

**SM EVALUATION FORM**

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*Please type or print legibly.*

Registered Name	Pet Name	Registration Number
Breed	ID number (if any) tattoo/microchip/DNA	
Date of birth	Sex	Color
Registration number of sire	Registration number of dam	
Owner Name	Neurologist's Name	
Co-Owner (if any)	Veterinary/Referral Hospital	
Mailing Address	Mailing Address	
City	State/Province	Postal Code
Country	Phone	Country Phone

Signature of Owner or Authorized Representative

Date

I hereby certify that the animal examined is the animal described on this application. I, owner of the aforementioned dog, agree that all medical information and diagnostic testing may be distributed to veterinarians and/or neurologists and used only for informational purposes by researchers and will not be released to the public unless the initials of the registered owner appear here. \_\_\_\_\_

Describe here any symptoms seen by owner: \_\_\_\_\_

- |  |   |
|--|---|
| <p>1. Is Ventricular dilatation present?<br/> <input type="checkbox"/> Absent    <input type="checkbox"/> Mild    <input type="checkbox"/> Moderate    <input type="checkbox"/> Severe</p> <p>2. Is Cerebular compression present?<br/> <input type="checkbox"/> Absent    <input type="checkbox"/> Mild    <input type="checkbox"/> Moderate    <input type="checkbox"/> Severe</p> <p>3. Size and shape of foramen magnum<br/> <input type="checkbox"/> Normal    <input type="checkbox"/> Deviates from normal, describe below<br/> _____</p> <p>4. Is cerebular herniation present?<br/> <input type="checkbox"/> Absent    <input type="checkbox"/> Mild    <input type="checkbox"/> Moderate    <input type="checkbox"/> Severe</p> <p>5. Attenuation of cerebrospinal fluid?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> | <p>6. Is kinking of the medulla present?<br/> <input type="checkbox"/> Absent    <input type="checkbox"/> Mild    <input type="checkbox"/> Moderate    <input type="checkbox"/> Severe</p> <p>7. Syrinx(es) present?    <input type="checkbox"/> Absent    <input type="checkbox"/> Before C2    <input type="checkbox"/> After C2</p> <p>a. Largest diameter of syrinx in comparison to spinal cord<br/> <input type="checkbox"/> Slight central canal dilation only, less than 2mm<br/> <input type="checkbox"/> 25%    <input type="checkbox"/> 50%    <input type="checkbox"/> 75%    <input type="checkbox"/> More</p> <p>b. Note location and length of syrinxes, i.e. (C2-C4)<br/> _____</p> <p>8. Maximum cervical width at C2/C3: _____</p> <p>9. PSOM/Bullae    <input type="checkbox"/> Normal    <input type="checkbox"/> Right    <input type="checkbox"/> Left    <input type="checkbox"/> Both</p> |
|--|---|

Brief Neurologist Examination Findings: \_\_\_\_\_

*I certify that the standards for MRI evaluation (described on back) were carefully followed in performing this evaluation.*

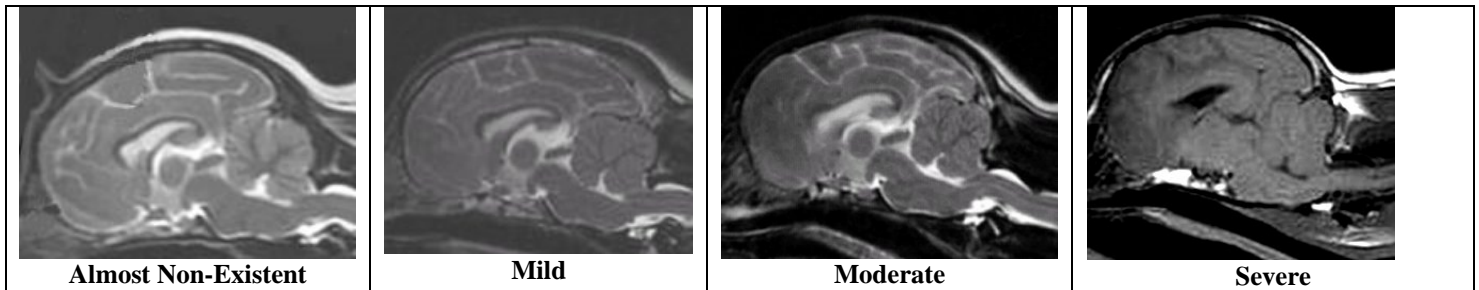
Neurologist Signature

Date

## CLASSIFICATION AND EXPLANATION SHEET

**POSITIONING THE DOG:** Dog should be laid flat with neck in line with skull.

### CEREBULLAR COMPRESSION RATING SCALE



### REVISED CKCS MRI SCREENING AND BREEDING RECOMMENDATIONS (late 2006)

These breeding recommendations are made using current information and in response to CKCS breeder request for guidelines. It has yet to be proven if this guide is appropriate. The aim of these recommendations is to reduce the incidence of symptomatic SM in the breed, not to create litters of puppies guaranteed not to have SM as the chance of producing an affected dog cannot be predicted without knowing the inheritance.

Notes: The age cut off at 2.5 years has been decided so as to tie in with MVD recommendations and because most dogs with symptomatic SM will show signs before 3 years of age.

The following categories from the previous guidelines have been removed because of difficulty in accurately interpreting:

Previously A\* - now A      Previously B – now C

**It is recommended:**

1. That both the sire and the dam of a proposed mating are screened (any unscreened dog should be assumed to be “D”).
2. Offspring of any mating should also be MRI screened before breeding.
3. Any dog screened before 2.5 years old has a second screen when older.
4. That dogs are screened from 6 months of age.
5. That if a limited (“mini”) MRI screen is performed that:
  - a) the minimum area covered is from the level of the interthalamic adhesion to C5.
  - b) both TW1 and TW2 sagittal images are obtained in addition to TW1 and/or TW2 transverse images through the upper cervical spinal cord.
  - c) an assessment is also made for presence/absence of ear disease and ventricular enlargement.
6. That interpretation of images is made by Diplomate level radiologists, neurologists, and in special circumstances, by Orthopedic surgeons with recognized expertise in this area.

GRADE	AGE (YEARS)	SYRINGOMYELIA		BREED TO
A	Over 2.5	Absent or less than 2mm central canal dilatation In the C2-C4 region only		A, C, D
C	Under 2.5	Absent		A Rescan after 2.5 years
D	Over 2.5	Present	Asymptomatic	A
E	Under 2.5	Present	Asymptomatic	NO
F	Any	Present	Symptomatic	NO

No dog showing any of the following symptoms, even in the mildest form, should be bred from: (To come.)

Irrespective of SM results, all dogs of 5 years or under must be cleared by a Board Certified Cardiologist prior to breeding.

Date of last exam: \_\_\_\_\_ Cardiologist results: \_\_\_\_ Normal \_\_\_\_Murmur, Grade \_\_\_\_

