



Neurology

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Chief Complaint

- “Zeke is a 6 month old male Rottweiler with slowly progressive ataxia over the last month. Today the owner says he cries out when he is pulls on his leash and neck collar.

Zeke



History

- Slowly progressive hind limb (ataxia)
- Mild ataxia in his front legs
- Cries in pain when he pulls on his leash



Physical Examination

- Bright, alert, responsive (BAR)
- Temperature 38.8 degrees C
- Heart Rate 90 bpm
- Respiratory Rate – 16 per minute
- Proprioceptive Positioning deficits in the hind limbs – knuckling, poor placing reflex
- Increased extensor muscle tone in all 4 limbs
- Pain response when manipulating the neck.
- Negative anterior drawer sign

Problem List

- Neck pain
- Ataxia
- Proprioceptive Positioning deficits in the hind limbs – knuckling, poor placing reflex
- Increased extensor muscle tone in all 4 limbs

Rule Outs

- List all the Possible Diagnoses
- *This list is your Rule Out list*

Rule Outs

- Hip Dysplasia
- Anterior Cruciate Rupture
- Spinal neoplasia
- Discospondylitis
- Trauma
- Fibrocartilagenous embolism (FCE)
- Wobbler
- Rabies
- Rottweiler Leukoencephalomyelopathy (LEMP)

The Plan

- What is your PLAN ?

Plan

- Radiographs
- The dog is lame. How will you decide what to radiograph? His limbs or his spine. What clue from the clinical signs will help you with your decision?

Plan

- A good decision would be to start by taking radiographs of his spine.
- Why? Because he is showing ataxia, proprioceptive deficits , increased extensor muscle tone— all clinical signs of spinal cord disease.

Rule Out Elimination

- From the clinical signs and physical examination what rule outs from the next slide are likely and which ones are unlikely?
- Give reasons for you answers

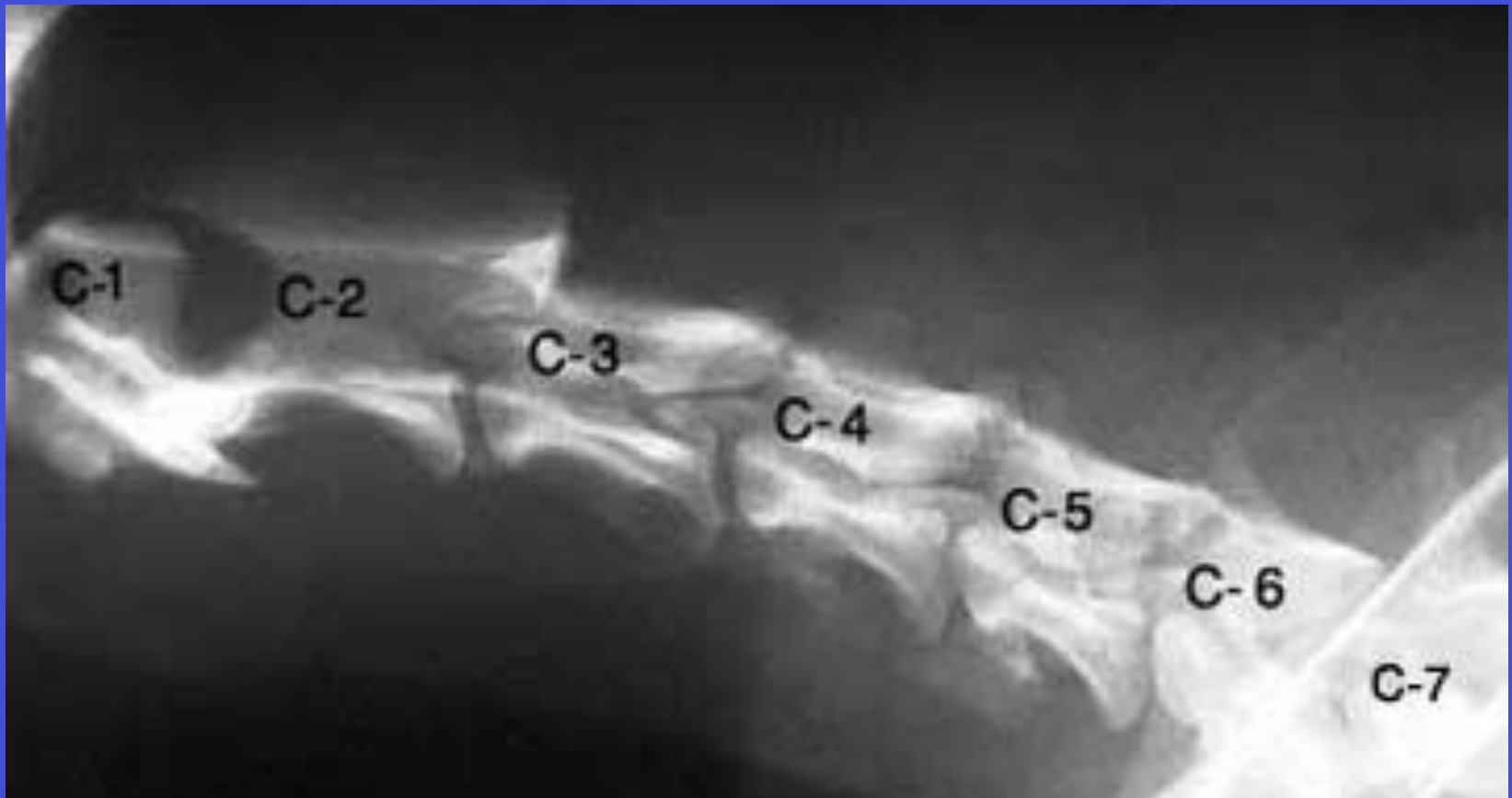
Rule Outs – likely or unlikely?

- **Hip Dysplasia** – unlikely – CHD is a musculoskeletal disease not neurological
- **Anterior Cruciate Rupture** – unlikely - negative anterior drawer sign
- **Spinal neoplasia** – likely possible
- **Discospondylitis** – likely possible
- **Trauma** – possible

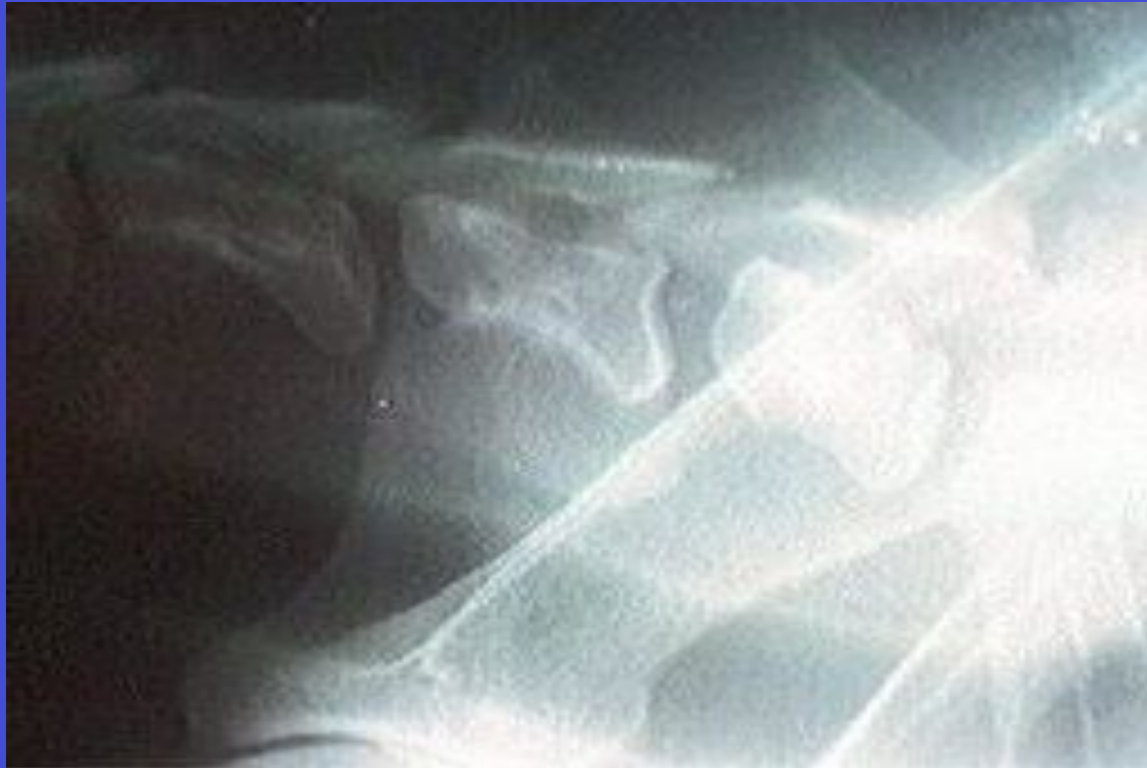
Rule Outs – Likely or Unlikely

- Fibrocartilagenous embolism (FCE) – unlikely FCE is unilateral
- Wobbler – likely
- Rabies- likely
- Rottweiler Leukoencephalomyelopathy (LEMP)- likely

Cervical Vertebrae



Radiographs 1



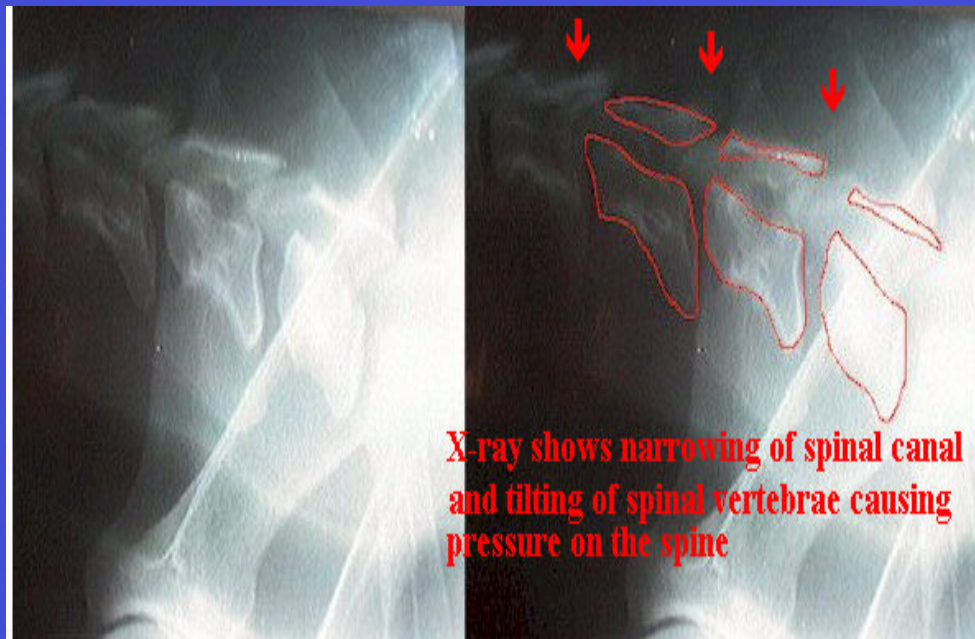
Radiographs 2



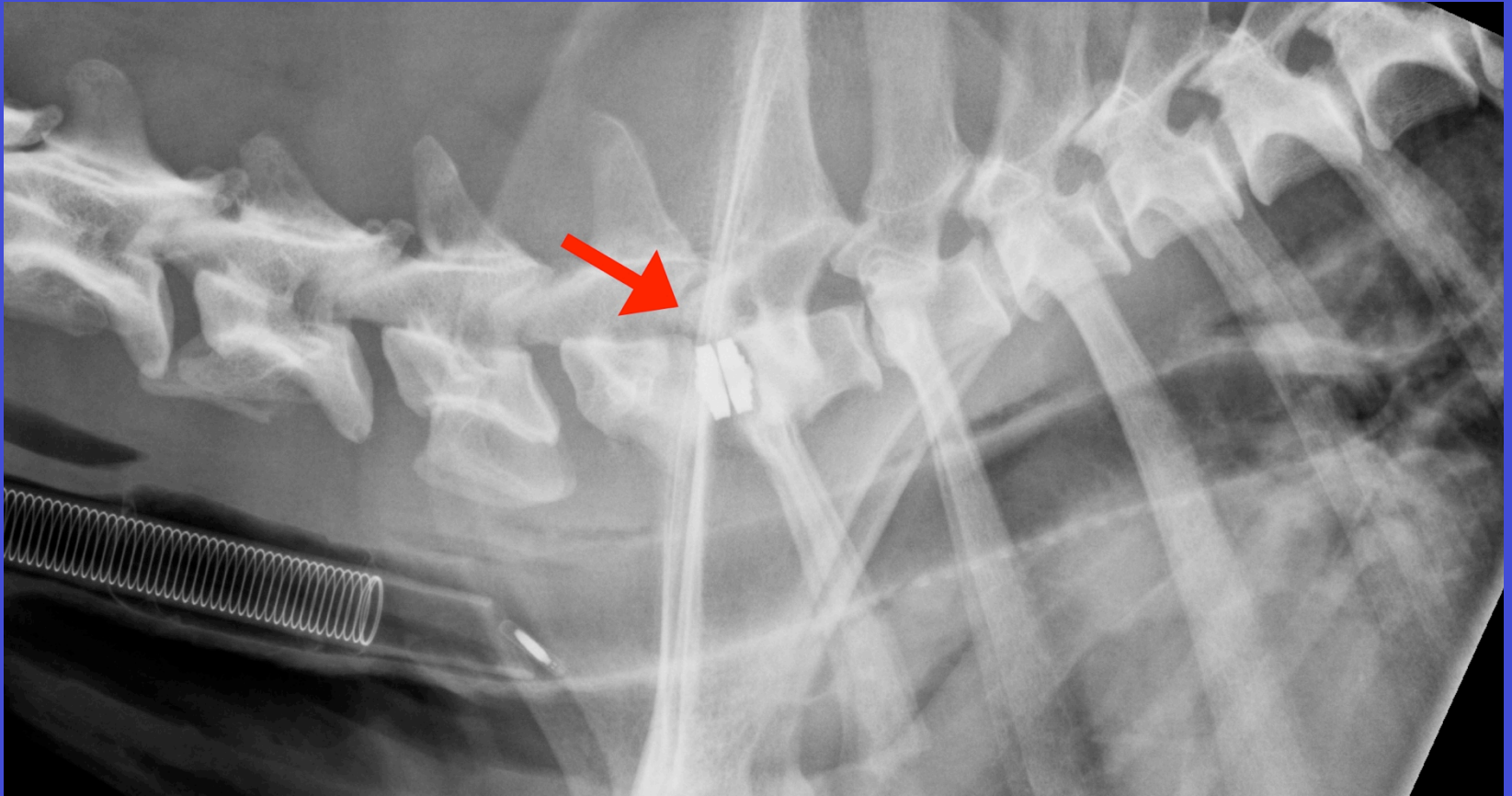
What Radiographic Abnormalities Do you See

- What do you see in these radiographs?

Radiograph 1



Wobbler Syndrome



Wobbler Syndrome



What is the Diagnosis?

- What is the diagnosis?

Diagnosis

Wobbler Syndrome

- (Cervical Spondylomyelopathy)
- Wobbler Syndrome is a term to describe a gait seen on spinal compression in the neck. These dogs take short floating steps with the front legs and a swaying gait in the legs. The primary lesion is intervertebral instability of
- C6/C7

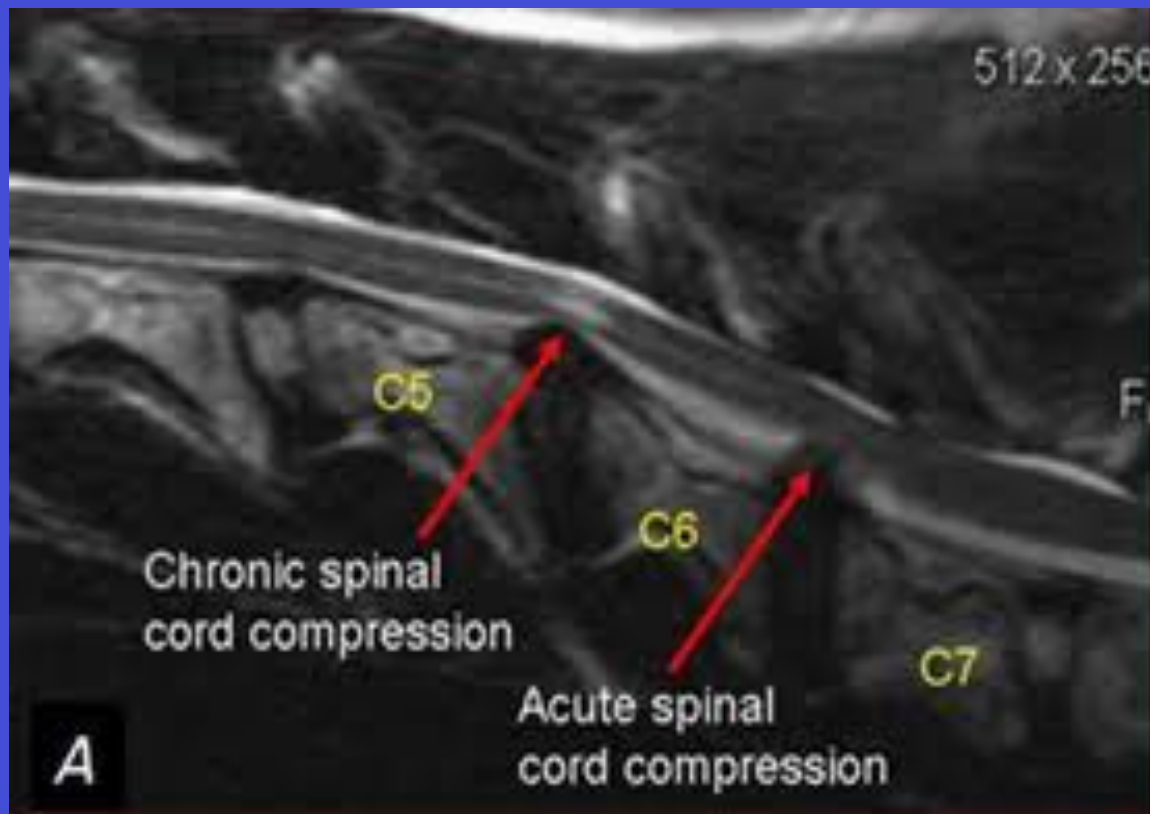
What Additional Procedure could you do to confirm you diagnosis?

- Additional Procedures to Confirm the Diagnosis?

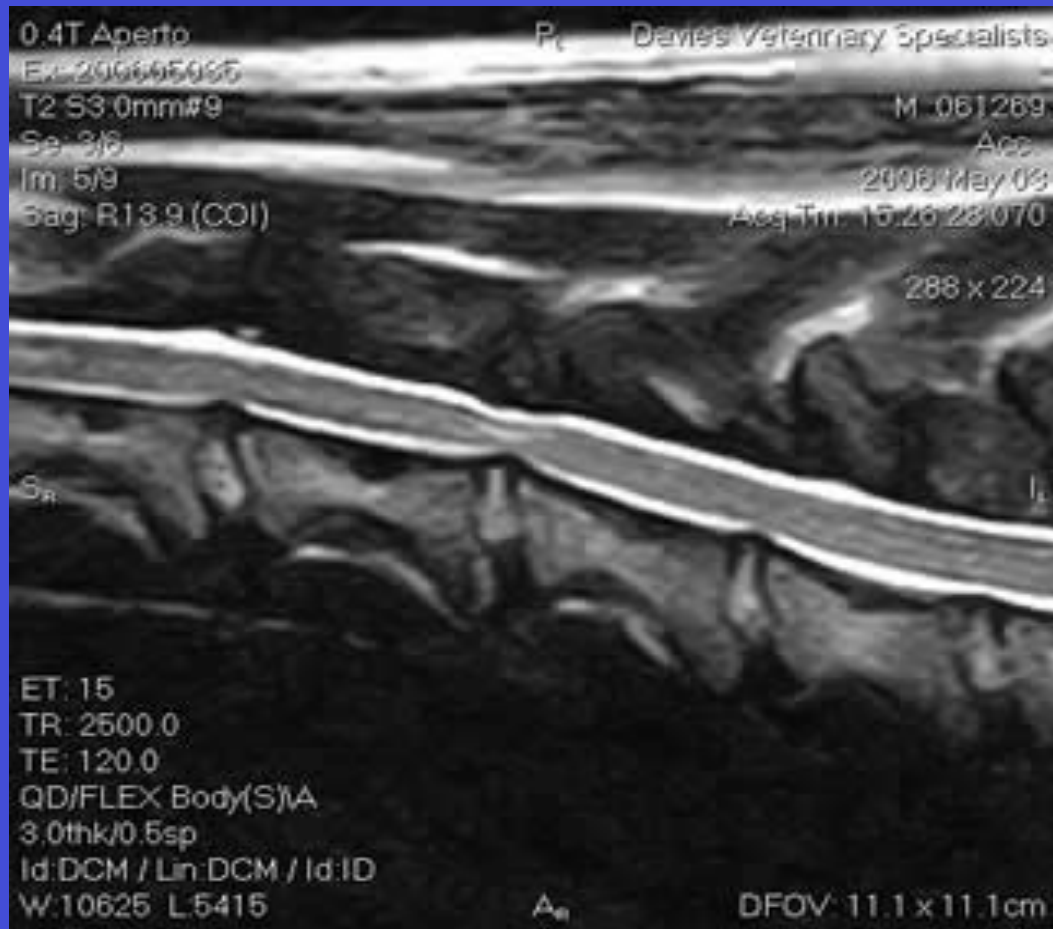
Additional Procedures to Confirm the Diagnosis

- Myelography
 - CT Scan
 - MRI
-
- See the next two slides of a Myelogram and a MRI of a Wobbler Syndrome.

Myelography



MRI



Treatment Plan

- What is your treatment plan?

Treatment Plan

Medical/Conservative Plan:

- Restrict Activity for 2 months
- Keep patients on a soft bedding and turn every 4 hours to prevent sores
- Bladder catheterization
- Physiotherapy
- NSAIDS - Meloxicam

Surgery: Ventral Slot or Dorsal laminectomy

Prognosis

- What is the prognosis for Wobbler Syndrome?

Prognosis?

- 80% of patients improve with surgery
- 50% of patients improve with medical treatment



The End





























































