

Tail chasing in a Bull Terrier

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Abstract

A 6-month-old male Bull Terrier was referred to the behavior clinic with a 1-month history of tail chasing. The behavior had worsened considerably in the preceding 5 days and the dog was now tail chasing almost continuously. Tail chasing was accompanied by frenzied barking, hysteria and dissociation from the surrounding environment. The dog was treated with 5 mg increments of diazepam IV which rapidly stopped the tail chasing. Treatment with a pure opioid antagonist, naloxone (20 mg, IV) did not reduce the frequency or intensity of tail chasing. An electroencephalogram performed under a light plane of isoflurane anesthesia revealed a seizure pattern with epileptic spikes, more numerous in the right temporal region. Computed tomography of the head indicated a mild degree of hydrocephalus. For long-term maintenance, the dog was treated with phenobarbital ($18 \text{ mg kg}^{-1} \text{ day}^{-1}$) and later potassium bromide ($25 \text{ mg kg}^{-1} \text{ day}^{-1}$). Although tail chasing was substantially reduced over the next 6 weeks, it was not completely suppressed, the dog subsequently became aggressive and was euthanized. A necropsy confirmed hydrocephalus and demonstrated glomerulopathy and dermatitis. The dog's condition was discussed as a possible genetic problem related to zinc deficiency. Zinc deficiency, which has been documented in Bull Terriers, has been shown to cause seizures, hydrocephalus and circling disorders in laboratory animals.

Keywords: Dog; Anomalous behavior; Tail chasing
