

DNA for Healthy Cavaliers

Syringomyelia - Mitral Valve disease - Epilepsy



Phenotype Form:

ID# _____

Send to: Clare Rusbridge- Confidential Fax: (011-44) 208 786-0525 or email: neuro.vet@btinternet.com

BREED of DOG _____	Call Name _____	
Date of birth: _____	Case No _____	Owner's name _____
Color B B/T R T	Gender M MN F FN	Vet name/practice (practice stamp) _____
Pedigree name/ registration number _____		
microchip number if relevant _____		
Date of Sampling - _____	Referring Clinician _____	

Syringomyelia (please tick appropriate box)

No clinical signs **Age of onset (if appropriate) –** ___ yrs ___ mths

Shoulder scratching Neck pain Scoliosis Pelvic limb ataxia Thoracic limb weakness

Was **MRI** carried out Yes No Was surgery carried out? Yes No Date ___ yrs ___ mths

Occipital hypoplasia Yes No
Cerebellar herniation Yes No
Syringomyelia Yes No <1/3 diameter spinal cord
Area of spinal cord affected _____ 1/3-2/3 diameter spinal cord
 > 2/3 diameter spinal cord

Medullary kinking Yes No
2° ventricular dilatation Yes No Neurologists notes attached

Details of any affected relatives _____

Mitral Valve Disease (please fill in/tick appropriate box)

Grade of murmur Age of last heart clearance ___ yrs ___ mths Age murmur first diagnosed ___ yrs ___ mths

Stage of heart disease Age diagnosed ___ yrs ___ mths Examined by Board Cert. Cardiologist General Practitioner

Normal (0) *no murmur*

Mild (1) *Evidence of heart disease (i.e. murmur) but no clinical signs (heart normal size on x-ray / scan and no pulmonary oedema)*

Moderate (2) *As 1 plus mild cough and / or evidence of left atrial enlargement on xray/scan; no pulmonary oedema.*

Severe (3) *As 2 but has needed or still requires frusemide for pulmonary oedema (heart failure). Has or had clinical signs of coughing, breathlessness at exercise, some exercise intolerance*

Very severe (4) *On multiple drugs to control clinical signs of heart failure; unable to exercise.*

Heart medication currently receiving _____

Cardiologists notes / ultrasound scan results attached

Details of any affected relatives _____

Primary Epilepsy Episodic Falling Compulsive disorder (e.g. fly-catching)

Age diagnosed above – Medication received –

Other (please specify) -

If applicable: Age at death ___ yrs ___ mth Cause of death _____ age previous phenotype form ___ yrs ___ mths

I consent to DNA being extracted from my dog's sample and that this will be used entirely for research in the field of animal disease and genetics by *bone fida* scientists. I can reclaim my dog's sample at any time. **Please sign below**