Fig 3 'CM/SM Explained'

DNA for Healthy Cavaliers

Clinical signs of pain and discomfort with MRI diagnosis of caudal fossa overcrowding +/- syringomyelia

Start **furosemide**[f] at 1mg/kg orally every 12 hours – 2 week trial

Improvement in clinical signs

Consider surgical management

Yes

No

Surgery

Improvement in clinical signs

Slowly withdraw drugs

Some dogs are more comfortable if maintained on low dose of NSAIDS or gabapentin with or without furosemide

Insufficient improvement or recurrence of clinical signs

Continue furosemide with or without analgesics indefinitely

Consider adding oral potassium gluconate supplement to diet to counteract urinary potassium loss

MONITORING

Serum	**Frequency**	**when prescribing**
Electrolytes	Every 3 months	Furosemide
Renal function	Every 12 months	NSAIDs
Liver function	Every 12 months	NSAIDs Gabapentin
Biochemistry	Every 12 months	Corticosteroids

Insufficient or no improvement in clinical signs

Increase to 2mg/kg furosemide orally every 12 hours - 2 week trial

Insufficient improvement in clinical signs

No improvement in clinical signs

Add **NSAIDs** e.g. carprofen[g] at 4mg/kg orally once daily – 2 week trial

Reconsider if cauda fossa overcrowding is cause of dog's clinical signs

Yes

No

Insufficient improvement in clinical signs

Discontinue NSAIDs and add **gabapentin**[a] at 10-20mg/kg orally 2-3 times daily (typically a 8-12kg CKCS would be started on 100mg capsule twice daily) – 2 week trial

Further diagnostic tests

Insufficient improvement in clinical signs

Discontinue frusemide and add **corticosteroids** e.g. methylprednisolone[h] initially at 0.5mg/kg orally every 24 hours. If improvement decrease to the lowest possible dose (ideally alternate day) that controls signs. Corticosteroids used with or without gabapentin.

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