DNA for Healthy Cavaliers

Syringomyelia - Mitral Valve disease - Epilepsy

Clinical signs of pain and discomfort with MRI diagnosis of CM/SM

Start CSF pressure reducing drug e.g. **cimetidine**, **furosemide**, or **omeprazole** (BSAVA formulary doses)

Insufficient improvement or recurrence of clinical signs

Improvement in clinical signs

Consider surgical management

Yes

No

Surgery

Improvement in clinical signs

Slowly withdraw drugs

Some dogs are more comfortable if maintained on low dose of NSAIDS or gabapentin with or without CSF pressure reducing drug

Continue CSF pressure reducing drug with or without analgesics indefinitely

If using furosemide add oral potassium gluconate supplement to diet to counteract urinary potassium loss

MONITORING

Serum	Frequency	when prescribing
Electrolytes	Every 3 months	Furosemide
Renal function	Every 12 months	NSAIDs
Liver function	Every 12 months	NSAIDs Gabapentin / Pregabalin
Biochemistry	Every 12 months	Corticosteroids

Insufficient or no improvement in clinical signs

Add **NSAIDs** e.g. carprofen (Rimadyl), Firocoxib (Previcox), Meloxicam (Metacam)

Insufficient improvement in clinical signs

No improvement in clinical signs

Start **gabapentin** at 10-20mg/kg orally 2-3 times daily (typically a 8-12kg CKCS would be started on 100mg capsule twice daily) with or without NSAIDS

Reconsider if CM/SM is cause dog's clinical signs

Yes

No

Further diagnostic tests

Insufficient improvement in clinical signs

Consider switching to (e.g. pregabalin) or adding (e.g. amantadine) another neurogenic analgesic
This should be under experienced veterinary guidance

Insufficient improvement in clinical signs

Discontinue NSAIDS and add **corticosteroids** e.g. methylprednisolone initially at 0.5mg/kg orally every 24 hours. If improvement decrease to the lowest possible dose (ideally alternate day) that controls signs. Corticosteroids used with or without gabapentin.

These treatment guidelines are for veterinary surgeons

© Clare Rusbridge BVMS PhD DECVN MRCVS