INTERVERTEBRAL AND INTRAVERTEBRAL RATIOS IN DOBERMAN PINSCHER DOGS WITH CERVICAL SPONDYLOMYELOPATHY

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No screening method is currently available to differentiate dogs with and without cervical spondylomyelopathy. Intravertebral and intervertebral ratios are used in horses and can predict cervical vertebral malformation. Intervertebral ratios could be a useful screening method for canine cervical spondylomyelopathy. Our purpose was to compare cervical intervertebral and intravertebral ratios in normal vs. affected Doberman pinschers. Forty dogs were studied, 27 affected and 13 normal. Cervical radiographs were obtained in all dogs. The minimum intra- and intervertebral sagittal diameter ratios were established for each cervical vertebrae and disc space from C2 to C7. Comparisons were made between groups and specific vertebral body and disc levels. The effect of gender, age, and method of measurement (analog or digital radiographs) was also studied. There was no difference in either the intervertebral or intravertebral ratio between normal vs. affected dogs. The ratios decreased progressively along the cervical spine, being smallest at C6–C7 and C7, respectively. Age, gender, and method of measurement had a significant influence on both inter- and intravertebral ratios, with smaller ratios seen as dogs aged and in male dogs. Based on our results, inter- or intravertebral ratios have no value to distinguish between clinically normal Doberman pinschers and Doberman pinschers with cervical spondylomyelopathy. © 2012 Veterinary Radiology & Ultrasound.

Key words: cervical instability, dog, myelopathy, spinal cord, wobbler syndrome.

Introduction

Cervical spondylomyelopathy, also known as wobbler syndrome, is common in large and giant breed dogs. The Doberman pinscher is the most commonly affected breed with a prevalence in the United States of approximately 5.5%. Cervical spondylomyelopathy is characterized by stenosis of the cervical vertebral canal combined with static and dynamic spinal cord compression. In Dobermans, the disease is typically associated with caudal cervical intervertebral disc protrusion, but disc protrusion by itself, however, does not necessarily lead to clinical signs. It appears that for clinical disease to develop, intervertebral disc protrusion has to be combined with vertebral canal stenosis, as disc protrusion occurs in normal Doberman pinschers without neurological deficits or changes in electrodiagnostic tests. The vertebral canal stenosis seen in Doberman pinschers appears to be congenital and affects the entire cervical spine, not only the caudal cervical discs, where spinal cord compression typically occurs. Canine cervical spondylomyelopa-
used in genetic studies. Currently, many aspects of cervical spondylomyelopathy are still poorly understood. A major topic that needs to be addressed is the heritability of the disease. Even though the disease is commonly thought to be genetic, a heritable basis has not been defined.\textsuperscript{20,21} The use of vertebral ratios could become a useful method for phenotypic characterization of the disease.

Our goal was to investigate the value of inter- and intravertebral ratios in Doberman pinscher dogs. Our hypothesis was that the cervical inter- or intravertebral ratios would be significantly different between normal dogs and dogs with cervical spondylomyelopathy and that the intervertebral ratio could be used as a screening method.

Materials and Methods

Forty Doberman pinscher dogs were studied. All dogs were examined by the first author. Twenty-seven were affected with cervical spondylomyelopathy (16 males and 11 females). The mean age was 6.6 years (range 3–12 years). The diagnosis of cervical spondylomyelopathy was defined as MR-imaging findings of spinal cord compression caused by intervertebral disk protrusion, osseous compression, soft-tissue compression, or a combination of these forms, with or without vertebral canal stenosis in a dog with clinical and historical findings suggestive of cervical spondylomyelopathy (CSM).\textsuperscript{4} Imaging was done at either 1.5 T or 3.0 T. All compressive lesions were in the caudal cervical spine: C\textsubscript{5}–C\textsubscript{6} in 11 dogs and at C\textsubscript{6}–C\textsubscript{7} in 16 dogs. In 25 of 27 dogs, the compression was caused by intervertebral disk protrusion, with three of these dogs also having dorsal compression due to hypertrophy of the ligamentum flavum. The two remaining dogs had osteoarthritic changes of the articular processes causing mild dorsolateral compression.

The remaining 13 Doberman pinschers (nine males and four females) were normal (no historical signs of CSM, and normal neurologic examination). Their mean age was 4.2 years (range 1–7 years). MR imaging was done in six of these dogs and none had spinal cord compression.

Radiographs adequate for measurements were available for all dogs. Only lateral radiographs with the cervical spine in neutral position were used for measurements. The radiograph included the caudal occiput to the cranial thoracic spine, with the thoracic limbs directed caudally. Radiographically, there was spondylosis at C\textsubscript{6}–C\textsubscript{7} in seven affected and two normal dogs. Vertebral body tipping was present in nine affected and four normal Doberman dogs. The radiographic landmarks could still be identified in those dogs with spondylosis and tipping. Measurements were made on analog radiographs in 24 dogs and digital radiographs in 16 dogs.

The minimum intra- and intervertebral sagittal diameter ratios were determined for cervical vertebrae C\textsubscript{3}–C\textsubscript{7} and disc space from C\textsubscript{2} to C\textsubscript{7}. All measurements were made independently by both authors twice with at least 1-week interval between measurements. For measurements from analog radiographs, both investigators were unaware of the clinical status, whereas for the digital radiographs only one investigator was unaware of the clinical status (JJ). Measurements from analog images were made using digital calipers,\textsuperscript{∗} and in the digital radiographs we used the built in tool on eFilm.\textsuperscript{1,22} The landmarks used for measurements (Figure 1) were identified as

1. Vertebral body height—the maximum height of the cranial aspect of the vertebral body determined by a line drawn perpendicular to the path of the vertebral canal.
2. Minimum intravertebral sagittal diameter—the minimum diameter of the vertebral canal measured in the cranial third of the vertebral body.
3. Minimum intervertebral sagittal diameter\textsuperscript{19}—we used the minimum of either as follows:
   a. A line drawn from the dorsal lamina of the more cranial vertebrae to the dorsocranial aspect of the body of the more caudal vertebrae, or
   b. A line drawn from the caudodorsal aspect of the body of the more cranial vertebrae to the cranial dorsal lamina of the more caudal vertebrae.

To account for radiographic magnification, the intra- and intervertebral sagittal diameters were expressed as a ratio against the vertebral body height. For the intervertebral ratio, the height of the more cranial vertebrae was used.

Linear regression was used to test differences in the ratio of the minimum intra- or the intervertebral sagittal diameter to the vertebral body height across dogs with or without cervical spondylomyelopathy. The regression was adjusted for age, gender, and method of measurement.

\textsuperscript{∗}Mitutoyo CD-6′ CS, Aurora, IL.
\textsuperscript{1}eFilm Merge Healthcare 2006.
The intervertebral sagittal diameter ratios were smaller in most vertebral levels but without any significant statistical difference between cervical spondylomyelopathy-affected and clinically normal dogs \((P = 0.25; \text{Table 1})\). The intervertebral ratios decreased progressively along the cervical spine with the smallest ratio being at \(C_7\). Similar to intervertebral ratios, there was a significant effect of gender \((P < 0.001)\) with male dogs having a smaller ratio across all intravertebral levels. The effect of male gender decreased the intravertebral ratios by 10% (multiplier \(= 0.90\), \(95\%\) CI: \(0.85 - 0.95\)) in both groups. Male dogs had a smaller ratio across all intervertebral levels and the effect of male gender was estimated to decrease the intervertebral ratios by 11% (multiplier \(= 0.89\), \(95\%\) CI: \(0.85 - 0.94\)) relative to female dogs. Age also proved to be a significant factor \((P = 0.012)\) for both groups. For each 1-year increase in age, the intervertebral ratios decreased by 1.5% (multiplier \(= 0.985\), \(95\%\) CI: \(0.97 - 0.996\)). The average effect of making the measurements using digital calipers was to decrease the ratio by 14% (multiplier \(= 0.86\), \(95\%\) CI: \(0.82 - 0.91\), \(P = 0.001\)).

There was no significant difference in intravertebral ratios between Doberman pinschers with and without cervical spondylomyelopathy \((P = 0.35; \text{Table 2})\). The intravertebral ratios decreased progressively along the cervical spine with the smallest ratio being at \(C_7\). Similar to intervertebral ratios, there was a significant effect of gender \((P < 0.001)\) with male dogs having a smaller ratio across all intravertebral levels. The effect of male gender decreased the intravertebral ratios by 10% (multiplier \(= 0.90\), \(95\%\) CI: \(0.86 - 0.95\)) relative to female dogs. Similarly, the age of dogs was also a significant factor. For each 1-year increase in age, the intravertebral ratios decreased by 1.5% (multiplier \(= 0.985\), \(95\%\) CI: \(0.98 - 0.99\), \(P = 0.004\)). The average effect of making the measurements using digital calipers was to decrease the ratio by 15% (multiplier \(= 0.85\), \(95\%\) CI: \(0.81 - 0.89\), \(P = 0.001\)).

No ratio was significant to predict cervical spondylomyelopathy status (Table 3). Receiver operating characteristic (ROC) curves were developed for all levels; however, the area under the ROC curve proved to yield poor discrimination to predict cervical spondylomyelopathy status (Table 3 and Figure 2).

The intraobserver agreement for the first investigator for the intra- and intervertebral ratios was 0.65 and 0.65, respectively. The intraobserver agreement for the second investigator was 0.41 and 0.51 for the intra- and intervertebral ratios, respectively. The interobserver agreement between investigators for the intravertebral ratios was 0.54, and for the intervertebral ratios it was 0.60. These results indicate fair agreement for most of these parameters.

The intraobserver coefficient of variation for all measurements was 18.92% (17.44% for the first investigator and 20.41% for the second investigator). The intraobserver coefficient of variation was similar for the measurements made using analog radiographs or digital radiographs, 19.78% and 18.07%, respectively.

### Table 1. Comparison of the Minimum Intervertebral Ratios in Normal and Affected Doberman Pinschers

<table>
<thead>
<tr>
<th>Intervertebral Level</th>
<th>Normal</th>
<th>Affected</th>
<th>(P)-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(C_{23})</td>
<td>0.91 (0.86–0.96) ∗</td>
<td>0.87 (0.82–0.92)</td>
<td>0.141</td>
</tr>
<tr>
<td>(C_{34})</td>
<td>0.80 (0.75–0.85)</td>
<td>0.77 (0.72–0.81)</td>
<td>0.162</td>
</tr>
<tr>
<td>(C_{56})</td>
<td>0.80 (0.72–0.88)</td>
<td>0.80 (0.75–0.84)</td>
<td>0.661</td>
</tr>
<tr>
<td>(C_{67})</td>
<td>0.77 (0.70–0.84)</td>
<td>0.77 (0.72–0.82)</td>
<td>0.968</td>
</tr>
<tr>
<td></td>
<td>0.74 (0.68–0.80)</td>
<td>0.73 (0.68–0.77)</td>
<td>0.574</td>
</tr>
</tbody>
</table>

∗95% confidence interval.

### Table 2. Comparison of the Minimum Intravertebral Ratios in Normal and Affected Doberman Pinschers

<table>
<thead>
<tr>
<th>Intervertebral Level</th>
<th>Normal</th>
<th>Affected</th>
<th>(P)-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(C_{4})</td>
<td>0.66 (0.60–0.71) ∗</td>
<td>0.63 (0.60–0.66)</td>
<td>0.256</td>
</tr>
<tr>
<td>(C_{5})</td>
<td>0.64 (0.57–0.71)</td>
<td>0.60 (0.57–0.63)</td>
<td>0.063</td>
</tr>
<tr>
<td>(C_{6})</td>
<td>0.64 (0.56–0.73)</td>
<td>0.65 (0.62–0.68)</td>
<td>0.938</td>
</tr>
<tr>
<td>(C_{7})</td>
<td>0.59 (0.52–0.65)</td>
<td>0.60 (0.56–0.65)</td>
<td>0.424</td>
</tr>
<tr>
<td></td>
<td>0.57 (0.52–0.62)</td>
<td>0.58 (0.54–0.63)</td>
<td>0.691</td>
</tr>
</tbody>
</table>

∗95% confidence interval.

3Stata 11.1, Stata Corporation, College Station, TX.
### Table 3. Odds of Cervical Spondylomyelopathy and Area Under the ROC Curve Using Logistic Regression for Both Intra- and Intervertebral Ratios

<table>
<thead>
<tr>
<th></th>
<th>OR*</th>
<th>95% CI</th>
<th>P-value</th>
<th>Area under ROC Curve</th>
<th>H-L GOF P-value†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravertebral ratio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3</td>
<td>1.50</td>
<td>0.66</td>
<td>3.41</td>
<td>0.334</td>
<td>0.735</td>
</tr>
<tr>
<td>C4</td>
<td>1.96</td>
<td>0.89</td>
<td>4.32</td>
<td>0.095</td>
<td>0.795</td>
</tr>
<tr>
<td>C5</td>
<td>0.95</td>
<td>0.46</td>
<td>1.94</td>
<td>0.888</td>
<td>0.749</td>
</tr>
<tr>
<td>C6</td>
<td>0.66</td>
<td>0.31</td>
<td>1.41</td>
<td>0.282</td>
<td>0.637</td>
</tr>
<tr>
<td>C7</td>
<td>1.17</td>
<td>0.63</td>
<td>2.17</td>
<td>0.623</td>
<td>0.638</td>
</tr>
<tr>
<td>Intervertebral ratio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C23</td>
<td>1.63</td>
<td>0.76</td>
<td>3.53</td>
<td>0.212</td>
<td>0.729</td>
</tr>
<tr>
<td>C34</td>
<td>2.13</td>
<td>0.79</td>
<td>5.70</td>
<td>0.134</td>
<td>0.722</td>
</tr>
<tr>
<td>C45</td>
<td>1.20</td>
<td>0.53</td>
<td>2.72</td>
<td>0.659</td>
<td>0.668</td>
</tr>
<tr>
<td>C56</td>
<td>0.97</td>
<td>0.40</td>
<td>2.35</td>
<td>0.946</td>
<td>0.709</td>
</tr>
<tr>
<td>C67</td>
<td>1.40</td>
<td>0.64</td>
<td>3.05</td>
<td>0.398</td>
<td>0.701</td>
</tr>
</tbody>
</table>

* The odds ratios are adjusted by measurement method (caliper vs. computer), age, and gender and the odds ratio is defined for a 0.1 unit decrease in the intra- or the intervertebral ratio.

† P-value based on the Hosmer–Lemeshow goodness-of-fit (H-L GOF) test where P-values greater than a significance level of 0.05 indicates a good fit since the null hypothesis is that the model fits the data.

The interobserver coefficient of variation was in a similar range to the intraobserver measurements, at 20.25%. The coefficient of variation was slightly higher for the measurements made on digital radiographs, 21.98%, compared to 18.52% on analog radiographs.

**Discussion**

Contrary to our hypothesis, we did not find a significant difference between either the inter- or intravertebral ratio in normal vs. affected Doberman pinschers and therefore the ratios had no value as a predictor of disease. Disparate results were found in previous studies evaluating intravertebral ratios in dogs. In one study, only the C6 and C7 ratios were different between Dobermans with and without spinal cord compression. Others found no difference in the intravertebral ratios in Doberman pinschers with and without cervical spondylomyelopathy. Lastly, others found that intravertebral ratios were signif-

Differences in the techniques used for determination of intravertebral ratios may explain the variation in these results. We established vertebral body height as the height of the cranial aspect of the vertebral body determined by a line drawn perpendicular to the path of the vertebral canal, as in horses. Others used the maximum height of the cranial 25% of the vertebral body made parallel to the cranial vertebral endplate, which is slightly different from our method. Another method involves measuring vertebral body height at the level of the cranial endplate and the vertebral canal based on the cranial aspect of the vertebral canal. A recent study established the vertebral canal and vertebral body height in the midpoint of the vertebral canal. The midpoint of the vertebral body follows the original description of the Pavlov ratio in humans, however, the shape of the human vertebral bodies differs greatly from the one in dogs. As spinal cord compression typically occurs in the cranial aspect of the vertebral canal and the vertebral canal may have a funnel shape in the caudal cervical spine, it seems logical to base measurements in the cranial aspect of the vertebrae. Having a consistent measurement method across studies, or making original data available for reassessment by others, is important to allow comparison of work done at different sites.

The imaging method can also influence the findings as significant differences have been found in vertebral canal and vertebral height measurements from analog images, but not from digital images. We also observed that the method of measurement had a significant influence in both inter- and intravertebral ratios. However, independent on the measurement technique used in this study no difference was found between groups.

The inter- and intravertebral ratio was smallest at the C6–C7 and C7 in normal and affected dogs, which agrees

![Fig. 2. Receiver–operator characteristic curve of the intervertebral ratios at C3–C4. The area under the ROC curve was 0.72.](image-url)
with morphometric findings from an ex vivo and an MR-imaging study. Based on actual measurements, the height of the cranial aspect of the vertebral canal of large breed dogs, particularly Doberman pinschers, is significantly smaller than in small breeds, resulting in a funnel-shaped vertebral canal, mainly in the caudal cervical spine. Also, based in MR images, Doberman pinschers with cervical spondylomyelopathy have stenosis of the cervical spine throughout the entire cervical spine, not just at the caudal cervical region, where most clinical lesions have been recognized. This suggests that affected Dobermans may have a relative stenosis throughout the entire cervical vertebral canal, which could predispose to clinical signs from minimally compressive disc or articular process disease. In people, cervical stenosis is a fundamental condition for the development of clinical signs associated with cervical spondylotic myelopathy.

We found that both the intra- and intervertebral ratios were smaller in male Doberman pinschers, independent of clinical status. This has also been observed in people, with males having a smaller intravertebral ratio than females. The clinical significance of this finding is unknown because a gender predisposition has not been identified in Doberman pinschers with cervical spondylomyelopathy. As dogs aged the vertebral canal became significantly smaller (1.5% per year). This was observed previously when using a variation of the intravertebral ratio but not the classical intravertebral ratio. This may explain why Dobermans pinschers do not develop clinical signs of cervical spondylomyelopathy until approximately 6 years of age, even though they are born with congenital vertebral canal stenosis. In people, the ratios are also larger in young people.

In people, the Torg–Pavlov ratio is the sagittal diameter of the vertebral canal relative the sagittal diameter of the corresponding vertebral body. A ratio of less than 0.82 is associated with cervical vertebral canal stenosis. When used specifically for evaluation of cervical spondylotic myelopathy, the Torg–Pavlov ratio differs significantly different between people with and without the disease. The Torg–Pavlov ratio was adapted for investigation of CVM in horses. Intravertebral sagittal diameter ratios of less than 0.52 for C3–C4 and less than 0.56 for C7 were associated with vertebral foramen narrowing. When comparing intravertebral with intervertebral sagittal diameter ratios, both were of use in differentiating horses with CVM, especially the intervertebral measurements. We designed our investigation with the expectation that intervertebral ratios would assist in the identification of Doberman pinchers with cervical spondylomyelopathy. Since Doberman pinschers with cervical spondylomyelopathy have vertebral canal stenosis along with intervertebral disc protrusion, the protrusion could decrease the intervertebral space, which could then lead to smaller intervertebral ratios in affected dogs. Unfortunately, our results do not support this hypothesis.

Based on our results of the current study, we conclude that neither the intervertebral nor intravertebral ratio is suitable as a screening method to differentiate Doberman pinschers with and without cervical spondylomyelopathy. As the ratios appear to be breed specific, the results of this study apply only to Doberman pinschers.

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REFERENCES