



Christopher Pachel,
DVM, DACVB, CABC
Animal Behavior Clinic
Portland, Oregon

- ▶ Not every behavior issue has a medical cause, but some do
- ▶ Justification for the "have your pet checked by a vet" guideline
- ▶ Not an all-inclusive list, but will be a good starting point



List of behaviors/patterns

- ▶ Changes in activity
- ▶ Changes in appetite
- ▶ Housesoiling
- ▶ Aggression
- ▶ Excessive licking
- ▶ Travel/transport problems
- ▶ Episodic, unprovoked behaviors
- ▶ Unexpected behavior change



- ▶ Behavioral causes
 - ▶ Fear/anxiety
 - ▶ "Fallout" of training method
 - ▶ Inappropriate reinforcement
 - ▶ Reactivity or excessive arousal
 - ▶ Insufficient exercise



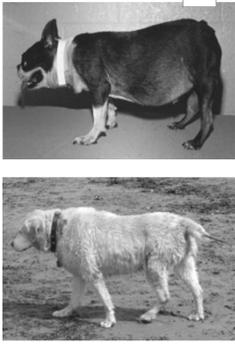
- ▶ Musculoskeletal causes
 - ▶ Osteoarthritis
 - ▶ Tumor or cancer
 - ▶ Other (torn CCL, patella luxation)
- ▶ Common signs
 - ▶ Limping, lameness, pain
 - ▶ Reluctance to jump/weave
 - ▶ May be worse after rest or exercise
 - ▶ Weakness or exercise intolerance



- ▶ Neurological causes
 - ▶ Intervertebral disc disease
 - ▶ Degenerative myelopathy
 - ▶ Tumor or cancer
 - ▶ Metabolic causes (e.g. liver shunt)
- ▶ Common signs
 - ▶ Weakness, pain
 - ▶ Rapid muscle loss
 - ▶ Altered mental state



- ▶ Hormonal causes
 - ▶ Cushing's, Addison's
 - ▶ Secondary to spay/neuter
 - ▶ Thyroid dysfunction
- ▶ Common signs
 - ▶ Weight gain
 - ▶ Decrease in overall energy
 - ▶ Changes in skin, hair, or coat
 - ▶ Agitation or anxiety (Cushing's)



- ▶ Behavioral causes
 - ▶ Low palatability of food
 - ▶ Owner reinforcement (picky eater)
 - ▶ Opportunistic behavior (counter surfing)
 - ▶ Breed related (inconsistent appetite)
 - ▶ Fear, anxiety (suppressive impact on appetite)



Changes in appetite

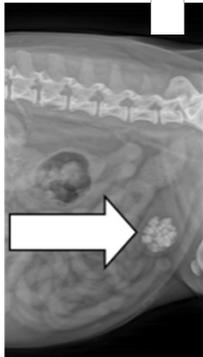
- ▶ Medical causes
 - ▶ Gastrointestinal problems (Malabsorption, maldigestion, malnutrition, hunger, nausea, abdominal pain, food hypersensitivity, dental disease)
 - ▶ Pain/discomfort (pancreatitis, dental disease, etc.)
 - ▶ Hormonal (estrus cycle, thyroid, steroid)
- ▶ Common signs
 - ▶ Onset after dietary indiscretion, food changes
 - ▶ Correlating changes in energy/activity level
 - ▶ Changes in stool quality, odor
 - ▶ Eating non-food items
 - ▶ Recurrent/cyclical pattern



- ▶ Behavioral causes
 - ▶ Urine marking
 - ▶ Incomplete housetraining
 - ▶ Breakdown in housetraining
 - ▶ Secondary to anxiety conditions
 - ▶ Separation anxiety
 - ▶ Noise phobia
 - ▶ Lack of access to appropriate location or substrate



- ▶ Urinary tract conditions
 - ▶ Urinary tract infection
 - ▶ Crystals or stones
 - ▶ Renal insufficiency
- ▶ Common signs
 - ▶ Increased frequency/urgency of urination
 - ▶ Small volume, abnormal odor
 - ▶ Possible blood in urine
 - ▶ Abnormal odor (UTI)



- ▶ Gastrointestinal tract conditions
 - ▶ Secondary to food quality or dietary change
 - ▶ Parasite or bacterial overgrowth
 - ▶ Inflammatory/irritable bowel
 - ▶ Constipation
- ▶ Common signs
 - ▶ Strong odor to stool
 - ▶ Blood in stool (frank or digested)
 - ▶ Changes in stool texture, frequency, or urgency



- ▶ Poor concentrating ability
 - ▶ Kidney disease
 - ▶ Liver disease
 - ▶ Cushing's disease
 - ▶ Diabetes mellitus/insipidus
 - ▶ Medication side effect
- ▶ Common signs
 - ▶ Increased urine volume
 - ▶ Increased urination frequency
 - ▶ Dilute urine
 - ▶ Increased water consumption (secondary)



- ▶ Incontinence
 - ▶ Sphincter incompetence (urethra, anal/rectal)
 - ▶ Hormone responsive (urine only)
 - ▶ Neurologic condition
- ▶ Common signs
 - ▶ Soiling on resting surfaces
 - ▶ Occurs at rest (urine) or while walking (stool)
 - ▶ Passive (without active posturing)
 - ▶ Pain or mobility issues (neuro)



- ▶ Neurological conditions
 - ▶ Seizure disorder
 - ▶ Cognitive dysfunction syndrome
 - ▶ Altered mentation secondary to metabolic dysfunction
- ▶ Common signs
 - ▶ Location of soiling may provide clues
 - ▶ Other associated signs of seizures or dementia
 - ▶ Altered mental state



Housoiling

- ▶ Musculoskeletal conditions
 - ▶ Osteoarthritis
 - ▶ Weakness, decreased muscle tone
 - ▶ Injury (cruciate tear, luxating patella, etc.)
- ▶ Common signs
 - ▶ Other locomotor difficulties
 - ▶ Inability to support weight
 - ▶ Decrease in jumping, playing, or overall activity



- ▶ Behavioral causes
 - ▶ Fear, anxiety, defensive
 - ▶ Competitive
 - ▶ Territorial
 - ▶ Redirected
 - ▶ Resource guarding
 - ▶ Play or arousal related
 - ▶ Other "functional" patterns



- ▶ Pain or discomfort
 - ▶ Arthritis, joint issues
 - ▶ Ear infection
 - ▶ Pancreatitis or abdominal pain
 - ▶ Dental disease
- ▶ Common signs
 - ▶ Aggression with handling or contact
 - ▶ Attention to area, or avoidance
 - ▶ Changes in mobility, activity, appetite



- ▶ **Hormonally influenced**
 - ▶ Intact animals (estrogen, testosterone)
 - ▶ Steroid (Cushing's, Addison's)
 - ▶ Thyroid
- ▶ **Common signs**
 - ▶ Changes in energy, appetite
 - ▶ Specific to hormone that is affected



- ▶ **Irritability**
 - ▶ Itchy skin
 - ▶ Sleep deprivation
 - ▶ Reactive, highly aroused
 - ▶ Medication side effect
 - ▶ Pain or discomfort
- ▶ **Common signs**
 - ▶ Highly variable based on underlying problem
 - ▶ Extensive history to identify



- ▶ **Behavioral causes**
 - ▶ Attention seeking
 - ▶ Reinforced behavior
 - ▶ Self-soothing
 - ▶ Displacement behavior
 - ▶ Compulsive disorder



- ▶ **Gastrointestinal disorders**
 - ▶ Esophageal reflux
 - ▶ Stomach ulcers
 - ▶ Irritable bowel syndrome
- ▶ **Common signs**
 - ▶ Changes in appetite or stools, gassy
 - ▶ Regurgitation, vomiting, burping
 - ▶ Licking of surfaces
 - ▶ Picky eater
 - ▶ Pica (eating of non-food items)



- ▶ **Pain, discomfort, inflammation**
 - ▶ Arthritis
 - ▶ Allergies
 - ▶ Trauma
- ▶ **Common signs**
 - ▶ Self directed licking
 - ▶ Physical evidence (redness, injury)
 - ▶ Pain, avoidance, changes in activity



- ▶ **Behavioral causes**
 - ▶ Secondary to negative experiences
 - ▶ Inappropriate equipment
 - ▶ Environmental reactivity
 - ▶ Fear, anxiety issues
 - ▶ Inexperience



- ▶ Pain or discomfort
 - ▶ Arthritis (can happen in young dogs too!)
 - ▶ Pinched nerve or neurogenic pain
 - ▶ Traumatic injury
- ▶ Common signs
 - ▶ Reluctance to load
 - ▶ Panting, pacing, inability to settle
 - ▶ Limping, lameness, attention to area



- ▶ Gastrointestinal causes
 - ▶ Nausea
 - ▶ Motion sickness
 - ▶ Inflammatory bowel condition
- ▶ Common signs
 - ▶ Lip licking, vomiting
 - ▶ Reluctance to load
 - ▶ Pacing, panting, inability to settle




Episodic,
unprovoked
behavior

- ▶ Behavioral causes
 - ▶ Resource guarding, conflict related aggression
 - ▶ Fear, anxiety, reactivity issues
 - ▶ Insufficient owner knowledge or awareness
- ▶ Caveat...
 - ▶ Disconnect between owner perception of what *should* be provocative and pet's actual response
 - ▶ Most "unprovoked" behaviors have identifiable provocation when you know what to look for

- ▶ Medical causes
 - ▶ Seizure, neurologic problem
 - ▶ Hormonal (thyroid, steroid, sexual)
 - ▶ Anything that causes irritability (trigger stacking)
- ▶ Common signs
 - ▶ Changes in mental status
 - ▶ Lack of reproducibility of behavior
 - ▶ Evidence of lower intensity reactions to individual stimuli



- ▶ Behavioral causes
 - ▶ Normal for developmental period (adolescent...)
 - ▶ Learned/reinforced behavior that reaches threshold point of concern
 - ▶ Lack of owner knowledge about what is normal or expected



- ▶ Medical causes
 - ▶ Pain – most common underlying cause
 - ▶ Hormonal (thyroid, steroid, sexual)
 - ▶ Neurological abnormality (seizure, tumor, CDS)
 - ▶ Underlying metabolic problems (irritable bowel syndrome, hepatic disease, medication side effect)
 - ▶ Altered sensory input (vision/hearing loss, hyperesthesia due to skin conditions)
 - ▶ Medication side effects



- ▶ Higher index of suspicion of medical causes for pediatric/geriatric patients
- ▶ Signs are specific to underlying medical cause



- ▶ Respect boundaries of training and credentials
- ▶ Empower clients to be advocate for pet
- ▶ Address training or learning component
- ▶ Be professional – Always.



Respect of boundaries

- ▶ Client permission to relay observations and recommendations
- ▶ Define best method of communication
 - ▶ Phone, email, trainer attend appointment with client
- ▶ Direct communication – avoid putting client in position to relay information
- ▶ Medication and diagnostic recommendations come from veterinary staff, not the trainer
- ▶ Mutual professional respect

Empower client to be advocate

- ▶ Client knows pet better than anyone
- ▶ Strive for partner relationship
- ▶ Okay to push or encourage when needed (compliance, implementation support, etc.), but maintain respect and professionalism
- ▶ May be necessary to consult with different trainer if current relationship is not a good fit

Address training/learning component

- ▶ Even if behavior issue is caused by medical problem, treatment of medical cause may not resolve current problem
- ▶ "I can help you with... but we'll need to address the learning/training/medical component too..."
- ▶ Provide feedback as needed

Be professional - Always

- ▶ Even when perception of medical, at-home, or training care is poor or suspect...
- ▶ Avoid set up for awkward communication
 - ▶ Triangle – trainer, client, vet
- ▶ Stay within the parameters of your professional role
- ▶ All on same team!

- ▶ Respect boundaries of training and credentials
- ▶ Empower clients to be advocate for pet
- ▶ Address training or learning component
- ▶ Be professional – Always.



List of behaviors/patterns

- ▶ Changes in activity
- ▶ Changes in appetite
- ▶ Housesoiling
- ▶ Aggression
- ▶ Excessive licking
- ▶ Travel/transport problems
- ▶ Episodic, unprovoked behaviors
- ▶ Unexpected behavior change



Christopher Pachel, DVM, DACVB



animalbehavior
CLINIC

O: 503.236.7833 F: 503.252.6481 www.animalbehaviorclinic.net
609 SE Powell Boulevard, Portland, OR 97202



Thank you for your attention!