



# A case of generalised anxiety in a cocker-spaniel

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**Abstract:** A dog (Larry) was evaluated for his fear of noises, strangers, bikes, scooters and for his tendency to eat anything he finds on the ground. Larry comes from a farm in the countryside, and now he lives in a residential neighbourhood in the city. Considering his auditory hypersensitivity and the variety of contexts in which Larry feels fearful, generalised anxiety is likely. The therapeutic protocol consists of 3 sections: Work on the Behaviour, Work on the environment, and medical treatment (Fluoxetine 1 mg/kg SID). After 3 months, a follow up in consultation took place, and the owner reported an improvement in Larry's anxiety: now he is calmer both at home and on the leash and doesn't react to cars or buses. After 6 months, a telephonic follow up took place, and a general improvement was assessed.

**Key Words:** dog, noise phobia, fluoxetine

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## Statement of the problem

A 6-month-old 8-kg entire male Cocker Spaniel was evaluated for his fear of noises, strangers, bikes, scooters and for his tendency to eat anything he finds on the ground.

## Signalement

The patient was a 6-month-old 8-kg entire male Cocker Spaniel.

## History

Larry (the patient) comes from a family breeder, living in a farm in the countryside. At 2 months of age, the puppies have been separated from their mother, and put in a different cage all together. The current owners chose him because he was really quiet, and took him home at 4 months of age.

Larry's new family consists of a 40-ish couple (man and woman) living in a 45 sqm apartment, on the first floor of the building. There is no balcony, and Larry has access to the whole place despite the bedroom.

Larry didn't settle properly with his new environment and family: for the first week, he stood in the corners of the apartments trying to avoid any contact with the new owners. He was afraid of sounds like television, cooking pans, and while out for a walk also of cars, motorbikes, buses, and scooters. Although he slowly got used to some of these, he is still really sensitive to the pans and engines. Taking him out in the forest, the owners noticed that Larry was more at his ease, pulling less on the leash and showing a better interaction with the environment (sniffing, exploring).

He is greedy with food, finishing his meals in a matter of seconds, and swallowing anything he is interested in, while out for a walk. Few times already, he vomited in the park after picking something up from the ground (food leftovers, wraps, other animal stools). He eats 125g of puppy dry food, every day.

During the night, Larry sleeps on his cushion in the living room.

There is no history of inappropriate elimination.

He likes to play with the owner, with balls and sticks, and he especially likes to interact with other dogs. The owner believes that other dogs' company helps him socialise also with them, and to improve his reaction to noises.

At 4 months, Larry had an extreme fear reaction before entering the veterinary practice for his vaccination, with severe tremors and flee attempts. Once inside the visiting room, he hid in the corner trying to avoid any contact.

Larry tries to hide also in the presence of guests at home, especially when there are more than one, and more with males than females. The owners are not used to punishing him, but they sometimes become impatient and pull him on the leash when he refuses to proceed.

The owners also reported Larry's tendency to stop and stare at the environment, while out for a walk, without any apparent reason, and to catch his tail. About these two habits, no other information has been reported.

List of problems:

- Reasons for the consultation
  - Make Larry more at his ease.
  - Make the walks more comfortable for both Larry and his owners.
- Other exposed problems
  - Voraciousness
  - Emotional instability in unknown situations
  - Sensitivity to noises
  - Lack of sociality towards humans
  - Seldom punishments

## Physical Examination Findings and Laboratory Results

Physical examination was conducted to rule out any medical reasons for the dog's behavioural problem, such as gastrointestinal and neurological. No physical abnormalities were revealed on the clinical examination, and no source of pain was reported.

On arrival, he was trying to run and jump away. For the whole duration of the consultation, Larry was tense and looking around, hiding behind the male owner.

## Diagnosis

Larry comes from a farm in the countryside, and now he lives in a residential neighbourhood in the city. Considering also the cage confinement of the nest, and the late adoption, ontogenetic phobias and deprivation syndrome seem likely. The early separation from the mother could have played a crucial role in the unbalanced behavioural development of the puppy (Guardini et al., 2017).

Although any traumatic event hasn't been reported, regarding motor-vehicles or humans, post-traumatic phobias can't be excluded. Due to his unfriendly/fear behaviour towards his owners and guests, social phobia can't be excluded as well.

Larry's voracity and tail chasing appear to be coping behaviours and could be the initial signs of a compulsive disorder. The tail-chasing could be a consequence of the strict confinement of Larry, in his first months of life, while living with the breeder (Goto et al., 2012).

Considering his auditory hypersensitivity and the variety of contexts in which Larry feels fearful, generalised anxiety is likely (Tiira et al., 2016).

## Differential diagnosis:

- Generalised anxiety
- Ontogenetic phobias
- Deprivation Syndrome
- Systemic disease: due to the absence of a complete blood test, Gastroenteropathy, Epatopathy, or other metabolic diseases as a source of pain or discomfort, can't be completely excluded.
- Social Phobia
- Post-traumatic Phobia

## Therapy

The therapeutic protocol consists of 3 sections: Work on the Behaviour, Work on the environment, and medical treatment.

Work on the behaviour.

Contacting a trainer has been advised, in order to work on Larry's concentration and relationship with the owners (basic training, training with targets, olfactory research).

Try to implement videos of urban noises at home, starting with a very low intensity, and slowly increasing it.

Try group walks.

Work on the environment

Use of chewers during the day, and owners' absence.

Increase walking time during the evening, quieter moment of the day and place (park, forest), and 10m leash to permit a wider exploration.

Stop any pulling or pushing and give Larry the time he needs.

Medical treatment

Start Fluoxetine 1mg/kg SID.

## Follow up

After 3 months, a follow up in consultation took place, and the owner reported an improvement in Larry's anxiety: now he is calmer both at home and on the leash and doesn't react to cars or buses. He is still reacting to scooters but gets relaxed much faster than before. He likes to train with the owners and also with the vet on visits.

The voracity got worse, and the compulsive behaviours were more evident. He started to be more reactive to other dogs, when on the leash.

After 6 months, a telephonic follow up took place, and a general improvement was assessed: no more voracity, less reactive to the environment and motor-vehicle, rare compulsive behaviours, and when in the park or forest Larry is left to free roaming.

## Conclusions

The present behavioural case was referred by a colleague, already after the last follow up. To be precise, only history, physical examination, therapy and follow up, were taken as were from the original report.

The physical examination lacks details, therefore only the original veterinarian's interpretation was available.

In the end, the diagnosis written in this report has been newly drafted according to the available information, due to the absence of the original one.

## References

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## Un caso di ansia generalizzata in un cocker-spaniel

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### *Sintesi*

Un cane (Larry) è stato valutato per la sua paura dei rumori, degli estranei, delle bici, dei motorini e per la sua tendenza a mangiare qualsiasi cosa trovi per terra. Larry proviene da una fattoria di campagna e ora vive in un quartiere residenziale della città. Considerando la sua ipersensibilità uditiva e la varietà di contesti in cui Larry si sente spaventato, è probabile che si tratti di ansia generalizzata. Il protocollo terapeutico si compone di 3 sezioni: Lavoro sul Comportamento, Lavoro sull'Ambiente e Trattamento medico (Fluoxetina 1 mg/kg SID). Dopo 3 mesi, al primo follow-up in consultazione e il proprietario ha segnalato un miglioramento dell'ansia di Larry: ora è più tranquillo sia a casa che al guinzaglio e non reagisce alle auto o agli autobus. Dopo 6 mesi è stato effettuato un secondo follow-up telefonico ed è stato valutato un miglioramento generale.