


## VNC Cervical Syringomyelia MRI Screening

### GUIDELINES

#### Syringomyelia Screening

An MRI scan is the most sensitive method to determine if a dog has syringomyelia (SM) which is a complication of Caudal Occipital Malformation Syndrome (COMS), also called Chiari-like Malformation (CM). If the MRI does not demonstrate imaging characteristics associated with SM/COMS, then the individual screened is less likely to develop SM/COMS later in life and probably less likely to pass on the disease to his/her offspring. Cervical Syringomyelia MRI screening is an abbreviated MRI study of the back of the brain and the upper neck intended as an economical screening test to help pet owners determine if their pet should be bred. **Cervical Syringomyelia MRI screening at the VNC is not intended for dogs with clinical signs of the disease.** It is intended for breeds with a documented history of SM, COMS/CM such as Cavalier King Charles Spaniel and Brussels Griffon, however, other breeds will be considered on a case by case basis.

 To learn more about SM, COMS/CM, please visit our website, [www.vetneuro.com](http://www.vetneuro.com), and go to the glossary ([Resources > References > Glossary](#)). Here you will find definitions for key terms as well as comprehensive write-ups on these topics.

**Pricing** (Please contact us for current pricing):

- **Physical Examination** (if not performed within 10 days by primary veterinarian)
- **CBC/Chemistry** (if not performed within 10 days by primary veterinarian)
- **MRI** (includes Blood Draw, +/- Basic Preanesthetic Blood Work, IV Catheter/IV Fluids, Anesthesia, Post-Anesthesia Observation/Recovery)
- **MRI Imaging Interpretation** (by an Outside Board-Certified Radiologist)

#### Appointment Scheduling

##### 1. Individual Appointment (1-2 Dogs):

Individual scans may be scheduled up to 24 hours in advance. In order to accommodate the hospitalized neurological patients who may require immediate medical attention, no more than 2 patients should be scheduled prior to 10am. Patients whose appointments are scheduled after 10am may potentially have their scan performed later in the day and, therefore, may not be ready to go home until closer to 5pm.

##### 2. Clinic (up to 6 Dogs):

Clinics are held to accommodate pet owners with several dogs and are scheduled once the number of patients on the wait list reaches 6. Clinics will be performed on a Saturday within 30 days following the waitlist reaching 6 patients and that best accommodates the pet owner(s) schedules. 3 pets may be dropped off at 8:30am and another 3 as late as 10:30am. The first group of dogs would be ready to go home around 1pm and the second group around 4pm. Clients will be kept aware of how their pets are doing and what time they will be ready to go home. In order to streamline the intake process, we request clients submit their registration information online prior to their appointment.

## Preanesthetic Physical Examination and Laboratory Requirements

In order to safely undergo anesthesia each patient who is having this elective procedure must have a general physical examination and a CBC/Chemistry Laboratory Panel performed within 10 days of the anesthesia procedure. This can be done in 2 ways:

### 1. Primary Care Veterinarian Examination

The primary care veterinarian performs the exam and lab work, completes the Pre-Anesthesia Physical Examination and Laboratory Findings Form (see attached) and sends to the VNC. The VNC doctor will review this information and perform a brief physical examination prior to anesthesia.

### 2. VNC Doctor Performs Examination and CBC/Chem at the VNC Prior to Screening

These services can be performed prior to anesthesia for an additional fee.



To learn more about preanesthetic laboratory testing at the VNC, visit our website, [www.vetneuro.com](http://www.vetneuro.com) > [Diagnostics](#) > [Laboratory](#).

## Admission Requirements

### 1. VNC Cervical Syringomyelia MRI Screening Registration Forms

- Patient Section should be filled out for each patient

### 2. Pre-Anesthesia Physical Examination and Laboratory Findings Form (preferred)

- Alternatively, examination and preanesthetic lab tests may be performed at the VNC for an additional fee

### 3. AKC or other breed registry documentation

### 4. Microchip and/or tattoo documentation

## MRI Procedure

Pets should not be fed 12 hours prior to anesthesia. The pet will be induced for anesthesia by a VNC doctor who will oversee the MRI scan performed by an experienced veterinary imaging technician. Typical scans take approximately 45 minutes. Each patient is monitored closely while under anesthesia. Once the MRI procedure is complete, the patient will be moved to the treatment area and watched closely by a VNC technician while waking from anesthesia.



To learn more about MR Imaging at the VNC, visit our website, [www.vetneuro.com](http://www.vetneuro.com) > [Diagnostics](#) > [Diagnostic imaging](#) > [Magnetic Resonance Imaging](#).



To learn more about anesthesia monitoring at the VNC, visit our website, [www.vetneuro.com](http://www.vetneuro.com) > [Treatment](#) > [Surgical](#) > [Anesthesia Monitoring](#).

## Imaging Results

The study images will be electronically sent to the pet owner as well as a veterinary radiologist who specializes in MR imaging. The results from the radiologist will be available within 2-4 days.

## VNC Cervical Syringomyelia MRI Screening

### PRE-ANESTHESIA PHYSICAL EXAMINATION AND LABORATORY FINDINGS FORM

**For Primary Care Veterinarian Use:**

On \_\_\_/\_\_\_/\_\_\_\_\_ I performed a general physical examination on:

\_\_\_\_\_ (patient first and last name).

I have attached/given the client a copy of my examination findings and CBC/Chemistry laboratory results. I did not find any signs of neck pain, neurological deficits or suspected Syringomyelia nor any signs that would indicate an unsafe anesthetic episode for this elective procedure.

**Veterinarian Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Cervical Syringomyelia MRI Screening Registration Form

### CLIENT INFORMATION

**Your Name:** \_\_\_\_\_ **Co-Owner:** \_\_\_\_\_  
(last) (first) (initial) (last) (first)  
(initial)

**Address:** \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cellular:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Employer:** **Self:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Co-Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

How did you hear about our Cervical Syringomyelia MRI screening services?

\_\_\_\_\_

What is the name of your primary veterinarian and clinic?

\_\_\_\_\_

Why have you elected your pet(s) to undergo this screening?

\_\_\_\_\_

\_\_\_\_\_

Are you affiliated with a breed-specific organization? YES NO

If so, which one? \_\_\_\_\_

Who is the Contact Person there? \_\_\_\_\_

What is their contact information?

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Weight: \_\_\_\_\_

Case No: \_\_\_\_\_

Date: \_\_\_\_\_

**PATIENT INFORMATION** (Complete one form for each patient)

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: M F

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Last Distemper vaccination date: \_\_\_\_\_ Rabies date: \_\_\_\_\_

Has your pet been neutered or spayed? YES NO

Has your pet eaten in the last 12 hours? YES NO

Are you aware of any underlying medical issues present in your pet? YES NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Please indicate if your pet has any of the following items:**

- |  |   |
|--|---|
| _____ Identification Microchip         | _____ Stainless Steel Sutures                 |
| _____ Metal Dental Work (e.g., crowns) | _____ Surgical Staples                        |
| _____ Pacemaker                        | _____ Orthopedic Implants (e.g. pins, plates) |
| _____ Other: _____                     |   |

\_\_\_\_\_ To my knowledge, my pet has no implants or metallic devices in his/her body other than those indicated above.

\_\_\_\_\_ I have read and understand the Cervical Syringomyelia Screening Guidelines and acknowledge that this is an elective procedure intended for pets for the purpose of breeding.

YES NO A physical examination and Chem/CBC lab test has been performed on my pet by my veterinarian in the last 10 days. **The pre-anesthesia physical examination and laboratory findings form has been provided to the VNC.**

\_\_\_\_\_ If NO, I authorize the VNC doctor to perform a physical examination and preanesthetic laboratory panel prior to the procedure for an additional fee.

YES NO I have provided copies of my pet's microchip documentation

YES NO I have provided copies of my pet's tattoo information

YES NO I have provided copies of my pet's AKC (or other breed specific) registry documentation

\_\_\_\_\_ I understand that if the VNC doctor upon examination finds any signs of neurological deficits or any indication that my pet may be unsafe for anesthesia, the procedure will need to be cancelled.

\_\_\_\_\_  
**Signature** (Owner/Agent)

\_\_\_\_\_  
**Date**