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 ______________________________
         cty-st-zip ________________________   cty-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

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<table>
<thead>
<tr>
<th>Sign</th>
<th>Y</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>Stumbling or falling in the hind legs</td>
<td></td>
<td></td>
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<tr>
<td>Loss of muscle mass in one or both hind legs</td>
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<tr>
<td>Pain along the back</td>
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<tr>
<td>Front legs were affected</td>
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<tr>
<td>Change in bowel and/or bladder habits (e.g., difficulty, incontinence, retention)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Incontinence</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Urinary Incontinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Retention</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Chronic Cystitis</td>
<td></td>
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</tbody>
</table>

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

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

If YES, then where? __________________________________________________________

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

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

- No diagnostic tests, clinical symptoms only ....... Y   N
- Spinal radiographs (X-rays) ....................... Y   N result was: normal abnormal
- Myelogram (contrast X-rays) ....................... Y   N result was: normal abnormal
- CT (CAT) scan ....................................... Y   N result was: normal abnormal
- MRI .................................................. Y   N result was: normal abnormal
- DNA test for DM ..................................... Y   N result was: normal abnormal
- DNA test for NME ..................................... Y   N result was: normal abnormal
  (also known as Pug dog encephalitis)

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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?

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

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Y</th>
<th>N</th>
<th>Outcome:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cage rest</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Rehabilitation</td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td></td>
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<tr>
<td>Acupuncture/electro/photo/laser</td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td></td>
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<tr>
<td>Massage/exercises</td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
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<tr>
<td>Hydrotherapy</td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td></td>
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<tr>
<td>Wheeled assist device:</td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td></td>
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<tr>
<td>Other?</td>
<td></td>
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<tr>
<td>Medication</td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
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### 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?

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### 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?

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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.):

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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?

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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
163 Diagnostic Center for Population and Animal Health
4125 Beaumont Road
Lansing MI 48910-8107
Phone: (517) 353-9471  E-mail: patterson@dcpah.msu.edu