

GRUNFELD GERMAN SHEPHERDS

Back Pain in Dogs

Introduction

Some 70-80 % of all dogs suffer at least once in their life from backaches. Disorders of the spinal vertebrae and their associated backaches belong therefore to any list of most-frequent illnesses in many breeds, particularly the German Shepherd Dog. The chosen treatment procedures are dependent on:

- the cause;
- the extent;
- the pain location;
- the neurological finding;
- the dog's age and previous or other illnesses.

Symptoms

Frequently the owners reports that the dog no longer wants to jump out of or into the car, climb or run down the staircase well, shows difficulty getting up after lying a long time, does not play very long, has paralysis or a paresis of the limbs, bunny-hops at a gait faster than a walk, or shows that it is uncomfortable in climbing decidedly steep places.

Causes

The causes of backaches are abundant, and treatment is frequently frustrating for doctor and client/dog-owners alike.

The most frequent causes are:

Slipped disk (BSV);
Cauda Equina syndrome;
Spondylosis deformans;
Facet syndrome (pain at the joints of the vertebrae);
Sacrum disorder (pain in the sacral articulation).

Diagnostic Methods · Neurological investigation;

- Radiography (X-rays);
- Myelography;
- Diskography; and
- Nuclear tomography.

Therapy

The minimally-invasive procedures are recommended:

- Computed Tomography-directed spinal nerve root therapy (PRT);
- Computed Tomography-directed vertebral infiltration-denervation with cryotherapy;
- Computed Tomography-directed infiltration of the ilio-sacral joint (sacrum or ISG) with denervation via cryotherapy;
- Peridural catheter-applied therapy on slipped disks (PDK) as used by Dr. Ali Hassan/Salim;
- Operation on the slipped disks associated with paraplegia.

Concerning the sacrum disorder, one distinguishes the functional and degenerative form. The former is an ailment frequently accompanying slipped disks (BSV) due to a certain improper posture caused by or associated with pain, and appears after therapy. Faulty alignment of the spine-pelvis axis, different

lengths of the extremities (limbs) and consequently different weight on one side of the body, tend to lead toward this sacrum disorder.

The sacrum disorder is marked with probes inserted during Computed tomography-controlled infiltration of the ilio-sacral joint - both when ambulatory and in sedation. While the patient lies in belly-down position on the C-T table, the ilio-sacral joint is marked using C-T visualization. After carefully disinfecting the area and applying a sterile covering, the puncture needle for the peridural catheter is pushed into the ilio-sacral joint and a small quantity of barium contrast medium is introduced. This should distribute itself in the joint. Now the neurolysin (substance that acts on the nerve) can be injected. The patient is immediately rendered painless - often for the first time after many previous but futile treatment attempts.

For slipped disks, the vertebral arch will be marked under control with the C-T at the puncture site. Thereby one has, with the greatest possible safety, an exact placing of the catheter at the defective disk.

After careful disinfecting, the puncture needle-probe is pushed forward up to the desired place. After additional C-T scanning and control, the catheter is pushed through the puncture needle up to the slipped disk. Then the catheter can be attached to the skin in the desired position. Over the following 4 days the neurolysin substance is administered. On the 5th day, the catheter is removed after the last medication.

The danger of an infection or hemorrhage is very slight.

This method is suitable also for aged patients and/or patients with cardiovascular illnesses and other anesthesia risks.

In comparison with traditional operations on disks or cauda equina syndrome, this method often allows escape from long recovery times (langwiegerige) and anxiety treatment (Nachsorgebehandlung), and within a short time the patient is complaint-free.

From the Schrader veterinary clinic, Hamburg Germany / Dr. Ali Hassan;
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