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Doobie Wirefox Terrier Rescue Midwest - Health Report Card
Amber Ihrke, DVM, CCRT, CVA, CVSMT, CVPP, Resident - ACVSMR

Exam Date: 2/12/2021

Patient Highlights

Client Maribeth Wirefox Terrier Rescue Midwest
Client Id: 442
*(815) 485-8266 (Main)
Po Box 21
Mokena, IL 60448
knierim@msn.com

Patient Id 1651
Patient Doobie Wirefox Terrier Rescue Midwest (Male Neutered - 4 years)
Date of Birth 2/5/2017

Master Problem List	T3-L3 myelopathy
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Breed Canine - Wheaton Terrier
Status Active
Weight 66.4 LBS (30.1188KG)
Last Activity 2/12/2021

Vital Signs

Weight 66.4 LBS (30.1188KG)
Respiratory Rate panting
Pulse Quality strong, synchronous
CRT <2
Mucous Membrane pink
Hydration euhydrated
Body Condition Score 5 - Ideal
Pain Score 1 - Minimal

Weight Trend			
Exam	Date	Trend	Weight
Initial Rehabilitation Examination	2/12/2021 6:35 PM		66.4 LBS 30.1188 KG

Client Goals

- transition successfully into a cart

Pertinent History

February 3rd, 2021 - Exam at VCA- AV

- Hx: Pelvic limb gait change. He was relinquished to the rescue on 1/31/21. He was HBC on 4/3/20. Primary care DVM evaluated him as deep pain (-) and recommended PT. Started him on gabapentin and methocarbamol. He had one session with PT (tx unknown) and has been crated since. He was kept in a diaper and had urine scald on his abdomen, but is house trained and can urinate/defecate on his own. He cannot stand for longer than a few minutes and cannot walk with pelvic limbs.
- PE:
 - Urine scald - marked along ventral abdomen and bilateral pelvic limbs
 - mild to moderate pelvic limb muscle atrophy
 - non-ambulatory X 2 with mild motor pelvic limbs with sling support - suspect spinal walking.
 - CP loss in pelvic limbs
 - 3-4+ myotatic reflexes bilateral pelvic limbs
 - no obvious cervical or T/L hyperpathia
 - absent panniculus bilateral
 - deep pain absent
- Assessment:
 - T3-L3 myelopathy
- Plan:
 - Reco: rehabilitation and consider use of a cart.
 - Further imaging with MRI and decompressive surgery not recommended at this time due to chronicity and severity of neuro signs - improvement unlikely

Relevant Diagnostics

None within 6 months

Sport/Job

None

Lifestyle

- Needs assistance for all daily activity
- Can stand for short periods of time
- Drags rear limbs around home

Diet

- Fromm Game Bird - 1 cup BID
- Costco Chicken
- Chicken Jerky

Current Medications

- none

Mentation

Alert

Integument

Normal

Toenail Wear

Normal

Ears/Eyes/Nose/Throat

- Abnormal
- grade I dental disease

Cardiovascular

Normal Auscultation

Respiratory

Normal

Lymphatics

Normal

Abdominal

Normal

Genitourinary

- Abnormal
- urine scald - resolving

Musculoskeletal

- Posture
- unable to stand unassisted
 - sit posture - rear limbs in extension and rolled onto the pelvis
 - down posture - sternal with rear limbs extended

Dynamic Balance Scale (3-legged stand)

Normal	Maintain balance without support, accepts maximum challenges, weight shift in all directions
Good	Maintain balance without support, accepts moderate challenges, weight shift with limitations
Fair	Maintain balance without support, cannot tolerate challenges, cannot weight shift
Poor	Requires minimal to moderate assistance to maintain balance
Absent	Requires maximum assistance to maintain balance

Transitions

- unable to transition independently

Palpation

- marked muscle atrophy in the rear limbs and gluteals
- hypertrophy of bilateral pectoral muscles and triceps - secondary to using the front limbs for mobility

Neurologic

Key: 4 = Exaggerated, clonus; 3 = Exaggerated; 2 = Normal; 1 = Diminished; 0 = None; NE = not examined

Posture

Normal	X
Head Tilt	
Tremor	
Falling	

Modified Frankel Score

Grade 0	Paraplegia with absent nociception
Grade 1	Paraplegia with deep nociception
Grade 2	Paraplegia with superficial nociception
Grade 3	Non-ambulatory paraparesis
Grade 4	Ambulatory with paraparesis and/or ataxia
Grade 5	Spinal hyperpathia only

Proprioception

	LF	RF	LR	RR
Wheelbarrow	2	2	xxxx	xxxx
Hopping	2	2	0	0
External Postural Thrust	xxxx	xxxx	NE	NE
Proprioception	2	2	0	0
Hemistand/walk	NE	NE	NE	NE
Placing- Tactile	NE	NE	xxxx	xxxx
Placing - visual	NE	NE	xxxx	xxxx

Spinal Reflexes

	LF	RF	LR	RR	Comments
Quadriceps	XXXX	XXXX	3	3	
Extensor Carpi	2	2	XXXX	XXXX	
Flexion (withdrawal)	2	2	2	2	
Crossed Extensor	0	0	0	0	
Perineal	XXXX	XXXX	2	2	

Cranial Nerves

	L	R		L	R
II, VII - Vision, Menace	2	2		0	0
II, III - Pupils resting	2	2		0	0
Stim L	2	2		2	2
Stim R	2	2		2	2
II- Fundus	2	2		2	2
III, IV, IV - Strabismus, resting	0	0		2	2
III, IV, VI, VIII - Strabismus, position	0	0		2	2
Comments:					

Sensation

Hyperesthesia	0
Superficial Pain	0
Cutaneous Reflex(Panniculus)	0
Deep Pain	0

Diagnosis/Problem List

- T3-L3 myelopathy secondary to trauma
- paraplegia with absent nociception

Specialty recommendation

None

Diagnostic Recommendations

None at this time

Home Care Recommendations

Harness

- We recommend a Help-em-Up Harness. If you pet has a harness, please bring the harness to each appointment.

Cart

- Plan to fit Doobie with a cart next week to enable independent mobility

Treatment Protocol Recommendations

Therapeutic Exercises

- An exercise program specifically designed and customized to address the needs of the patient.
- Related to improved cart mobility

Medical Massage

Therapeutic Principle

- Cart (wheelchair):** Successfully transition Doobie to a cart to spend more time outside and allowing for independent mobility. In addition, the cart allows the patient to remain in a more normal posture which improves his front limb biomechanics.

Goals of Therapy

- successfully transition Doobie to a cart

- Improve spinal walking
- improve flexibility in the front limbs

Recheck Schedule

IPC Treatment Progress Plan Exam in 4 weeks