Exercise Intolerance
Supplemental History

1. Other than the exercise intolerance, has the owner or handler noticed any systemic signs such as coughing, sneezing, vomiting, diarrhea, constipation, weight loss or weight gain, or any change in appetite, drinking, or urinary habits?

___________________________________________________________________________________________________

2. Have there been any changes in the dog’s behavior, attitude, or gait between episodes of exercise intolerance? Has the dog ever experienced a generalized seizure?

___________________________________________________________________________________________________

3. Is the exercise intolerance predictable — does it occur every time the dog exercises? ________________________________________________

4. How long does it take for the dog to tire or exhibit signs? _____________________________________________________________

5. When was the first time exercise intolerance was noticed? Is it getting worse?

___________________________________________________________________________________________________

6. Is the dog more likely to exhibit exercise intolerance or collapse at certain times of day or in specific weather conditions (e.g. heat, cold)?

___________________________________________________________________________________________________

7. Are there specific activities that are most likely to be associated with exercise intolerance or collapse (trigger activities)?

___________________________________________________________________________________________________

8. Do the episodes seem to be related to the time of feeding or the food fed?

___________________________________________________________________________________________________

9. Does the dog become stiff, lame, or painful during the activity?

___________________________________________________________________________________________________

10. Does the dog become ataxic (incoordinated) during the activity?

___________________________________________________________________________________________________

11. Are both the rear limbs and the forelimbs affected?

___________________________________________________________________________________________________

12. Is there excessive panting or increased noise on inspiration or expiration during the episode?

___________________________________________________________________________________________________

13. Is there any coughing during the exercise intolerance?

___________________________________________________________________________________________________

14. Are there any noticeable changes in mucous membrane color, pulse rate or character, or mentation during the episodes?

___________________________________________________________________________________________________

15. Has the owner ever noticed any change in urine color after exercise?

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The information for this form was provided by Kevin L. Cosford, DVM, MVetSci, DACVIM, and Susan M. Taylor, DVM, DACVIM.