

WOODVALE PARK

VETERINARY HOSPITAL



Unit 10, 923 Whitfords Avenue, Woodvale WA 6026

Phone: (08) 9409 6968

www.woodvaleparkvet.com.au

Aimeroy Pty Ltd ABN 53 165 893 701

Vestibular Disease in Senior Dogs

Basics

OVERVIEW

- Sudden (acute) onset of a non-progressive disturbance of the peripheral vestibular system in senior dogs
- The vestibular system controls the pet's sense of equilibrium, balance, and orientation; it is composed of the inner ear, nerves, and brain

SIGNALMENT/DESCRIPTION OF PET

Species

- Dogs

Breed Predispositions

- None reported
- Seems to occur more frequently in medium-to-large breeds

Mean Age and Range

- Senior dogs; pets usually greater than 8 years of age

SIGNS/OBSERVED CHANGES IN THE PET

- Sudden onset of imbalance, disorientation, reluctance to stand, and (usually) head tilt and irregular eye movements (known as “nystagmus”)
- May be preceded or accompanied by nausea and vomiting
- Head tilt—mild to marked; occasionally erratic side-to-side head movements
- Mild to marked disorientation and wobbly, incoordinated or “drunken”-appearing gait or movement (known as “ataxia”) with tendency to lean or fall in the direction of the head tilt
- Strength is normal
- May be reluctant to stand
- May have base-wide stance

CAUSES

- Unknown

Treatment

HEALTH CARE

- Mild vestibular disease—usually can manage as an outpatient
- Severe disease—pets that cannot walk (known as being “non-ambulatory”) or require intravenous fluid support should be hospitalized during the initial stages
- Treatment is supportive, including rehydration and/or maintenance intravenous fluids, if necessary
- Keep recumbent pets warm and dry using soft, absorbent bedding
- Severe disease—physical therapy, including passive manipulation of limbs and moving body to alternate sides, may be required initially

ACTIVITY

- Restrict activity as required by the degree of disorientation and wobbly, incoordinated or “drunken”-appearing gait or movement (ataxia)

DIET

- Usually no modification required
- Nausea, vomiting, and severe disorientation—initially withhold food intake by mouth

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- Sedatives—for severe disorientation and wobbly, incoordinated or “drunken”-appearing gait or movement (ataxia), such as diazepam
- Medications to control nausea and vomiting (known as “antiemetic drugs”) or drugs against motion sickness—questionable benefit; medications include dimenhydrinate and meclizine
- Steroids—not recommended since they do not alter the course of the disease and may worsen other medical problems (such as dehydration)
- Antibiotics—advised when infection/inflammation of the middle ear (known as “otitis media”) and inner ear (known as “otitis interna”) cannot be ruled out; examples are trimethoprim-sulfa, first-generation cephalosporin (such as cephalexin), and amoxicillin/clavulanic acid

Follow-Up Care

PATIENT MONITORING

- Nervous system examination—repeat in 2–3 days, to confirm stabilization and initial improvement
- Discharge inpatient when able to walk (known as being “ambulatory”), eat and drink

POSSIBLE COMPLICATIONS

- Fluid and electrolyte imbalances and inability to offset kidney insufficiency (if pet has decreased kidney function)—may follow vomiting and/or insufficient fluid and food intake
- Pressure sores

EXPECTED COURSE AND PROGNOSIS

- Improvement of clinical signs usually starts within 72 hours, with resolution of vomiting and improvement of irregular eye movements (nystagmus) and wobbly, incoordinated or “drunken”-appearing gait or movement (ataxia)
- Head tilt and wobbly, incoordinated or “drunken”-appearing gait or movement (ataxia)—significant improvement usually occurs over 7–10 days; if no improvement in this time, other causes of vestibular disease should be evaluated
- Mild head tilt may remain
- Most pets return to normal within 2–3 weeks
- Recurrence—repeat episodes of senior vestibular disease in dogs can occur on the same or opposite side, but are uncommon; brief return of signs may occur with stress (such as following anesthesia)

Key Points

- Although the initial signs of vestibular disease can be alarming and often incapacitating, the prognosis for rapid improvement and recovery is excellent

Notes

Enter notes here



Blackwell's Five-Minute Veterinary Consult: Canine and Feline, Fifth Edition, Larry P. Tilley and Francis W.K. Smith, Jr. © 2011 John Wiley & Sons, Inc.