

## JOLIE'S VESTIBULAR DISEASE

By Cindy Mendonca, LVT and Jolie's Human



### Jolie – herding, age 13

On Saturday, February 18, 2017, Jolie and I went herding for her 13<sup>th</sup> birthday. The weather was unseasonably lovely, so we went again on Sunday. A week later, on February 26<sup>th</sup>, she was suddenly hit by a vestibular disorder, commonly called Idiopathic Vestibular Disease and nicknamed Old Dog Vestibular Disease.

I actually saw it begin. Jolie had jumped up on the couch with her chewie. Uncharacteristically, she just looked at it, rather than beginning her usual enthusiastic chewing. As I got up to check her, she vomited a thick, phlegmy material. I could see nystagmus in her eyes, an involuntary flickering movement in one or both eyes. While I cleaned up the first mess, she vomited again and began to become ataxic (unable to control or coordinate her muscular movement).

At that point, I called a veterinarian I work with to tell her what was happening with Jolie and that I was taking her to the clinic to begin supportive care. I am a licensed veterinary technician, but I needed the vet's "permission" to do some of the care, particularly with regard to giving drugs in the proper dosage, because it was Sunday and the clinic was closed. Just before leaving the house, Jolie vomited a third time and was noticeably dizzy. She was able to unsteadily walk to the van in the garage.

By the time we got to the clinic 15 minutes later, the ataxia had progressed to the point that I had to carry her part of the way into the clinic. I left her on the floor as I gathered everything I would need to treat her. I had put her on the table to draw her blood for an initial assessment, when the owner/vet came in. He confirmed my diagnosis of vestibular disease, a disorder which affects the body's ability to balance itself. At that point, we didn't know if it was the peripheral (more common) or the central form of the disease. Both can be caused by some of the same things, e.g. infection (particularly of the inner ear), trauma, some drugs, inflammatory disease. The central form may also be caused by tumors or cancer. The symptoms include head tilting, circling, stumbling, nystagmus, loss of coordination, vomiting, nausea, and drooling. Sometimes the cause is never found and the disorder is then labeled as "idiopathic." If the dog shows improvement within two to three days, the Vestibular Disease is considered to be the peripheral form and is most often idiopathic. If there is no improvement in that

time, then the dog may need an MRI to determine the cause. In either case, supportive care is begun right away. Full recovery of the peripheral form usually takes two to three weeks. The head tilt might never go away. It's possible for the dog to have more than one episode.

Because we rarely know the initial cause, it's important to begin with the tests we can do and get started on supportive care. The only blood work we could do in the clinic on Sunday was to check Jolie's glucose levels (within normal limits), but I also wanted to be able to send her blood to the laboratory the next morning to see what was going on at the onset of her symptoms. (Note: the blood chemistry and complete blood count came back as normal). The physical exam showed that Jolie's ear canals looked normal as well, so an ear infection wasn't expected to be the cause, although an inner ear infection might not have been apparent. She had not had any of the drugs that can sometimes cause problems in the inner ear. Her temperature, heart, and lungs were normal, although her respiration was slightly increased, probably due to stress.

Again, supportive care is essential. The dog is unable to eat or drink, because of the head tilt, ataxia, and nausea. If the dog is hospitalized, it may receive intravenous (IV) fluids. I chose to do subcutaneous (SQ) fluids, so that I could keep Jolie at home with me when I wasn't working. The advantage of either IV or SQ is that the fluids are introduced into the dog's body without having to go through the gastrointestinal system and risk being vomited back out. SQ fluids are absorbed more slowly since they are placed just under the skin. A dog can go days without food, but it must have fluids. The usual fluids of choice are Lactated Ringers Solution or Normosol, but depending on the laboratory results, there may be other electrolytes or solutions added.

In addition to SQ fluids, Jolie received an injection of penicillin, in case of infection, and an injection of Cerenia. Cerenia is used to stop vomiting and is especially good in cases of motion sickness. The motion sickness issue is obvious when one considers how uncomfortable the dog is with the ataxia. But it's important to stop vomiting to keep the dog hydrated and electrolytes in balance, so as not to cause secondary problems for the dog. Prednisone used to be given in cases of vestibular disease, but wasn't found to be particularly helpful. However, non-steroidal anti-inflammatory medications are sometimes given in case inflammation is present. Coincidentally, Jolie had actually had a Deramaxx tablet earlier in the day, because she had been stiff after our walk.

I was very happy that my boss had happened to stop by, because he ended up carrying Jolie back to the van for me after the treatment was done. She is only 45 pounds, but by that time, her lack of control over her body and her confusion and possible fear because of that, made it very difficult to carry her, even for him. Less than two hours had passed from the first episode of vomiting to her inability to walk and having to be carried back to the van.

Once we got home, I carried Jolie to a patch of grass by the garage to pee, which she managed to do by spreading her back legs very wide apart to keep balance. She collapsed upon finishing. With difficulty, I managed to get her into the house and settled on a crate mat by the couch. I let her determine what position she wanted to settle in, because her world was spinning and only she could decide how she felt best. It's hard to watch your dog lie in a contorted position, but it's best not to

interfere. I did try to get her outside to potty before bed, but it was an ordeal for both of us, even with me trying to support her front end with a harness and her back end with a sling. I put some puppy pads under her, just in case she needed them, when I got her back to the mat. I didn't try to feed her that night, but I did coat her gums and the roof of her mouth with Nutrical to give her some calories in the form of fat and sugar. All night long, as I slept next to her, I kept waking up to check on her. Each time, I prayed she'd be able to walk enough to potty in the morning.

Thankfully, my prayers were answered and Jolie was able to "stagger" walk outside on Monday morning. She was able to balance herself to pee, but she had a marked head tilt. I took her with me to work from Monday to Thursday, in order to watch her and to give supportive care. On Monday and Tuesday, she received SQ fluids, a penicillin injection, Deramaxx, and cimetidine. The cimetidine was to decrease her stomach acids, since her stomach was pretty empty. She ate very little on Monday and Tuesday, although I hand fed (and at times, force fed) her small amounts of Nutrical, baby food meat, and a calorie dense recovery diet. By Wednesday, she was drinking water on her own and willingly eating from my hand. The only supportive care on Wednesday and Thursday was the Deramaxx and cimetidine. In this time, the head tilt was becoming less pronounced and she was walking better. By Thursday morning, the head tilt was nearly gone and she was walking almost normally. By Thursday afternoon (approximately 100 hours after the first symptom), she was eating on her own and using the stairs (which happened when I thought I had left her safely in the family room, so I could go upstairs to change clothes, and then discovered her in her usual spot at the top of the stairs). She also went outside and did her customary rolling in the grass. A dog with vertigo doesn't voluntarily roll around, scratching her back. If I hadn't known she'd had a head tilt, I wouldn't have seen anything different about her that evening.

By Friday morning, Jolie had no symptoms, not even a head tilt, and all medications were stopped. Neither of the veterinarians could remember a dog with her symptoms recovering in such a short time. When I asked if it was due to the early and immediate supportive care and/or Jolie herself, they couldn't say. The supportive care didn't hurt, but it was just as likely that Jolie's general health and spirit contributed to the bigger part of her quick recovery.

So, on Saturday, March 4<sup>th</sup>, Jolie was bouncing when I was training the other dogs and offering "sit pretty" on her own for a chance for treat rewards. Best of all, on Sunday, one week after the symptoms hit, we were back at the farm where Jolie had a short period herding sheep.

On Thursday, March 9<sup>th</sup>, I took Jolie to Five Elements Veterinary Alternative Specialties for her previously scheduled chiropractic adjustment. (We go every six to eight weeks). I was especially concerned, because she had been contorted for those first days of the vestibular disease and she was showing stiffness in her front end. Her vet said that it isn't unusual for that to happen and it can help to work on the dog as soon as the ataxia abates. In Jolie's case, she just needed an adjustment and some cold laser treatment on her muscles, with me doing deep massage at home. Some dogs can benefit from acupuncture and that can be done at any point in the process as long as the dog is able to be moved comfortably.

The normal progression of Idiopathic Vestibular Disease is two to three weeks. Some dogs never lose the head tilt and it can recur. It is scary and heart-breaking to watch. Even though I went through it with my first Beardie, Baillie, 13 years ago and even though I counsel clients about it when their own dogs go through it, it is still scary to watch it in your own dog. In my clinic, we work hard to let owners know that the worst part is the first few days. When they come in the first time, they assume the dog has had a stroke and needs to be euthanized and are understandably upset. We don't sugar coat that the first few days, especially, can be hard, but we encourage them to hang in there if it's at all possible for them to do. We prefer it if they can take the dog home in between treatments, because the dog is generally more comfortable in familiar surroundings, but we can hospitalize, too.

I share my story of Jolie's recovery to give hope. I know it can recur, but I have faith in Jolie's spirit.

### **Jolie – Supporting Friends in Need**

