

CEREBELLAR ATAXIA 4

CEREBELLAR ATAXIA IN THE ITALIAN SPINONI CLINICAL SIGNS

Several people have asked what signs they should be looking for which would indicate that a puppy may be suffering from CA and I am most grateful to the owners of affected puppies for the following information.

Early signs appear at around 4 6 months of age and could easily be mistaken for puppy clumsiness, especially with a big boned or fast maturing puppy. These early symptoms tend to be intermittent in that the puppy may appear perfectly normal some days but not others. Some of the early signs are –

- 1) an unsteady gait, as if drunk, especially noticeable when the puppy wakes up and takes its first few steps upon rising, consisting of a type of side ways staggering and crossing of both the hind and front limbs.
- 2) a tendency to drag the hind feet periodically, the upper part of the foot actually coming into contact with the ground. When indoors it sounds as though the puppy is slouching in loose fitting slippers.
- 3) tripping over the front feet. In some cases this was just put down to the puppy being clumsy.
- 4) a tendency for the puppy to sit down more frequently than one would expect. This may be difficult for the first time owners to recognize.
- 5) A tendency for the puppy to lean against furniture or walls for support.

It should be noted that at this stage, once the puppy is up and about, especially out of doors and unrestricted, it appears to be quite normal.

As the disease progresses the puppy suffers a marked loss of co ordination of the hind limbs, swaying and adopting a wide based stance in order to steady itself. The limbs are lifted in an exaggerated manner, often described as goose stepping. The swaying of the hindquarters at this stage could be mistaken for hip dysplasia.

Early symptoms become more frequent and more pronounced and the puppy suffers loss of co-ordination of the front limbs with the same exaggerated high stepping action. As the front paws make contact with the ground they are brought down heavily and this is easily heard, as well as seen, especially when the puppy is indoors.

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From approximately 9 months onwards the symptoms become more severe and the puppy may be reluctant to go up and down steps. The gait becomes more and more unsteady and the puppy has difficulty moving forward in a straight line, veering from side to side in a very marked way.

The puppy also has difficulty moving backwards or turning in a tight circle and may fall over. Also the puppy may be reluctant to negotiate obstacles that it has previously not had any problems with, in one case a puppy would not go through a wire strand fence which it had previously negotiated with ease and would also refuse to walk through puddles, which was uncharacteristic.

The puppy's vision may or may not be affected. One puppy definitely had impaired vision, in one eye only, first noticed by the owner as the puppy moved its head around trying to focus. Also the puppy appeared surprised if approached from the affected side.

During the progression of the disease there may be times when the puppy will stabilize for a while, maybe for a week or two, and then deteriorate so that the progression occurs in steps.

Throughout the period of the disease the puppy appears to suffer no pain, has a healthy appetite, has normal bodily functions and its temperament remains the same. It will play and enjoy daily walks as any normal puppy would, although in the later stages exercise has to be reduced somewhat.

In one case the owner reported that the puppy became nervous and I think that I am correct in saying that this was when the symptoms were at their most severe and the puppy was put to sleep soon afterwards, no other cases of nervousness or distress were reported, all the other puppies remaining happy and coping well with this disability.

Of the 13 cases reported so far none have survived beyond 12 months, most having been put to sleep at between 10 11 months old.

It is vitally important that any puppy suspected of suffering from CA should be referred, by their own vet, to a neurologist so that an accurate diagnosis can be made. Also any confirmed cases should be reported to me so that I can then contact Dr. Wheeler at the Royal Veterinary College. It is imperative that a post mortem is carried out in order to confirm the diagnosis.

It must be stressed that this list of symptoms if by no means exhaustive.

Although the majority of the symptoms will be the same, puppies may exhibit other signs which are subtly different and people may describe the

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same symptoms slightly differently. If you are in doubt, please do not hesitate in contacting me and I will help in any way I can. You can contact me on LINCOLN (01522)792743.

Issued by Pat Wilkinson on behalf of the Italian Spinone Club of Great Britain 5/10/98