or how long after INITIAL signs?)	_____		

Diagnosis

What is/was the clinical diagnosis for the hind limb ataxia, paresis, and/or paralysis problem?

What other possible causes (differential diagnosis) were discussed? _____

Was the problem localized to a certain area along the back?

If YES, then where? _____

Was the dog referred to, or seen by a board-certified veterinary neurologist or surgeon?

Which of the following tests were done to make the diagnosis of Ataxia/Paralysis?

No diagnostic tests, clinical symptoms only	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Spinal radiographs (X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> result was:	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal
Myelogram (contrast X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> result was:	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal
CT (CAT) scan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> result was:	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal
MRI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> result was:	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal
DNA test for DM.....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> result was:	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal
DNA test for NME..... (also known as Pug dog encephalitis)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> result was:	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> abnormal

Please attach any reports describing results, if possible.

Treatment and Management

Was surgery recommended? Y N Was surgery performed? Y N

What was the outcome of surgery?

Other Therapies (Please check all therapies that were used or tried, and briefly describe the outcome (helpful? Not helpful?):

Cage rest	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Rehabilitation	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Acupuncture/electro/photo/laser	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Massage/exercises	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Hydrotherapy	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Wheeled assist device:	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Other ? _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____
Medication	<input type="checkbox"/> Y <input type="checkbox"/> N	Outcome: _____

Prognosis/Outcome

Do you know of relatives of this dog who are, or have been diagnosed with hind limb gait problems? Y N

If yes, please circle: sire dam sibling grandparent other _____

If known, what was the diagnosis for this relative? _____

If your dog is deceased, we are very sorry for your loss.

What age was your dog when he died? _____ Euthanasia? Y N

Was a post mortem examination (i.e., necropsy or autopsy) done on your dog? Y N

If so, what was the post mortem diagnosis?

LONG TERM CARE:

What problems could you use help with? _____

What problems did you solve well, and how did you do that? _____

If you euthanized your dog because of long term care problems what were the most difficult?

Again, thank you very much for the time you spent and for the information you have provided.
Our thanks to Dr. Joan Coates for allowing us to adapt her DM DNA history form for this project.
Please add any comments below:

Survey for Veterinarians regarding hind limb ataxia, paresis, and/or paralysis in Pugs

(Please note "same" if you are identified on Page 1)

Your name:	
Name of veterinary clinic/hospital/practice:	
Address:	
Phone:	E-mail (optional):
Type of practice (general, specialty, etc.):	

Estimate the number of Pug dogs you see in your practice each year.	
Estimate the number of Pug dogs you see annually which have hind limb ataxia, paresis, and/or paralysis.	
Estimate the number of Pug dogs you have diagnosed with constrictive myelopathy.	
Over how many years?	
Estimate the number of Pug dogs you have diagnosed with hypoplasia or aplasia of articular facets of the thoracolumbar spine:	
Over how many years?	

Donation of Tissues from this dog:

If the owner would be amenable to donation of this dog for complete autopsy or spinal pathology exam::

Please contact Dr. Jon Patterson at Michigan State University, and Dr. Kathleen Smiler smilerk@mindspring.com 248-953-3182, when euthanasia is being planned, and ask for the Pug Myelopathy Project Protocol for Necropsy.

- The owner should discuss the fees with your veterinarian prior to authorizing a post mortem. If pathology is done at Michigan State, costs excluding shipping, are currently borne by Dr. Smiler.
- You may send a copy of this form with responses, along with the tissues, as a history of the case.
- Ship tissues to Dr. Patterson at address below:

Dr. Jon Patterson, DVM, PhD, Dipl ACVP, Professor
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 4125 Beaumont Road
 Lansing MI 48910-8107
 Phone: (517) 353-9471 E-mail: patterson@dcpah.msu.edu