



STUDY INVESTIGATING THE INCIDENCE OF FIBROCARILAGENOUS EMBOLI (FCE) IN IRISH WOLFHOUSES

**(please complete a separate questionnaire for each dog suspected to
have suffered from an FCE)**

BACKGROUND INFORMATION

Date of the questionnaire _____

Name of owner _____

Name of dog _____

Current age (or DOB) _____

Sex _____

Neutered YES NO

Alive YES NO

If not alive, age or date of death _____

UK bred dog YES NO

If not please give details of country of origin _____

Is a pedigree available for your dog? YES NO

Name and details of the veterinary surgeon dealing with the your dog when the
suspected FCE occurred:

Name of surgeon and Veterinary Practice: _____

Address of Veterinary Practice: _____

If referred, name and address of Referral Centre: _____



PREVIOUS HISTORY

Did your pup have any medical or other problems prior to the onset of their

suspected FCE?

YES

NO

If yes, please specify:

Did any of the litter have any medical or other problems prior to the onset of your
dogs suspected FCE?

YES

NO

If yes please specify:

Did your dog have a specific history of joint or back problems prior to the suspected
FCE?

YES

NO

If yes please specify:

HISTORY OF THE SUSPECTED FCE EPISODE

Were any other problems identified or diagnosed at the time your dog was seen by
the vet for the suspected FCE

YES

NO

If yes please specify:



How old was your dog at the onset of the suspected FCE? _____

What was the weight at onset? _____

What was the body condition at onset of the suspected FCE (please circle one)?

- Very Underweight
- Underweight
- Normal
- Slightly overweight
- Very overweight

Was someone with the dog when the event / collapse happened?
YES NO

If the event / collapse was observed, please specify details

Do you recall an event/incident that occurred prior to the occurrence of the suspected FCE?
YES NO

Did the onset of signs occurred during or immediately after exercise or activity?
YES NO

If yes to either of the above, please specify the event and type of exercise/activity. What was your dog doing when it happened?

When the event/collapse occurred did your dog seem painful?
YES NO



If there was pain, when did you notice pain in relation to the event/collapse (tick all that apply)?

| | | |
|-----------------------------------|-----|----|
| Before the event/collapse | YES | NO |
| At the time of the event/collapse | YES | NO |
| After the event/collapse | YES | NO |

If yes, for how long after the event/collapse: _____

Did you feel your dog was in pain at some point associated with the event / collapse?
(Tick all that apply)

No
Yes, before the event / collapse (how long before the collapse _____)
Yes, at the time of the event / collapse
Yes, after the event / collapse (how long after the collapse _____)

Did your dog collapse / was recumbent when it happened?

YES NO

Which limbs were affected within 30 minutes of the event/collapse?
(Please circle all affected limbs, even if only mildly affected at the time of the event/collapse)

Left fore limb Right fore limb
Left hind limb Right hind limb

Was your dog able to walk unaided within 30 minutes after the event / collapse?

YES NO

Following the event/collapse, did the number of affected limbs change?

YES NO

If yes please specify:

Was one side worse than the other at any point?

YES NO

If yes, which side:

RIGHT LEFT



Over what time period did the most severe signs of the suspected FCE develop (please circle one)?

- within 30 minutes (immediately)
- 0.5-3 hours
- 3-6 hours
- 6-12 hours
- 12-18 hours
- 18-24 hours
- other _____

After the suspected FCE occurred was there any progression (please circle)?

- BETTER
- WORSE
- NO PROGRESSION

If there was a progression, over what period did the signs progress (please circle one)?

- within 30 minutes (immediately)
- 0.5-3 hours
- 3-6 hours
- 6-12 hours
- 12-18 hours
- 18-24 hours
- other _____

Please give details of how the signs changed (improved or deteriorated)

INVESTIGATIONS CARRIED OUT

Who examined / treated your dog? Tick all that apply.

- My own vet
- My dog was referred to a veterinary specialist
- My dog was not examined by a vet



When your dog was at the vet what investigations were carried out?

| | | | |
|-----------------------|-----|----|------------|
| Blood tests | YES | NO | DON'T KNOW |
| MRI | YES | NO | DON'T KNOW |
| X rays | YES | NO | DON'T KNOW |
| CT | YES | NO | DON'T KNOW |
| Ultrasound | YES | NO | DON'T KNOW |
| Lumbar puncture (CSF) | YES | NO | DON'T KNOW |

TREATMENT

Did your dog receive any medication when you first took her/him to the vet for the suspected FCE?

YES NO

If so please specify (e.g. Metacam, Rimadyl, Loxicom, steroids (e.g. prednisolone, dexamethasone))

How soon was this medication initiated?

Was the exercise restricted for your dog after the event / collapse?

YES NO

Did your dog eventually undergo surgery for this event / collapse?

YES NO

If so how long after the initial signs began was the surgery performed?



Where was the surgery performed and what was the outcome after the surgery?

Please specify:

Did part of your dog's treatment involve hydrotherapy, physiotherapy or other similar approach? YES NO

What kind of therapy / therapies was / were performed? When was this therapy initiated? For how long?

RECOVERY AND OUTCOME

Did your dog fully recover from the event / collapse? YES NO

If NO, please specify:

If YES, please specify (e.g. how long did it take?):

Can your dog now walk unaided? YES NO



Does your dog still have deficits from the event / collapse? (e.g. is one of the limbs still wobbly, weak or limp?)

If YES, please specify.

What is your assessment of your dog's response to the treatment provided (e.g. medication, physiotherapy, exercise regimen, ...)? Which treatments do you perceive worked best for your dog and which treatments did not make a difference?

Please specify how each treatment helped:

If your dog was sadly euthanased due to the condition, can you please provide details as to the reason for this choice?

PLEASE SEND COMPLETED QUESTIONNAIRES TO:
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