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

Start _furosemide_ at 1mg/kg orally every 12 hours – 2 week trial

- **Insufficient improvement or recurrence of clinical signs**
  - Surgery
  - Improvement in clinical signs
  - Consider surgical management

- **Improvement in clinical signs**
  - Start _furosemide_ at 1mg/kg orally every 12 hours – 2 week trial
  - Consider surgical management

- **Insufficient improvement in clinical signs**
  - Increase to 2mg/kg furosemide orally every 12 hours - 2 week trial

**MONITORING**

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<th>Serum</th>
<th>Frequency</th>
<th>when prescribing</th>
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</thead>
<tbody>
<tr>
<td>Electrolytes</td>
<td>Every 3 months</td>
<td>Furosemide</td>
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<td>Renal function</td>
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<td>Liver function</td>
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<td>NSAIDs/Gabapentin</td>
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- **Insufficient improvement in clinical signs**
  - Add NSAIDs e.g. carprofen at 4mg/kg orally once daily – 2 week trial

  - **Insufficient improvement in clinical signs**
    - Take NSAIDs and add _gabapentin_ 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

  - **Insufficient 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

  - **Discontinue NSAIDs and add _corticosteroids_ e.g. methylprednisolone 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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